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Assessment of the Availability, Accessibility, Acceptability, and Quality of Sexual and Reproductive Health and Rights, Gender-Based Violence, and Mental Health and Psychosocial Support Services for Persons with Disabilities in Selected States in Myanmar

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Foreword

I am pleased to present this study commissioned by UNFPA through the WGF Programme which provides an initial insight into the SRHR, GBV prevention and response, and MHPSS needs of persons with disabilities in the programme's target states in Myanmar. This report sheds light on the challenges faced by persons with disabilities in accessing essential services and amenities in Myanmar. The findings of this study will inform the development of an evidence-based Disability Inclusion Strategy and Action Plan for the UNFPA Myanmar country office and the WGF programme.

I would like to extend my sincere appreciation to Dr. Peter Grimes, the researchers, the study participants, WGF implementing partners, sub-grantees, and the UNFPA team in Myanmar for their enormous efforts in conducting this study at a challenging time. I am confident that the findings and recommendations will be of immense value in improving the delivery of services to persons with disabilities in Myanmar, and towards the goal of achieving greater inclusivity and accessibility for all.

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Acronyms and Abbreviations

AAAQ	Availability, Accessibility, Acceptability, and Quality Framework
ADRA	Adventist Development and Relief Agency Myanmar
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVID-19	Coronavirus Disease 2019
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive sexuality education
CSO	Civil society organisation
DEI	Diversity, equity, and inclusion
DPR	Disability prevalence rate
FGD	Focus group discussion
GBV	Gender-based violence
GCA	Government-controlled areas
GESI	Gender equality and social inclusion
HIV	Human Immunodeficiency Virus
HPA	Health Poverty Action
IDP	Internally displaced people
IEC	Information, education, and communication
KII	Key informant interview
KNWO	Karenni National Women Organization
LARC	Long-Acting Reversible Contraception
M&E	Monitoring and Evaluation
MHF	Myanmar Humanitarian Fund
MHPSS	Mental health and psychosocial support
MILI	Myanmar Independent Living Initiative
NGCA	Nongovernment-controlled areas
NGO	Non-governmental organisation
OPD	Organisation of Persons with Disabilities
PEP	Post-exposure prophylaxis
PMTCT	Prevention of mother-to-child transmission of HIV
SASA	Start Awareness Support Action
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene

WGF	Women and Girls First Programme
WG-SS	Washington Group Short Set on Functioning

Executive Summary

The disability prevalence rate in Myanmar is 12.8 per cent or roughly 5.9 million people.[1] The prevalence rate is higher among women, older people, and those living in rural areas.[2] Marginalisation is present among persons with disabilities as they are less likely to receive education, gain decent employment, marry, or have access to various amenities and facilities enjoyed by those without disabilities.[3]

On December 07, 2011, the Myanmar Government ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) as part of the country's commitment to promote and protect the rights of persons with disabilities.[4] The ratification of the CRPD paved the way to enact the Law on the Rights of Persons with Disabilities in 2015 and the by-law/regulations in 2017.[5]

Since 1973, the United Nations Population Fund (UNFPA) in Myanmar has provided continuous support to different target priorities, including sexual and reproductive health and rights (SRHR) and the prevention of gender-based violence (GBV).[6] One key programme that promotes these priorities is the WGF Programme. This multi-year and multi-donor initiative supports the integrated service delivery of SRHR and GBV response programming across humanitarian, peacebuilding, and development nexus.[7] The Programme's second phase (2019-2022) focused on integrating SRHR, GBV prevention and response interventions, and mental health and psychosocial support (MHPSS) services to safeguard the rights of women and girls to access comprehensive services that are essential in achieving their rights.[8]

Research Purpose and Objectives

The UNFPA in Myanmar, through the WGF Programme, commissioned this study to gain an initial insight into the SRHR, GBV prevention and response, and MHPSS needs of persons with disabilities in the programme's target States in Myanmar: Kachin, Kayah, Kayin, Mon, Northern and Southern Shan, and Rakhine.[9] The findings of this assessment informed the formulation of practical recommendations for improving the delivery of services to persons with disabilities in the country. Additionally, the results will be utilised to inform the development of an evidence-based Disability Inclusion Strategy and Action Plan for the UNFPA Myanmar country office and the WGF programmes. Specifically, this assessment aimed to:

1. Identify the SRHR, GBV, and MHPSS needs of persons with disabilities;
2. Identify barriers to and facilitators of availability, accessibility, acceptability, and quality of SRHR, GBV prevention and response, and MHPSS services among persons with disabilities; and
3. Formulate recommendations for implementing partners and UNFPA to improve the availability, accessibility, acceptability, and quality of SRHR, GBV prevention and response, and MHPSS services for persons with disabilities.

Methodology

The study utilised the Availability, Accessibility, Acceptability, and Quality (AAAQ) framework through a mixed-methods design to obtain a more holistic and in-depth assessment of the SRHR, GBV prevention and response, and MHPSS needs of persons with disabilities in WGF target States.

Quantitative and qualitative data were gathered from persons with disabilities and persons without disabilities, particularly women and girls, community leaders, implementing partners of WGF, CSO subgrantee representatives, key officials from various OPDs, and service facilities representatives from September to November 2022. Different data collection methods were employed, including a comprehensive desk review of relevant international and national evidence on the SRHR, GBV prevention and response, and MHPSS needs of persons with disabilities, 156 key informant interviews, focus group discussions participated by 489 respondents, surveys conducted to 520 households, and physical accessibility assessment to 23 service facilities in the seven target States.

Data were analysed through thematic analysis[10] for qualitative data and descriptive analysis for quantitative data through convergent parallel design.[11] Consultation meetings and validation workshops with relevant stakeholders were conducted to ensure the accuracy and credibility of the analysed data.

The research acknowledged the need to ensure that participants are protected and respected during and after the data collection activities. The study was guided by the ethical principles of (1) respect for autonomy, (2) non-discrimination, (3) confidentiality and anonymity, and (4) safety.

Key Findings

Availability

The *Availability* component emphasised access to and sufficiency of SRHR, GBV, and MHPSS services within target communities, especially for persons with disabilities. The research component explored service delivery through a disability-inclusive lens by examining if implementing partners and CSOs follow CRPD-compliant strategies and if persons with disabilities benefit from available services.

Availability of CRPD-compliant strategic plans

Strategic plans can help identify targets and track the progress towards disability inclusion. The research found that there is a need to develop and review, if available, CRPD-compliant strategic plans as not all CSOs and implementing partners have these plans in place. In some cases, although services were available to everyone, service providers shared that they have yet to formally include persons with disabilities as part of their target population. Furthermore, there is a need to ensure that persons with disabilities and their representative organisations are consulted in developing and implementing these strategies.

Availability and sufficiency of services

The UNFPA WGF Programme and its implementing partners continue to provide SRHR, GBV, and MHPSS services in various target communities in at least seven states in Myanmar. However, the study found that there is still a need to ensure that all CSOs and implementing partners are adequately equipped with the capacity to provide services to persons with disabilities. Of the 42 CSOs and implementing partners involved in the study, at least 13 have yet to include a complete list of services within their target communities. For example, at the time of the study, all CSOs and implementing partners in Kayah State do not provide SRHR services. SRHR services within the state were provided by other state and non-governmental organisations (NGOs) not linked with the UNFPA WGF Programme. The availability of other service providers may present an avenue for potential partnerships and collaboration, particularly those already embedded within camps or

townships. Nonetheless, it is essential to note that some CSOs and implementing partners provide specialised services. In the case of Mon State, the interviewed implementing partner mainly provides support for legal services and consultations on GBV-related cases.

There was reasonable consensus from most respondents that available services were not adequate to cater to the needs of the community, especially to persons with disabilities. The findings suggested that many respondents have no prior knowledge of these services, especially those without an immediate need for these amenities. Although limited knowledge does not equate to a lack of available services, the current level of awareness serves as a potential barrier to access and effective service delivery. In addition, availability largely depends on the presence of service providers within a community, and the current number of service providers and volunteers does not match the number of potential target areas for service delivery. As a result, some respondents believed there is a need to establish additional service facilities as some could only avail of these services through outreach programmes near their homes or door-to-door service provision.

Accessibility

The *Accessibility* component of the study investigated the perception and experiences of persons with disabilities regarding service access. Specifically, the research examined barriers and facilitators on physical accessibility, economic accessibility, information accessibility, and experiences of discrimination when availing services. In addition, the study covered the effects of the COVID-19 pandemic and the military coup on service access and availability.

Physical accessibility

Although respondents who reside near services facilities were much more able to enjoy service access readily, the study showed that the main challenge for most respondents was the distance of their residence to service facilities. Respondents underlined the need for service providers to consider the location and physical accessibility of available service facilities. This is especially true for persons with disabilities who, aside from their impairments, must consider route safety and the availability of accessible transport services. In addition, the physical accessibility assessment conducted on services facilities found that most of the infrastructure and service facilities currently do not meet the minimum requirements necessary to cater to the needs of members of the disability sector.

The COVID-19 pandemic and ongoing military coup within the country have adversely affected vulnerable populations in the country, including persons with disabilities. Due to lockdowns and security checkpoints, travel restrictions acted as additional service access barriers. Persons with disabilities, including their parents and caregivers, were unwilling to go to service facilities due to health and safety concerns. In addition, due to the country's current political state, some implementing partners, CSOs, and other NGOs were forced to suspend service provision and limit mobile visits in their target communities.

Economic accessibility

The UNFPA WGF Programme and its implementing partners offer SRHR, GBV, and MHPSS services free of charge to all clients, including persons with disabilities. However, the study found that many persons with disabilities were unaware of free and affordable services, noting the need to increase their awareness on this matter. Furthermore, the findings also revealed that additional costs associated with availing these services, such as the cost of transportation, food, and

medicine, were shouldered by persons with disabilities and their caretakers. Survey results showed that these additional costs excluded some respondents from accessing services.

The COVID-19 pandemic and ongoing military coup within the country have exacerbated the economic challenges in accessing services, especially for persons with disabilities. Respondents shared that all households struggle to maintain livelihood and work during lockdowns and travel restrictions. Additionally, prices of essential items, like food and petrol, were reported to have increased after the military coup.

Non-discrimination

Reports on discrimination vary per respondent. Although some believed that the community's attitudes were positive and accommodating towards persons with disabilities, some shared that negative stereotypes and beliefs persisted among community members. For example, there were cases where caretakers and parents believed that persons with disabilities do not need access to essential services. Regarding service provision, interview results showed that service providers were respectful towards persons with disabilities, and proper protocols were available according to implementing partners and CSOs. However, since not all implementing partners and sub-grantees have CRPD-strategic plans, there is currently no way to ensure that these measures fully accommodate persons with disabilities.

Information accessibility

Regarding information accessibility, the information, education, and communication (IEC) materials on available services were available in various formats and were translated into the local language. In addition, CSOs and implementing partners also applied different reasonable accommodations to persons with disabilities depending on their disability, including body language, sign language, and home visits. However, challenges in information accessibility persist. According to interviewed respondents, IEC materials did not depict or include persons with disabilities in the promotional materials. In addition, respondents shared that available formats of IEC materials were yet to be accessible to persons with disabilities, particularly to persons with visual, hearing, and intellectual disabilities. Most respondents who cannot use the IEC materials still rely on the assistance of their caretakers and service providers.

The UNFPA WGF Programme and its implementing partners need to consider the complex needs of persons with disabilities when developing IEC materials. There is also a need to strengthen the information dissemination processes as the study found that some IEC materials did not reach persons with disabilities in their respective communities. Consultations with persons with disabilities and OPDs on strategies, especially on addressing different functional difficulties, can potentially help address challenges in information accessibility.

Acceptability

The *Acceptability* component focused on ensuring that SRHR, GBV, and MHPSS services and information were culturally appropriate and respectful of medical ethics. This research examined the existing protocols of implementing partners to respect the autonomy and ensure the safety of persons with disabilities when availing services. It also investigated if persons with disabilities and OPDs were consulted in designing, implementing, and monitoring SRHR, GBV, and MHPSS services.

Article 25 of the CRPD obliges health professionals to provide health care services to persons with disabilities equally to others, and with free and informed consent.[12] The results of the study showed that most of the CSOs and the implementing partners across all states have mechanisms in place to obtain free and informed consent from their clients, regardless of being with or without disabilities, before providing services. Across all states, implementing partners and CSOs obtained written or verbal consent from persons with disabilities and their parents or guardians.

Most study respondents agreed that free and informed consent was obtained before availing of services. However, there were also cases wherein persons with disabilities were unaware of how free and informed consent was obtained from them. This suggests that some respondents lack awareness of the service provider's process of collecting free and informed consent from their clients.

Article 22 of the CRPD emphasises the right to privacy of persons with disabilities, including protecting their personal, health and rehabilitation information, among others.[13] The majority of the persons with disabilities and persons without disabilities acknowledged that implementing partners and CSOs ensured the confidentiality of their client's information whenever they availed of the services.

Across all states, most implementing partners and CSOs have set up protocols to protect their client's personal information. In Southern Shan State, an implementing partner developed a confidentiality policy to protect their client's personal information. In Mon State, the workforce of an implementing partner was bound by an agreement to follow legal ethics in handling GBV-related cases. In Kayin and Northern Shan States, some implementing partners ensured that only authorised personnel could access the client's personal information. Lastly, some organisations implemented coding systems and systematic databases to store data and case information in Northern Shan, Kayin, and Rakhine.

Participation

The research findings suggest that the participation of persons with disabilities in the decision-making process was often limited. In most cases, persons with disabilities were reflected as passive recipients of services and activities. Nevertheless, in some states, persons with disabilities were involved in the activities of OPDs and other NGOs to promote the rights of persons with disabilities. In Kayin, some CSOs shared that persons with disabilities were partially consulted when developing action plans.

The CRPD promotes the active participation of persons with disabilities on an equal basis as others. The participation of persons with disabilities and OPDs is essential in the designing, planning, implementing, monitoring, and evaluating the activities and services intended for them. An OPD in Southern Shan emphasised that their organisation's involvement in the decision-making process can help ensure that reasonable accommodations for persons with disabilities are provided. The study findings also revealed that some CSOs in the Kayin and Northern Shan states had initiatives to strengthen their partnership with OPDs to promote the active participation of persons with disabilities.

Quality

The *Quality* component emphasised the importance of ensuring that SRHR, GBV, and MHPSS services and information are scientifically and medically appropriate and of good quality. The

study explored the capacity of service providers to deliver the services, the measures in place to address discrimination against persons with disabilities, and the mechanisms established to monitor access of persons with disabilities to SRHR, GBV, and MHPSS services.

Capacity development

Across all states, most implementing partners and CSOs confirmed that they have received training on concepts related to disability inclusion. However, although CSOs and implementing partners have received training, it is still important to further strengthen their knowledge and skills in delivering services for persons with disabilities. Findings from the study showed that in most states, many persons with disabilities perceived that service providers were not trained to accommodate persons with disabilities in their service facilities. This indicates the need for capacity-building for CSOs and implementing partners to ensure they are equipped to meet the needs of persons with disabilities.

Results of this study also revealed that most community leaders across all seven states in Myanmar have yet to receive any form of training on concepts of disability inclusion. Only the community leaders in Kachin have shared that they were able to receive various training on disability. This suggests the need to provide community leaders with capacity development programmes and activities to equip them with knowledge and skills in supporting persons with disabilities.

The OPDs have also expressed their capacity to provide implementing partners and CSOs with appropriate capacity development programmes on disability inclusion. This will help the implementing partners and CSOs to strengthen their knowledge and skills in delivering essential services to persons with disabilities. Although OPDs were ready to provide capacity development activities, it is also vital to consider assisting them in building knowledge and skills on SRHR, GBV, and MHPSS services. Through this, they can ensure that their technical support to implementing partners and CSOs is aligned with their services.

Non-discrimination

Measures to address discrimination are crucial to protect the rights of persons with disabilities and eliminate the barriers that hinder them from accessing the services. Results of the study indicate that some implementing partners and CSOs have measures in place to address non-discrimination towards persons with disabilities. For example, some implementing partners in Rakhine, Mon, Kayah, and Southern Shan equipped their staff and sub-grantees through capacity building and disability awareness sessions. This helped prevent discriminatory acts towards persons with disabilities and prepared them to respond better to their specific needs. In Northern Shan and Kayin, some organisations have policies to safeguard the rights of persons with disabilities.

Monitoring

Monitoring the access to SRHR, GBV, and MHPSS services of persons with disabilities is vital in improving the design and implementation of services for them. Article 25 of the CRPD recognises the right of persons with disabilities to access the highest attainable standard of health without discrimination based on disability.[14]

The study showed varying results regarding measures in place to monitor access to services of clients, including clients with disabilities. In most states, many CSOs and implementing partners shared that no standardised mechanism exists to monitor access to SRHR, GBV, and MHPSS

services. Some states have shared that they use different methods to track access to services for persons with disabilities, including client satisfaction and exit interview forms. The study also revealed that some implementing partners and CSOs in Kayah and Mon collect disaggregated data on disability from their clients.

Community leaders and OPDs had expressed their willingness to support monitoring the access of persons with disabilities. The study revealed that most OPDs across all states were open for consultation, especially in monitoring access of persons with disabilities to services and developing monitoring systems for disability data. Some OPDs in Kayin and Rakhine shared that they could support implementing partners through capacity-building activities and training on disability inclusion. In Southern Shan, community leaders shared that they could support the coordination process in identifying the needs of persons with disabilities and coordinating with persons with disabilities on the various activities within the community.

Recommendations

The recommendations generated from the assessment findings are grouped according to the elements of the AAAQ framework.

Availability

1. Ensure that strategies, policies, or plans comply with the requirements of CRPD and other relevant key policies and documents. Working closely with relevant stakeholders (i.e., persons with disabilities and their representative organisations), the WGF Programme's implementing partners and CSOs across all target states shall ensure the alignment of their strategies, policies, and plans with the provisions of CRPD and other key documents, such as the UNFPA Strategic Plan 2022-2025, UN Disability Inclusion Strategy, and the UNFPA Disability Inclusion Strategy, among others. Ensure strategies, policies, or plans reflect the twin-track approach to disability inclusion. Ensure the inclusion of mainstreamed and targeted line budgets for disability inclusion initiatives to respond to the needs of persons with disabilities. Furthermore, it is imperative to include persons with disabilities in the target population that will receive their services.
2. Expand the availability of integrated SRHR, GBV, and MHPSS services. Expand the integrated SRHR, GBV, and MHPSS services that provide essential packages to accommodate the needs of persons with disabilities sufficiently. Ensure that implementing partners and sub-grantees in each state have the capacity to deliver integrated services.
3. Implement activities that will raise the awareness of persons with disabilities about the available SRHR, GBV, and MHPSS information and services offered through the WGF Programme. Conduct awareness-raising activities at the community level about the different services provided within target states. It is essential to ensure that these activities reach persons with disabilities, including their parents and caregivers. Collaboration with community leaders and OPDs is also necessary for planning and implementing these awareness-raising activities.

Accessibility

1. Improve the physical infrastructure of service facilities. Plan and undertake a more comprehensive physical accessibility audit of WGF-supported service facilities in all target states to be led by persons with disabilities and their representative organisations. Compliance with international and national standards on physical accessibility should be ensured. It is also recommended to utilise universal design principles in improving the

physical features of service facilities. Collaborate with other stakeholders (i.e., development partners and members of the private sector) to invest in improving service facilities.

2. Provide safe and accessible transport services for persons with disabilities and persons without disabilities in some states to and from the service facilities. If resources permit, provide safe and accessible transport services to persons with disabilities and their parents and caregivers to increase their access to services. Collaboration with persons with disabilities, their caretakers, and OPDs is crucial to ensure that the transport services meet the needs of persons with disabilities. Work closely with other stakeholders in the community, such as community leaders and parents or caregivers, who could assist in transporting persons with disabilities to service facilities.

3. Strengthen the implementation of outreach programmes and activities at the community level. Conduct regular outreach programmes and activities to deliver the services directly to persons with disabilities. Ensure that OPDs and community leaders are consulted in all stages of service delivery to ensure that the needs of persons with disabilities are addressed.

4. Increase the awareness of persons with disabilities and persons without disabilities about the free and affordable SRHR, GBV, and MHPSS services. In collaboration with OPDs, conduct awareness-raising activities at the community level about the SRHR, GBV, and MHPSS services which are offered free of charge to all clients. Ensure that these activities reach persons with disabilities and their parents or caregivers.

5. Develop strategies to address the challenges of persons with disabilities in dealing with other costs associated with availing services. Implement activities that provide financial aid to persons with disabilities and their families to cover additional expenses, such as transportation, food, accommodation, or other miscellaneous items.

6. Support initiatives that will ensure income security of persons with disabilities. Invest in initiatives that will improve the economic accessibility of persons with disabilities, such as facilitating employment or providing livelihood opportunities for them.

7. Increase awareness of disability inclusion at the community level. Mainstream disability inclusion in awareness-raising activities conducted at the community level. Ensure the involvement of persons with disabilities and their representative organisations in designing, planning, implementing, monitoring, and evaluating awareness-raising activities.

8. Provide reasonable accommodation for persons with disabilities. Include reasonable accommodation provisions in the organisation's budget as an activity line item. Ensure that reasonable accommodation is explicitly mentioned in plans and policies. In consultation with persons with disabilities and OPDs, identify the reasonable accommodation needs to facilitate access to information and services.

9. Improve IEC materials to facilitate access of persons with disabilities to information about the services. Work closely with persons with disabilities and OPDs to conduct an accessibility audit of IEC materials to identify barriers to access. Improve the accessibility of IEC materials and ensure that information is directly disseminated to persons with disabilities and their families. Engage OPDs and disability inclusion experts in designing, planning, implementing, monitoring, and evaluating IEC materials.

Acceptability

1. Review the existing practices related to obtaining informed consent of persons with disabilities and respecting their privacy. In consultation with persons with disabilities and OPDs, review the current practices of implementing partners and CSOs in obtaining informed consent of persons with disabilities before availing of services.

2. **Facilitate active participation of persons with disabilities.** Ensure that persons with disabilities are actively involved in the design, implementation, monitoring and evaluation of SRHR, GBV, and MHPSS services offered by the WGF Programme's implementing partners and sub-grantees. Provide grants to OPDs to support the delivery of services. Facilitate the mobilisation of community-based groups for persons with disabilities and provide grants to OPDs to support the delivery of services.

Quality

1. **Strengthen the capacity of relevant stakeholders in disability-inclusive service delivery.** Implement capacity-building activities to strengthen the knowledge and skills of implementing partners and CSOs on disability inclusion, specifically in addressing the specific needs of persons with disabilities to access and participate in SRHR, GBV, and MHPSS services. Facilitate the capacity building of community leaders in supporting the delivery of services to persons with disabilities at the community level. Ensure the active involvement of OPDs in all stages of capacity-building programmes and activities.
2. **Improve the capacity of OPDs in SRHR, GBV, and MHPSS service delivery.** Build the knowledge and skills of OPDs in SRHR, GBV, and MHPSS service delivery, through the assistance of the WGF team and its implementing partners and subgrantees.
3. **Improve the monitoring system on access to services.** Ensure the inclusion of disability data and indicators in the results framework. Work closely with OPDs and disability-inclusion experts in examining existing monitoring systems of implementing partners and CSOs to strengthen the latter's capacity to collect and monitor disability data. Actively involve persons with disabilities and other stakeholders in collecting and monitoring data, such as OPDs, community leaders, and parents and caregivers. Develop a standardised monitoring system or guidelines for the WGF team and its implementing partners and CSOs (e.g., make use of the Washington Group Short Set of Questions).

1   Introduction

More than one billion people experience some form of disability globally.[15] The disability prevalence rate is higher in developing countries and among marginalised groups such as women, older people, those in the poorest wealth quantile, and those living in rural areas.[16] Persons with disabilities who belong to these groups are more likely to experience challenges accessing essential social services such as education, health, and employment,[17] further pushing them to the margins of society.

In Myanmar, the disability prevalence rate is 12.8 per cent,[18] which is about 5.9 million people.[19] According to the latest intercensal survey conducted in 2019, the country follows the global trend – disability prevalence is higher among women than men,[20] older people, and those living in rural areas.[21] Recognising that persons with disabilities in Myanmar face challenges in different spheres of life, hence the need to promote and protect their rights, the Government of Myanmar ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) on December 07, 2011.[22] The ratification of the CRPD paved the way to enact the Law on the Rights of Persons with Disabilities in 2015 and the by-law/regulations in 2017.[23]

Nevertheless, marginalisation is still present among the members of the disability sector in Myanmar as they are less likely to receive education, gain decent employment, marry, or have access to various amenities and facilities enjoyed by those without disabilities.[24] In particular, there is an urgent need to address the situation of women and girls with disabilities who experience discrimination at the intersection of their gender and disability.[25] Their situation is further exacerbated by the country's Coronavirus Disease 2019 (COVID-19) pandemic and the ongoing military coup d'état.[26]

Since 1973, the United Nations Population Fund (UNFPA) in Myanmar has provided continuous support to different target priorities, including sexual and reproductive health and rights (SRHR) and the prevention of gender-based violence (GBV).[27] One key programme that promotes these priorities is the Women and Girls First (WGF) Programme. This multi-year and multi-donor initiative supports the integrated service delivery of SRHR and GBV response programming across humanitarian, peacebuilding, and development nexus.[28] The Programme's second phase (2019-2022) focuses on integrating SRHR, GBV prevention and response interventions, and mental health and psychosocial support (MHPSS) services to safeguard the rights of women and girls to access comprehensive services that are essential in achieving their rights.[29]

To ensure that persons with disabilities are not left behind in the delivery of integrated SRHR, GBV and MHPSS services, the UNFPA WGF Programme commissioned this study to identify the needs of persons with disabilities at the programme level. This study included identifying the barriers to and facilitators of the services delivered by the WGF Programme's implementing partners and formulating recommendations to improve the disability inclusion component in the delivery of integrated SRHR, GBV and MHPSS services.[30]

Research Purpose

The UNFPA in Myanmar, through the WGF Programme, commissioned this study to gain an initial insight into the SRHR, GBV and MHPSS needs of persons with disabilities in the programme's

target States in Myanmar: Kachin, Kayah, Kayin, Mon, Northern and Southern Shan, and Rakhine.[31] The findings of this assessment informed the formulation of practical recommendations for improving the delivery of services to persons with disabilities in the country. Additionally, the findings will be utilised to inform the development of an evidence-based Disability Inclusion Strategy and Action Plan for the UNFPA Myanmar country office and the WGF programmes.

Research Objectives

Specifically, this assessment aimed to:

1. Identify the SRHR, GBV and MHPSS needs of persons with disabilities;
2. Identify barriers to and facilitators of availability, accessibility, acceptability, and quality of SRHR, GBV and MHPSS services among persons with disabilities; and
3. Formulate recommendations for implementing partners and UNFPA to improve the availability, accessibility, acceptability, and quality of SRHR, GBV and MHPSS services for persons with disabilities.

Organisation of the Report

This report has a total of four sections. **Section 1** contains the introduction, briefly discussing disability in the international context. It also discusses the state of persons with disabilities in Myanmar and the work of UNFPA Myanmar – WGF Programme in safeguarding the rights of women and girls to access quality SRHR, GBV prevention and response interventions, and MHPSS services. **Section 2** discusses the Myanmar country context, which includes a brief background of the country's situation and a short discussion on the status of women and girls, including women and girls with disabilities, regarding SRHR, GBV prevention and response, and MHPSS services. **Section 3** contains the methodological approach used in the study, which includes the theoretical framework, research questions, overall research approach, data collection methods, approach to data analysis and validation, research limitations, and ethical considerations. Finally, **Section 4** contains the key findings and recommendations in every state based on the core elements of the AAAQ framework.

2   Country Context

The Republic of the Union of Myanmar, formerly Burma, is Southeast Asia's second-largest country.[32] It shares borders with China to the north, the Lao People's Democratic Republic and Thailand to the east, and India and Bangladesh to the west.[33] The country's strategic location and coastline provide access to sea routes and deep-sea ports across many parts of Asia.[34] The country is rich in natural resources, and the economy is based largely on agriculture and farm-related activities, which accounts for 36 per cent of gross domestic product (GDP) and 60 per cent – 70 per cent of employment.[35]

Over the last decade, Myanmar has implemented significant policy reforms and opened its political space, which has helped the country attract foreign investment and restore trade preferences to boost exports.[36] The growth since 2011 has enhanced the divergence in productivity among agriculture, manufacturing, and service sectors, and in the 2016–2018 period, Myanmar's GDP growth rate continued to be strong.[37]

In recent years, however, the country has faced several challenges, mainly from lockdowns due to the global pandemic and the political unrest caused by the military coup in 2021. The government lockdown due to the pandemic in the second quarter of 2020 has reduced exports and revenue from tourism, and international remittances.[38] Myanmar's policies affecting specific industries and complex supply network linkages, both domestically and internationally, have been adversely affected by strict lockdown measures. A significant short-term economic contraction was observed because of the two-week lockdown in April 2020, resulting in a 41 per cent decline in GDP, including similar declines in most non-agricultural sectors compared to the same period without the pandemic.[39] In addition, lost income has added significant burdens to low-income households, particularly those expecting remittances from migrant workers.[40]

Since 1948, when Myanmar became an independent state, conflict and civil unrest have plagued the country.[41] Myanmar has been under military rule from 1962 until 2011, wherein a new government paved the way for civilian rule.[42] However, in early February 2021, a military coup d'état seized power over the current government, which gave way to the return of complete military rule. Mass protests and unrest against the coup have led to violent retaliation from the military.[43] Both the pandemic and the military takeover have significantly affected the safety and security of Myanmar's citizens and their rights and access to essential services.

Persons with disabilities in Myanmar

The Republic of the Union of Myanmar has ratified key international policies ensuring the full participation of children, women, and persons with disabilities, including the Convention on the Rights of the Child (CRC), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD).[44,45,46] As a member of the Association of Southeast Asian Nations (ASEAN), Myanmar also participated in various regional policy commitments, such as the Bali Declaration on the Enhancement of the Role and Participation of the Persons with Disabilities in the ASEAN Community in 2011,[47] ASEAN Enabling Masterplan 2025 – Mainstreaming the Rights of Persons with Disabilities[48] and Incheon Strategy to "Make the Right Real" for Persons with Disabilities (2013-2022).[49]

National policies further support the inclusion of persons with disabilities. The Constitution of the Union of Myanmar (2008) stipulates in Chapter 1, Article 21/A that "every citizen is entitled to enjoy the right of equality, the right of liberty and the right of justice, as prescribed in this

Constitution."[50] Also, Article 32/A points out that "the State shall care for mothers and children, orphans, fallen defence services personnel's children, the aged and the persons with disabilities."[51]

In 2015, the Rights of the Persons with Disabilities Law was enacted to provide the legal framework for the rights, programmes, and interventions for people with disabilities in Myanmar.[52] The law put forward specific definitions related to disability and detailed goals in accordance with the National Constitution and provisions by the CRPD.[53] To implement the law, strategy, and regional commitments, the government has established a National Committee on the Rights of Persons with Disabilities chaired by the State's Vice President in 2017 and the Working Committee on the Rights of Persons with Disabilities and its eight Sub-Committees in 2018.[54] The following year, Myanmar adopted the Strategy on Development of Persons with Disabilities (2016–2025), which prioritises policy development for prevention, protection, habilitation and rehabilitation, sector development, capacity building, cooperation and sharing of information for persons with disabilities.[55]

While the development of these legislative and policy measures to incorporate international human rights frameworks is critical in ensuring that persons with disabilities are included, the current legal framework still has underlying gaps and options that might prevent access and inclusion that still need to be addressed. Women and persons with disabilities have been underrepresented in the response and decision-making, pushed out of the workforce, and subjected to a surge of violence worldwide because of quarantines and lockdowns.[56] In Myanmar, women were at the forefront of the demonstrations opposing the military coup and played an essential role in the civil disobedience movement.[57] The violence and insecurity are negatively impacting work availability and healthcare service access. In addition, an assessment by UN Women found that the crackdown by the police on women's organisations had resulted in the cessation of operations due to security reasons.[58,59]

See Appendix A for a more comprehensive literature review of the international and country contexts.

3   Methodology

Theoretical Framework

The study utilised the Availability, Accessibility, Acceptability, and Quality (AAAQ) framework to obtain a more holistic and in-depth assessment of the SRHR, GBV, and MHPSS needs of persons with disabilities in WGF target states. It is aligned with the rights-based principles of several international human rights instruments, such as the CRPD[60] and the CEDAW.[61] Figure 1 enumerates the elements of the AAAQ framework.

Availability Disability-inclusive SRHR, GBV, and MHPSS services and information are available within the community	**Accessibility** SRHR, GBV, and MHPSS services and information are accessible to persons with disabilities without discrimination
The AAAQ Framework	
Acceptability SRHR, GBV, and MHPSS services and information are respectful of medical ethics and culturally appropriate	**Quality** SRHR, GBV, and MHPSS services and information are scientifically and medically appropriate and of good quality

Figure 1. Elements of the AAAQ framework

Research Questions

Each core element of the framework was guided by research questions designed to provide a holistic and detailed analysis of the SRHR, GBV, and MHPSS needs of persons with disabilities. The research questions are outlined in Table 1. The complete research framework is detailed in Appendix B.

Table 1. Research Questions	
AAAQ Framework	**Research Questions**
Availability	1. **Disability inclusion plans**: Do implementing partners have CRPD-compliant strategic plans in place to improve disability inclusion in SRHR, GBV, and MHPSS services?
	2. **Availability**: What are the SRHR, GBV, and MHPSS service facilities available to persons with disabilities within the community?
Accessibility	1. **Physical accessibility**: Are SRHR, GBV, and MHPSS service facilities physically accessible for persons with disabilities?
	2. **Economic accessibility**: How are the SRHR, GBV, and MHPSS services funded? Do persons with disabilities have to pay fees to avail of the services?
	3. **Non-discrimination**: Do persons with disabilities experience discrimination that hinders them from availing of SRHR, GBV, and MHPSS services?

AAAQ Framework	Research Questions
	4. **Information accessibility**: How is the information about SRHR, GBV, and MHPSS services designed and disseminated to persons with disabilities?
Acceptability	1. **Informed consent and confidentiality**: Do implementing partners have ethical protocols in place to respect the autonomy and ensure the safety of persons with disabilities when availing of SRHR, GBV, and MHPSS services?
	2. **Participation**: Are persons with disabilities, including organisations of persons with disabilities (OPDs), consulted in designing, implementing, and monitoring SRHR, GBV, and MHPSS services?
Quality	1. **Capacity development**: Are service providers trained to deliver disability-inclusive SRHR, GBV, and MHPSS services?
	2. **Non-discrimination**: Are there measures implemented by service providers to address the discrimination against persons with disabilities when availing of SRHR, GBV, and MHPSS services?
	3. **Monitoring**: Are there mechanisms in place to monitor the access of persons with disabilities to SRHR, GBV, and MHPSS services?

Research Approach

The study adopted a mixed-methods design to address the research questions in Table 1. Due to the complexity and sensitivity of the nature of this study, the mixed-methods design was deemed the appropriate approach to address the research inquiries.[62] Data were gathered from various quantitative and qualitative methods to understand better the SRHR, GBV, and MHPSS needs of persons with disabilities in targeted conflict-affected and remote States in Myanmar that were purposely selected based on the presence of WGF Programme's implementing partners and sub-grantees. Quantitative data were complemented by qualitative data, which holistically captured the needs of underrepresented groups such as persons with disabilities.

Central to this research was the active participation of persons with disabilities in the data collection activities. It was imperative that their voices, primarily of women and girls with disabilities, were collected and analysed to generate findings that reflect their individual and collective SRHR, GBV, and MHPSS needs. Key officials from different OPDs were also included in the data collection activities to ensure their experiences as representatives of persons with disabilities were considered in the data findings.

All collected data were disaggregated by age, gender, location, and functional limitations to provide a more in-depth analysis of the situation and experiences of persons with disabilities. The study also utilised the Washington Group Short Set on Functioning (WG-SS)[63] in the data collection tools to disaggregate further the data based on individual functioning.

The first-person language[64] was used throughout the research process when referring to persons with disabilities in recognition of their agency and autonomy.[65] Reasonable accommodations were also provided to persons with disabilities to participate in the data collection activities actively. Lastly, the data collection instruments were translated into Burmese to address the language gaps in the interview questions. Additionally, the instruments were pretested on persons with disabilities before implementing them to the field sites. The pretesting of research instruments resulted in gathering comments and feedback that were essential to improving the tools.

The study recognised that conducting research involving persons with disabilities on highly sensitive topics and issues such as SRHR, GBV, and MHPSS may constitute specific challenges

that must be addressed.[66] Hence, it was ensured that ethical protocols were in place to protect the participants and enumerators during the data collection activities. Training for enumerators was also conducted between September and October 2022 to ensure they were familiarised with the research objectives and protocols.

Data Collection Methods

Quantitative and qualitative data collection methods were employed to gather primary and secondary data from various sources. Primary data was gathered in-person and online by the WGF team and its implementing partners directly from persons with and without disabilities, community leaders, parents and caregivers of persons with disabilities, WGF's implementing partners and subgrantees, and representatives from OPDs in Myanmar from September to November 2022. On the other hand, secondary data were collected from different international and national documentary evidence pertinent to the SRHR, GBV, and MHPSS needs of persons with disabilities. Listed below are the data collection methods employed for this assessment. A more detailed presentation of study participants can be found in Appendix C1-C4.

- Desk Review. The study undertook a comprehensive desk review of programme documents provided by UNFPA Myanmar and relevant international and national literature online to collect secondary data that gave a clear picture of the situation of persons with disabilities in Myanmar, primarily on their SRHR, GBV, and MHPSS needs.
- Key informant interviews (KIIs). Different versions of semi-structured KII guides (see Appendix D1) were developed to elicit essential information on the needs of persons with disabilities, including the barriers to and facilitators of availability, accessibility, acceptability, and quality of SRHR, GBV, and MHPSS services. A total of 156 KIIs were conducted across all target states: WGF implementing partners conducted KIIs with 39 women with disabilities, 27 adolescent girls with disabilities, and 40 community leaders. Additionally, the WGF team interviewed 21 implementing partners and 20 civil society organisations (CSOs). Nine OPDs were also interviewed for this assessment.
- Focus group discussions (FGDs). Guide questions for FGDs (see Appendix D2) were also developed to identify similar and opposing views of participants regarding their SRHR, GBV, and MHPSS needs. Between September to November 2022, WGF implementing partners conducted FGDs to gather insights from groups of women and adolescent girls with disabilities, men and adolescent boys with disabilities, women and adolescent girls without disabilities, and men and adolescent boys without disabilities. Overall, 489 individuals participated in the FGDs across all target states, which were broken down below:
  - Ninety-nine women with disabilities
  - Nineteen adolescent girls with disabilities
  - Ninety-eight men with disabilities
  - Eighteen adolescent boys with disabilities
  - Ninety-six women without disabilities
  - Twenty-five adolescent girls without disabilities
  - One hundred five men without disabilities
  - Twenty-nine adolescent boys without disabilities
- Household surveys. A set of structured survey questionnaires (see Appendix D3) were developed to collect data from a total of 520 households participated by 370 persons with disabilities, 349 parents and caregivers, and 150 persons without disabilities.
  - Fifty-seven households with adolescent girls with disabilities
  - Thirty-one households with adolescent boys with disabilities
  - One hundred ninety-five households with women with disabilities
  - Eighty-seven households with men with disabilities

- Twenty-six households with adolescent girls without disabilities
- Twenty-two households with adolescent boys without disabilities
- Sixty-two households with women without disabilities
- Forty households with men without disabilities

- Physical accessibility checklist. A checklist[67] (see Appendix D4) was developed to investigate the physical accessibility of the WGF-supported service facilities in the seven states. In total, 23 service facilities accomplished the checklist from September to November 2022.

Data Analysis and Validation

Data analysis

Research questions were assigned with codes,[68] which were used during the data analysis stage. A *convergent parallel design* was employed to examine the collected quantitative and qualitative data. In a *convergent parallel design,* the study separately analysed the qualitative and quantitative data gathered and combined the results during the overall interpretation.[69]

To interpret the findings gathered through qualitative data collection methods (i.e., KII, FGD, and the physical accessibility checklist), *thematic analysis[70]* was used to systematically identify repeating and contradicting themes generated from the raw data. These themes were organised based on the predetermined indicators (i.e., research framework and questions) and new emerging themes (using inductive analysis) to formulate evidence-based inferences about the SRHR, GBV and MHPSS needs of persons with disabilities in selected states in Myanmar.

Data gathered through quantitative data collection methods (i.e., household surveys) were examined through descriptive analysis to identify emerging trends not captured by qualitative tools. Quantitative data were disaggregated by gender, age, disability or functional difficulty, and geographical location to ensure that vulnerable groups, such as women and adolescent girls with disabilities, were visible in the research findings.

Data validation

Several approaches were utilised to validate the data findings. For instance, data collected were validated through triangulation or using multiple methods or data sources within a study to generate an in-depth understanding of the research subject.[71] The study compared the organised and coded quantitative and qualitative data to corroborate the findings. Additionally, the study findings were presented to relevant stakeholders such as the UNFPA WGF team, implementing partners, OPDs, persons with disabilities and persons without disabilities, and subgrantees to ensure its accuracy and credibility.

Research Limitations

The findings of this assessment must be seen in the light of some limitations:

- Movement restrictions. Data collection activities were limited due to travel restrictions imposed by the military government and the ongoing pandemic. Target areas experiencing subnational conflicts and political unrest were harder to access and posed safety and security issues for enumerators and participants. The implementing partners and enumerators coordinated closely with local authorities to determine if access was available. The increased tensions between Myanmar Armed Forces and ethnic armed groups have led several

implementing partners to recommend postponing the data collection activities indefinitely. Enumerators in Loikaw Township in Kayah State also advised that FGDs cannot be conducted due to safety and logistical issues. For townships that have similar problems, an alternative procedure was carried out by implementing partners, which involved conducting KII using the FGD tools to limit the number of persons during the interview.

- **Sampling.** Due to the nature of the research topic, time constraints, and data availability on women and adolescent girls with disabilities, the study was limited to purposive and snowball sampling approaches wherein target participants were already identified with the assistance of implementing partners. Consultations among community leaders, with formal and informal OPDs, referrals from initial participants, and a review of previous client referrals were undertaken to identify target persons with disabilities and groups. Additionally, as a limitation to this study, some implementing partners in selected townships were not able to reach the minimum number of respondents set during the inception. This is due to some reasons, such as the insufficiency of target participants in the area and safety-related issues.
- **Identification of persons with disabilities.** The WG-SS questions were explicitly used as a screening tool for persons with disabilities and identified those with "a lot of difficulty" and "cannot do at all" as persons with disabilities.
- **Cultural sensitivity towards research topics.** The implementing partners and enumerators worked closely with participants and community leaders to ensure that the purpose of the study was thoroughly explained to create an atmosphere of trust before proceeding with the data collection. Due to social pressure and stigma, some participants refused to participate in the study. Participants with strong negative attitudes toward disability and sensitive issues such as gender-based violence and mental health were discouraged from participating.
- **Physical accessibility checklist.** The physical accessibility checklist was administered by implementing partners themselves; hence, there is still a need to conduct a more comprehensive audit of service facilities in consultation with persons with disabilities to ensure credibility and accuracy.
- **Inability to obtain copies of strategic plans.** Copies of the strategic plans of implementing partners and CSOs were not obtained during the data collection stage. Hence, participants' responses to questions related to their strategic plans were based on their subjective assessment. In order to thoroughly examine compliance with the provisions of CRPD and other relevant key documents, it is recommended that strategic plans are perused.

Ethical Considerations

This study acknowledged the need to ensure that participants are protected and respected during and after the data collection activities. The study was guided by the ethical principles of (1) respect for autonomy, (2) non-discrimination, (3) confidentiality and anonymity, and (4) safety. The operationalisation of these principles can be found in Appendix E.

The next sections of the report present the key findings that surfaced from the data analysis. It discusses the data collected from each target state vis-à-vis the core elements of the AAAQ framework, followed by sets of practical recommendations.

4   Findings

Kachin State

Located in the northernmost part of Myanmar, bordering the Sagaing Region, Northern Shan State, China and India, Kachin is approximately 89,041 sq. km[72] and is home to 18 townships. It has a population of approximately 1,584,375, with females and males constituting 51.6 per cent and 48.4 per cent, respectively.[73]

The State is found in the eastern Himalayas, making its inhabitants reliant on agriculture and forests for timber production, hydropower, and jade mines. Like the other States, Kachin is affected by protracted conflict,[74] negatively affecting its inhabitants, especially minority groups such as persons with disabilities.

Persons with disabilities in the Kachin state

There are an estimated 126,467 persons with disabilities in Kachin State, with men making up 55,733 of the recorded population and women constituting 70,734.[75] The State has a disability prevalence rate (DPR) of 8.9 per cent.[76] According to the 2019 Intercensal Survey,[77] the following are the most common types of disabilities and their respective prevalence rates, as presented in Figure 2.

Types of disabilities and their prevalence rate

Type	Disability prevalence rate
Difficulty communicating	1.70%
Difficulty hearing	2.30%
Difficulty with Self-care	1.30%
Difficulty remembering/concentrating	3.40%
Difficulty walking/climbing stairs	3.00%
Difficulty seeing	4.90%
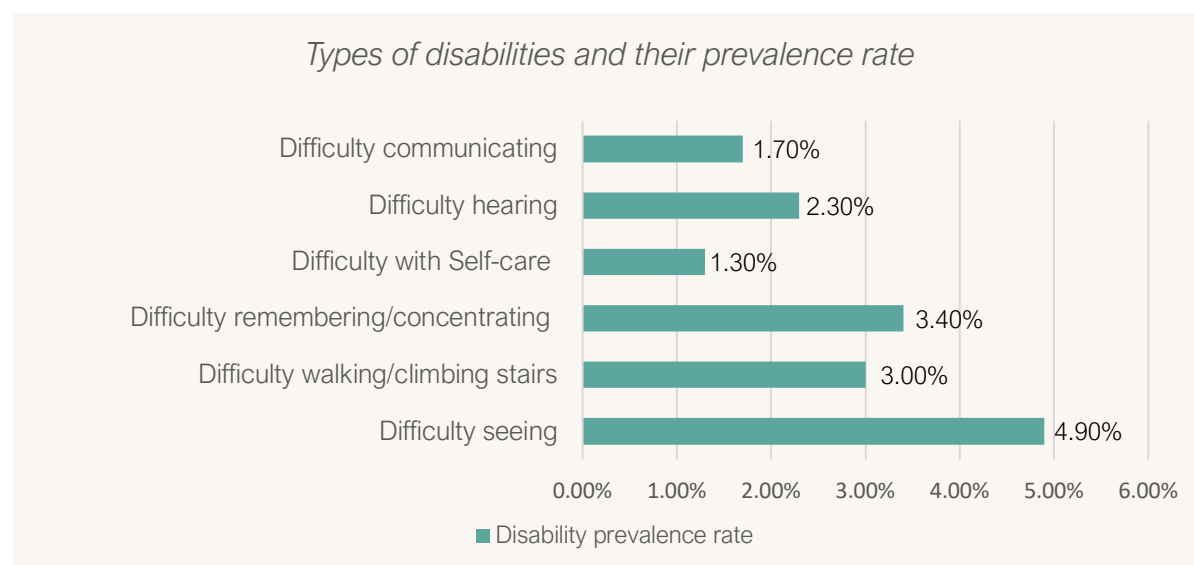
Figure 2. Types of disabilities and their prevalence rate in Kachin

While there is support given to persons with disabilities in Kachin, only 2.5 per cent of men with disabilities and 2.8 per cent of women with disabilities receive medical support from either household members (1.9 per cent of the total population of persons with disabilities) or non-household members/organisations (0.8 per cent).[78] From the 0.8 per cent receiving medical support from non-household members, males and females constitute 0.8 per cent and 0.9 per cent, respectively.[79]

Several institutions and OPDs in Kachin, such as the Myitkyina Blind School, Myanmar Independent Living Initiative Organization in Bhamo and Mohnyin, and Myanmar Physically Handicapped Association in Momauk, are present to provide services that will promote and protect the rights of persons with disabilities in the State. Nevertheless, there is still an apparent need to ensure that the needs of more persons with disabilities are identified and barriers are addressed, as there is only a small percentage of persons with disabilities who receive medical support.

Availability

Availability of CRPD-compliant strategic plans

The Myanmar government enacted the Law on the Rights of Persons with Disabilities in 2015 to promote and protect the fundamental rights and freedom of persons with disabilities in Myanmar as a response to State Parties' obligations under the Convention on the Rights of Persons with Disabilities (CRPD).[80] The national law serves as a legal framework for the rights, programmes, and interventions related to disability inclusion,[81] which can be utilised by different agencies and organisations working directly with persons with disabilities within the country.

One civil society organisation (CSO) and three implementing partners (n=4) were interviewed for this study. Only one implementing partner shared that their organisation has disability-inclusion plans that comply with the CRPD, specifically for GBV and MHPSS, as shown in Figure 3. This organisation "intends for all people [to be involved] inclusively in the project activities in accordance with their vision and mission". The CSO noted that policy and guidelines for inclusive services are still under development.
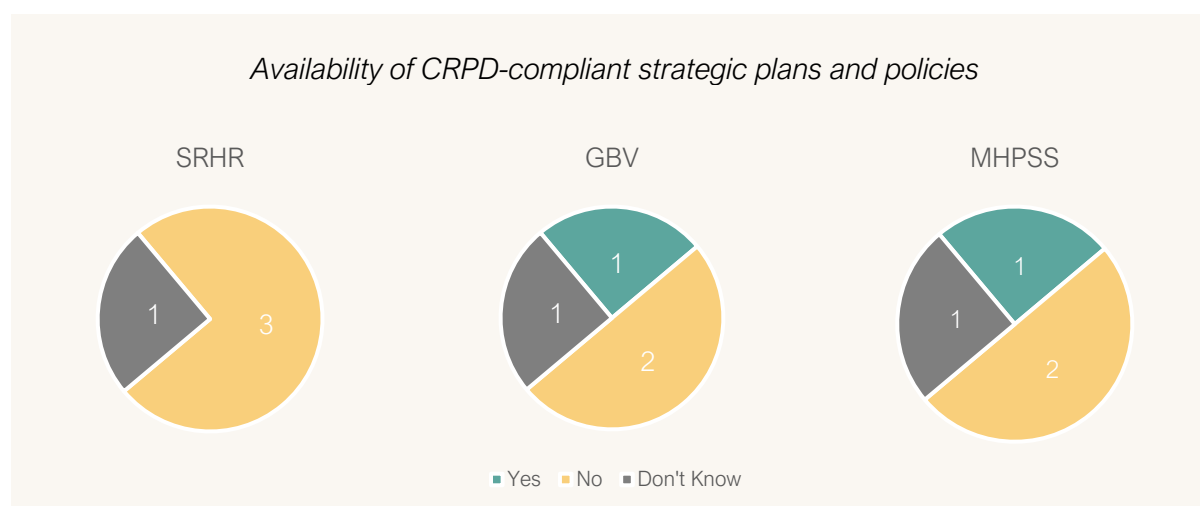
Figure 3. Respondents of KII with representatives of implementing partners on the availability of CRPD-compliant strategic plans (n=4)

Two organisations of persons with disabilities (OPD) were interviewed for the study and shared that they were not yet able to take part in consultations to provide technical support in developing CRPD-compliant strategic plans to improve the delivery of services to persons with disabilities. However, one OPD shared that UNFPA invited their organisation during the implementation stage to deliver cash assistance to persons with disabilities. Although CRPD-compliant strategic plans

are still under development, CSOs and OPDs, continue to provide SRHR, GBV, and MHPSS services to local communities within Kachin State.

Availability of SRHR, GBV, and MHPSS services

Availability of services within the State

SRHR services

The KIIs on women and adolescent girls with disabilities (n=12) gave variable answers on the availability of different SRHR services offered in their respective communities, see Figure 4. However, there were positive responses in terms of *health care response for GBV survivors, comprehensive sexuality education through various systems, like the WGF implementing partners, peer educators, or schoolteachers*, as well as *testing and counselling services for sexually transmitted diseases*.

Service	Number of participants
Family planning counselling	5
Provision of modern contraceptive	3
LARC	3
Referral - LARC	1
CSE through WGF IPs	7
CSE by peer educator	7
CSE by school teachers	5
Ante-natal care coverage	3
Ante-natal care consultations	4
Safe delivery	6
Post-natal care coverage	3
Post-natal care consultations	3
Clean delivery kits	2
Post-abortion care	2
Maternal referral	5
HIV/STI testing and counseling	6
Post exposure prophylaxis	4
Anti-retroviral therapy	2
PMTCT of HIV	4
Referral - ART and PMTCT	3
Screening for cervical cancer	4
Health care response for GBV survivor	8

Figure 4. Results of the KIIs on women and adolescent girls with disabilities on the availability of SRHR services in their community (n=12)

The household surveys on persons with disabilities (n=75) showed similarities with the results of the KIIs with women and adolescent girls. According to the survey, half of the respondents (36) were aware of service providers within their community that provide SRHR services. The top SRHR services availed in the last five years were *family planning counselling* and *comprehensive sexuality education through the WGF implementing partners*, shown in Figure 5. The results may indicate that these services were the most readily available due to the presence of staff and volunteers on the ground that offer aid and assistance to the community. These counselling and education services on SRHR are important avenues for raising awareness and information dissemination, especially for women and adolescent girls with disabilities.
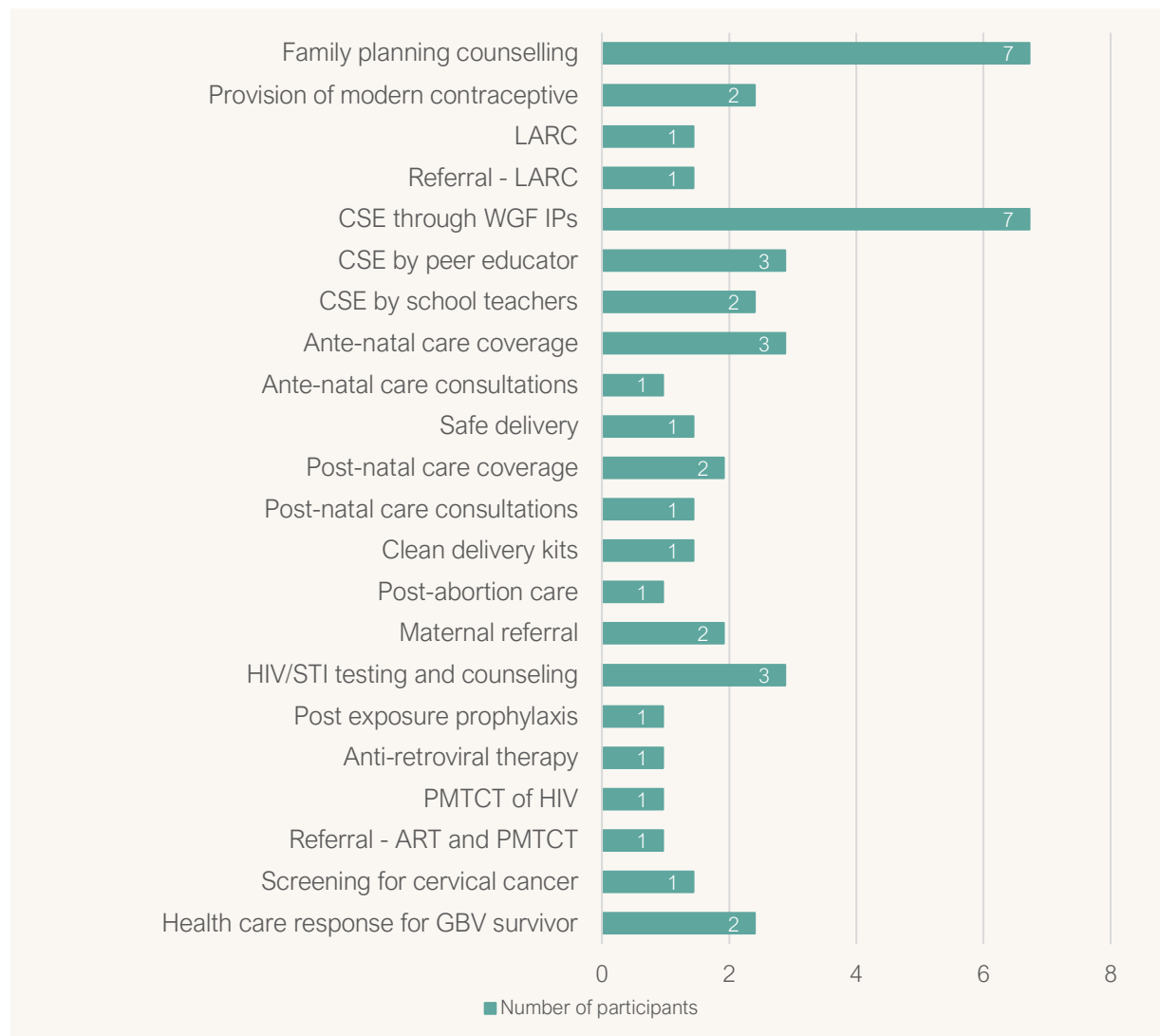
Figure 5. Results of the household survey on persons with disabilities on SRHR services availed in the last five years (n=75)

GBV prevention and response services

The household survey on persons with disabilities (n=75) showed that almost half (37) of the participants have no knowledge of available services related to GBV prevention and response, as shown in Figure 6. Among those who were able to avail of these services in the last five years (30 out of 75), the most availed services include *the distribution of dignity kits* and *case management,* which were availed by 19 and 11 respondents, respectively (Figure 7). The KIIs on women and

adolescent girls with disabilities revealed that aside from dignity kits (six out of 12 respondents), four respondents added that *case management* and *helpline or hotline* were available in their respective communities. Most respondents have not availed or have no knowledge of other services related to GBV, as shown in Figure 8.

Do you know if there are service providers within your community that provide services related to the prevention and response to gender-based violence?

■ Yes ■ No ■ Don't know ■ Refuse to answer
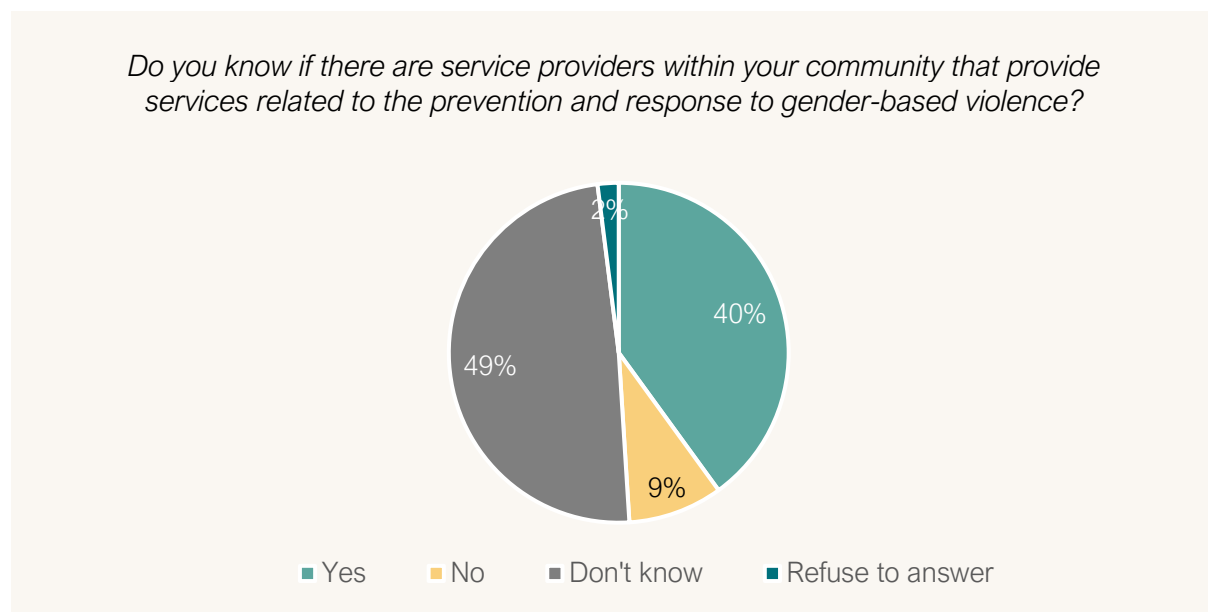
Figure 6. Results of the household survey on persons with disabilities on the availability of GBV prevention and response services in their community (n=75)
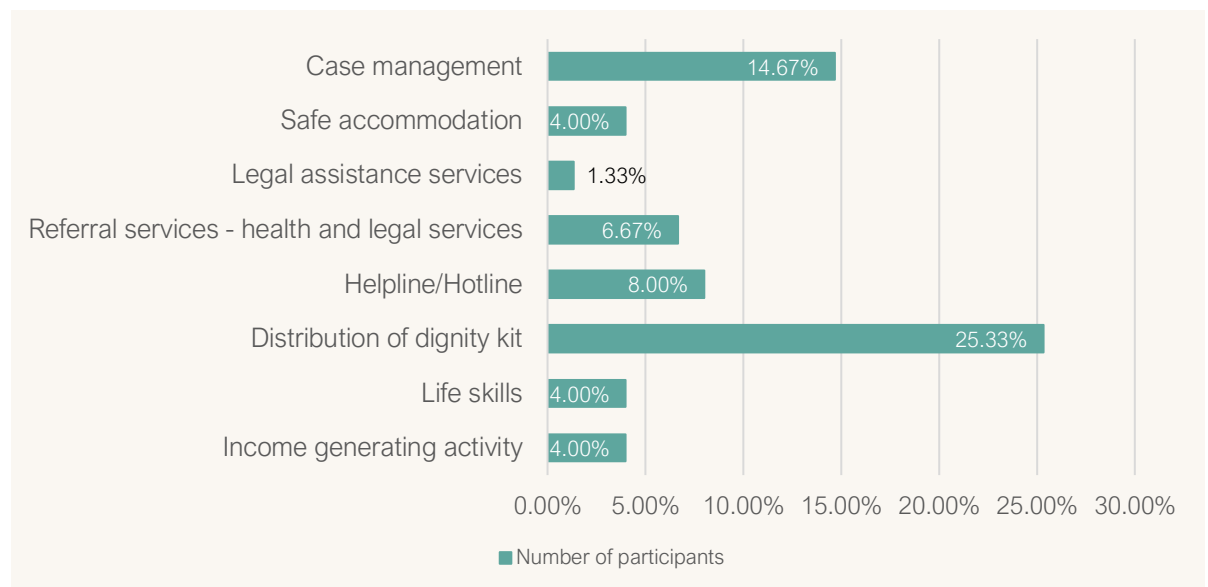
Figure 7. Results of the household survey on persons with disabilities on GBV prevention and response services availed in the last five years (n=75)
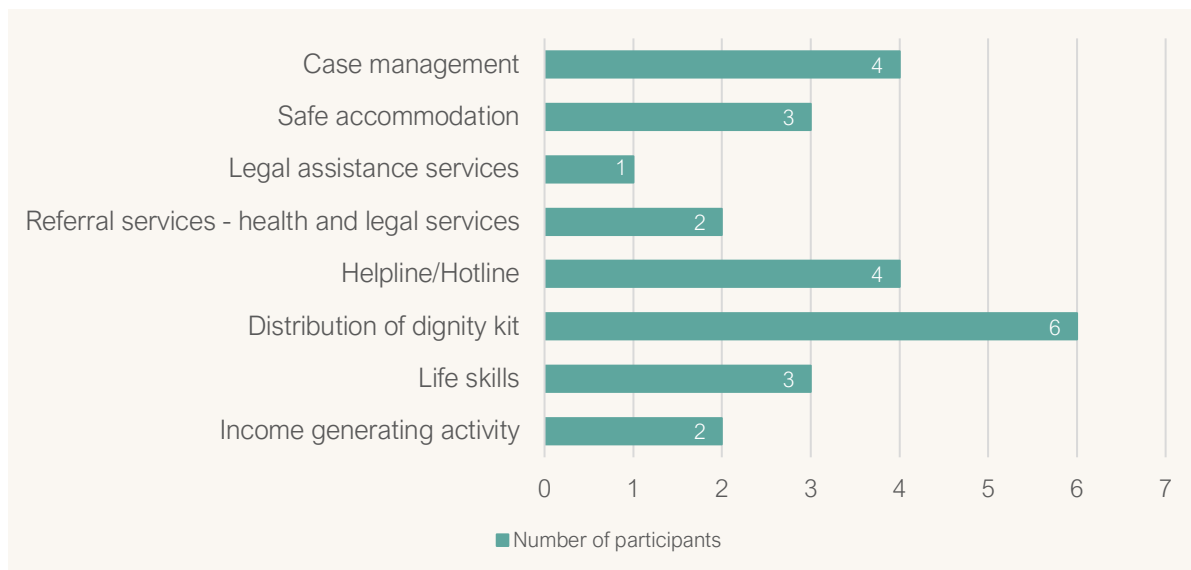
Figure 8. Results of the key informant interviews on persons with disabilities on the availability of GBV prevention and response services in their community (n=12)

MHPSS services

Figure 9 shows that approximately 55 per cent, or 41 respondents from the household survey on persons with disabilities (n=75), were unaware of any service providers on MHPSS services within their respective communities. Of those who were able to benefit from these services in the last five years, the most common services were *activity-based social support* (17 per cent), *psycho-educational sessions* (16 per cent), and *group emotional support* (23 per cent), shown in Figure 10.
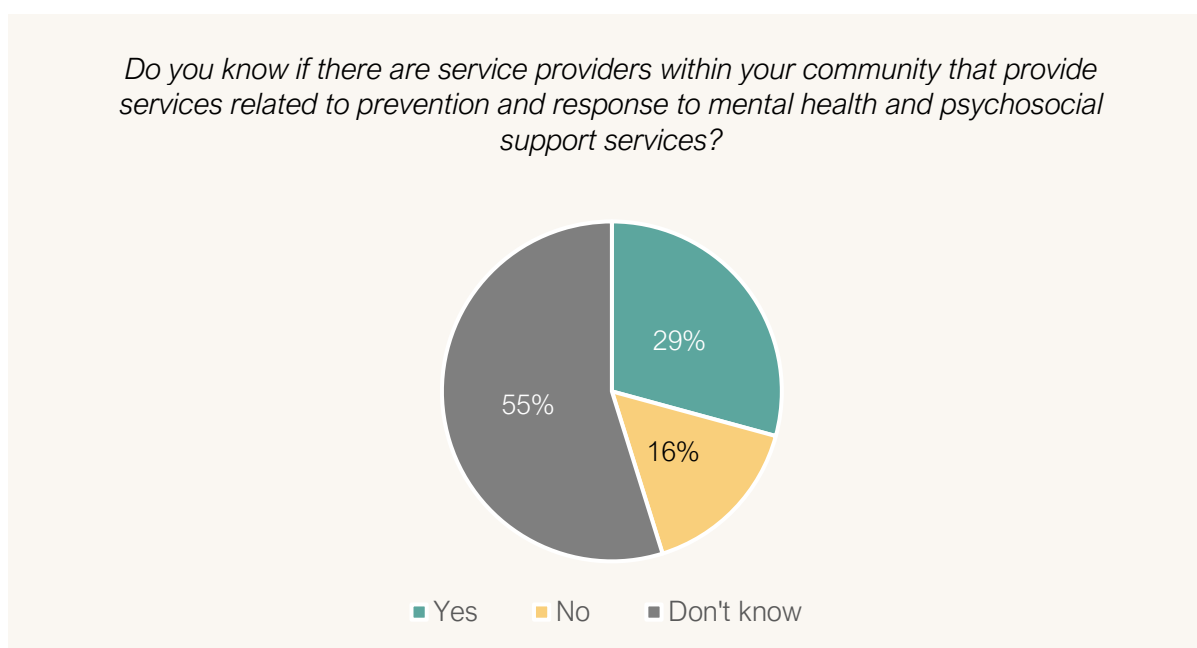
Figure 9. Results of the household survey on persons with disabilities on the availability of MHPSS services in their community (n=75)
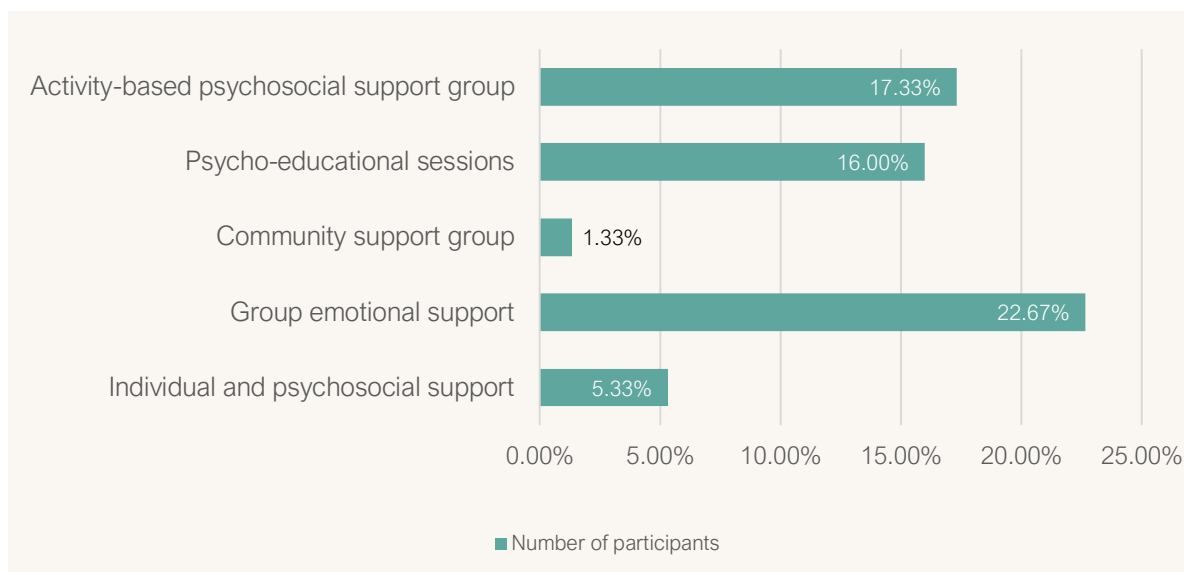
Figure 10. Results of the household survey on persons with disabilities on MHPSS services availed in the last five years (n=75)

Sufficiency of services within the State

All CSOs and implementing partners (n=4) believed that available services are insufficient to accommodate the complex needs of persons with disabilities. Some service providers cannot provide specific services for different kinds of disabilities, like sign language interpreters and the capacity to accommodate persons with mental disorders.

These organisations dealt with a variable number of persons with disabilities in the last five years. One CSO noted that the number has increased by approximately 50 per cent due to local conflicts. However, there were no exact numbers given during the interview.

> "[The services are] not sufficient as [we] cannot provide specific services for different [kinds of] disabilities. [There is currently] limited enabling environments for persons with disabilities."
>
> - A CSO representative

> "[The services are] not sufficient [because there is currently no] specific disability approach, even facility structure. [There is no] policy [and proper] referral pathways."
>
> - A CSO representative

In their interview, OPD representatives (n=2) agreed that there was a need to build local service facilities where SRHR, GBV, and MHPSS services are within reach of persons with disabilities as these services are essential, especially to women with disabilities. One OPD representative

shared that there were cases where women with disabilities do not get the necessary services in general hospitals after giving birth and that there was currently no mechanism for maternal referral for women with disabilities. The household survey on persons with disabilities showed that only four out of 75 respondents availed of maternal referral services in the last five years. The CSO representative interviewed also voiced out the challenge of proper referral pathways. Interviews with community leaders and women and girls with disabilities reported that this service was available in their communities. However, it is possible that although maternal referral services are available in these communities, these services currently cannot cater to the complex needs of women with disabilities.

Expanding these services to men and adolescent boys is also necessary. The FGD results showed that men and adolescent boys with disabilities believed that SRHR, GBV, and MHPSS services are also essential to them. The respondents believed knowledge and awareness sessions are necessary, as shown in their responses.

> **"I want to know how to provide the services that we need if we [are] sick."**
>
> - A male respondent with a disability
>
> **"အမြင်ဖွင့်ခြင်းသည် နားလည်ထားသင့်သော ပညာဖြစ်သောကြောင့် ဝန်ဆောင်မှုကို လိုအပ်ပါသည်။"**
> *("The service is needed because GBV awareness is the knowledge that should be understood.")*
>
> - A CSO representative

The FGD results showed that men and adolescent boys without disabilities were familiar with some support services after attending and participating in awareness-raising activities about exploitation and violence, as well as sports activities and song and dance contests. Central to this is the presence of the Health Poverty Action (HPA) Youth Center, where it can be assumed that most of these services took place.

Regarding access, most agreed that SRHR, GBV, and MHPSS services are essential and worth learning about, particularly sexual and reproductive health and family planning. In terms of GBV, for those who preferred to answer, respondents were divided. A group noted that everyone, especially young people, should be familiar with gender-based violence and that GBV-related services can provide valuable information that can be put into practice in their own lives. Another group of men and boys without disabilities said they do not need access to GBV services. Unfortunately, the reason provided was unclear. However, when asked why men or adolescent boys do not seek gender-based violence prevention and response services, members of the same group noted that they have no prior knowledge of GBV and its related services and are shy and worried that other people might find out.

Services offered by the UNFPA WGF Programme

When asked if they were aware of the specific services offered by UNFPA WGF Programme and its implementing partners, the results of KIIs with women and adolescent girls with disabilities showed that there was an observed drop in the number of respondents who answered *yes,* mainly for GBV and MHPSS services (Figures 11-13).

Are you aware of the services offered by the UNFPA WGF programme and its implementing partners in your community?

Service	Yes	No
Family planning counselling	5	7
Provision of modern contraceptive	4	8
LARC	4	8
Referral - LARC	3	9
CSE through WGF IPs	9	3
CSE by peer educator	8	4
CSE by school teachers	7	5
Ante-natal care coverage	6	6
Ante-natal care consultations	6	6
Safe delivery	6	6
Post-natal care coverage	4	8
Post-natal care consultations	2	10
Clean delivery kits	6	6
Post-abortion care	3	9
Maternal referral	5	7
HIV/STI testing and counseling	3	9
Post exposure prophylaxis	2	10
Anti-retroviral therapy	2	10
PMTCT of HIV	2	10
Referral - ARV and PMTCT	3	9
Screening for cervical cancer	4	8
Health care response for GBV survivor	4	8

■Yes ■No

Figure 11. Results of the key informant interviews on women and adolescent girls with disabilities on the availability of SRHR services offered by UNFPA WGF Programme and its implementing partners (n=12).

Are you aware of the services offered by the UNFPA WGF programme and its implementing partners in your community?

Service	Yes	No
Case management	4	8
Safe accommodation	4	8
Legal assistance services	4	8
Referral services - health and legal services	3	9
Helpline/Hotline	3	9
Distribution of dignity kit	5	7
Life skills	5	7
Income generating activity	2	10

■ Yes ■ No
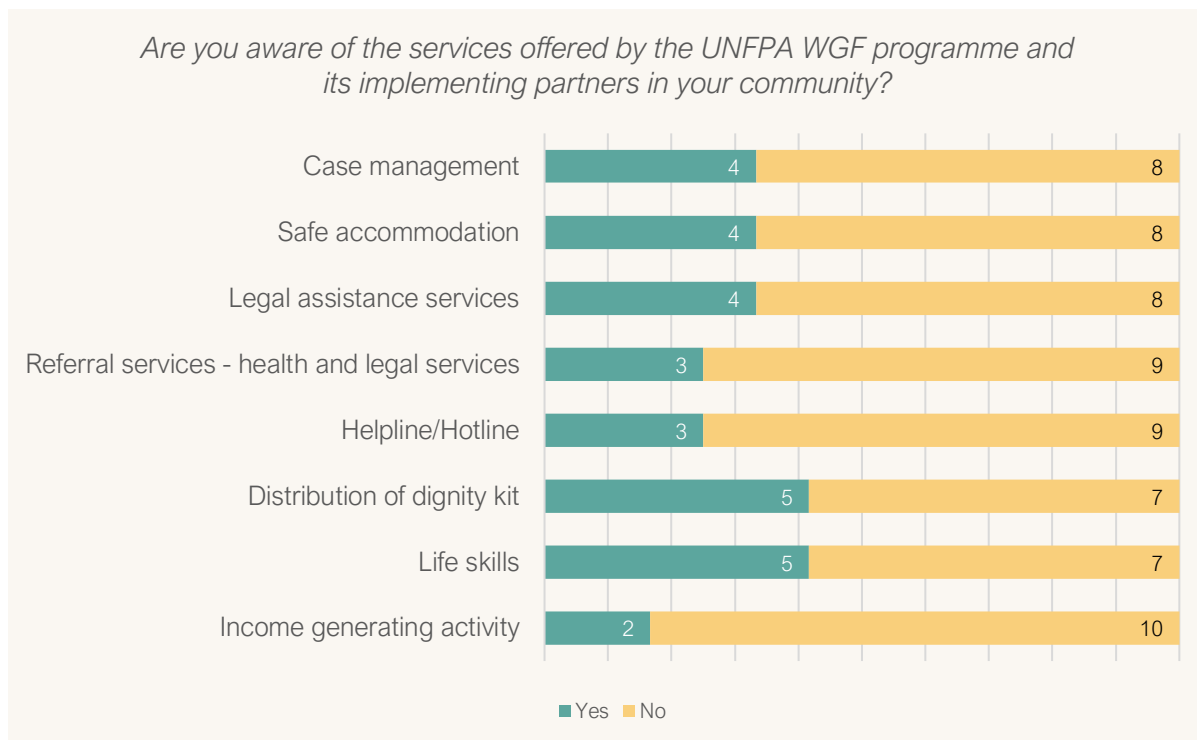
Figure 12. Results of the key informant interviews on women and adolescent girls with disabilities on the availability of GBV services offered by UNFPA WGF Programme and its implementing partners (n=12)

Are you aware of the services offered by the UNFPA WGF programme and its implementing partners in your community?

Service	Yes	No
Activity-based psychosocial support group	5	7
Psycho-educational sessions	5	7
Community support group	1	11
Group emotional support	4	8
Individual and psychosocial support	5	7

■ Yes ■ No
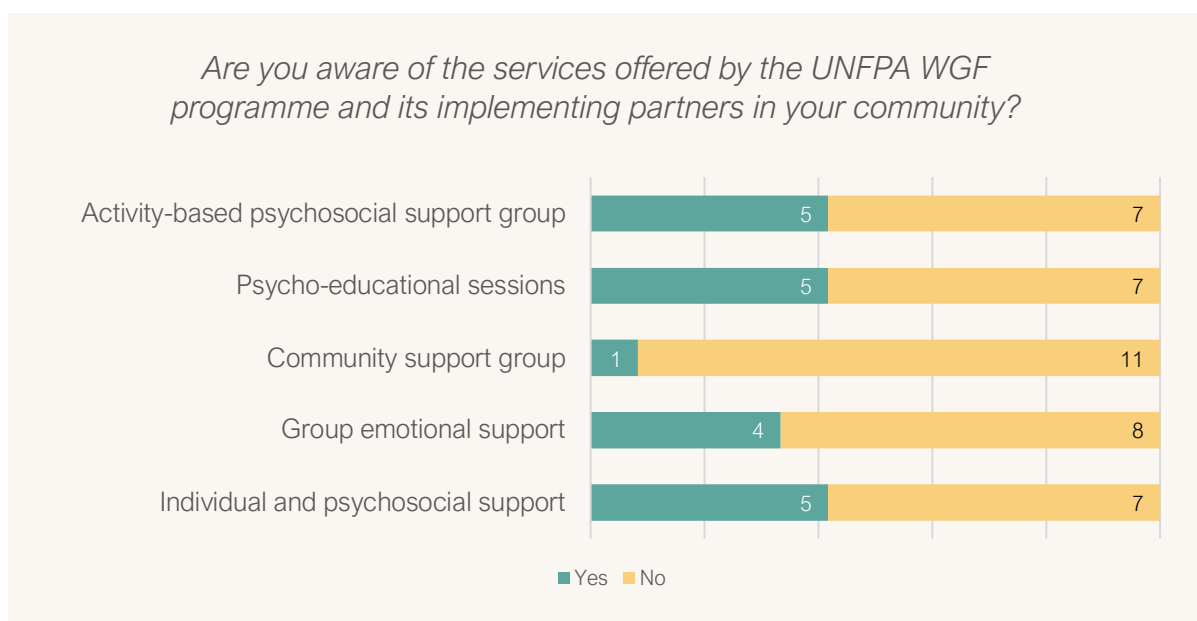
Figure 13. Results of the key informant interviews on women and adolescent girls with disabilities on the availability of MHPSS services offered by UNFPA WGF Programme and its implementing partners (n=12)

Although it is unclear whether they are unaware of these services because they do not currently need access to them or have no further information, the KII results with community leaders may indicate the latter. The results gathered from community leaders (n=8) in Kachin State suggest that most are familiar with SRHR services offered by the UNFPA WGF Programme and its

implementing partners. However, there is a clear difference when asked about GBV and MHPSS services, as shown in Figure 14.

Are you aware of the services offered by the UNFPA WGF programme and its implementing partners in your community?

	Yes	No	Don't Know
SRHR	8		0
GBV	4	0	4
MHPSS	4	0	4
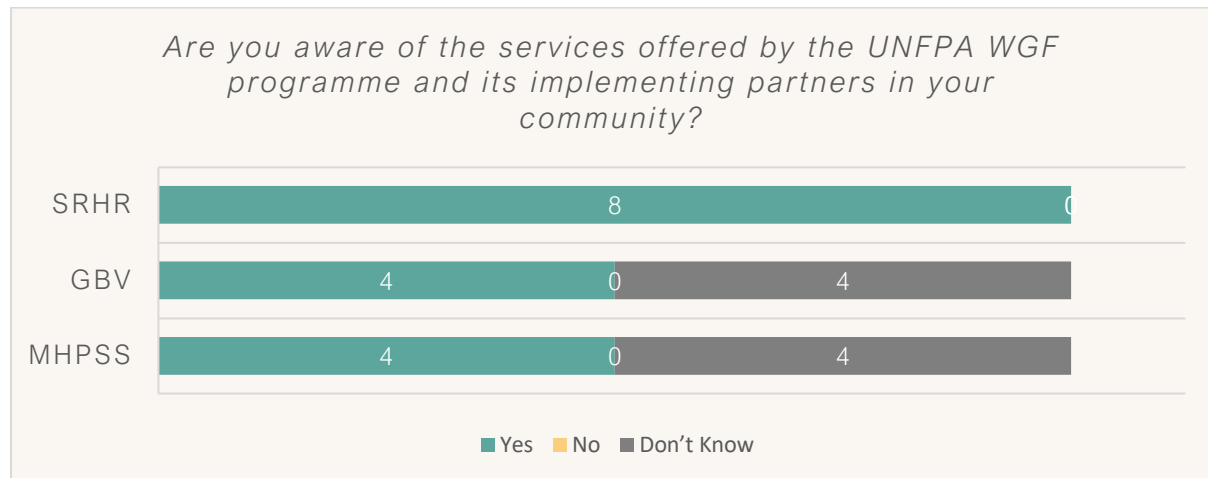
Figure 14. Results of the key informant interviews on community leaders on their awareness of services offered by the UNFPA WGF Programme and its implementing partners (n=8)

Although the study cannot directly compare the results of the KIIs on women and girls with disabilities and community leaders, the data from the household survey on persons with disabilities (Figure 15) showed that only half of the respondents were aware of the UNFPA, its implementing partners, and their offered services. There was also an indication that in terms of awareness, most respondents from the KIIs and household survey were unfamiliar with GBV and MHPSS services from any community provider.

Do you know if there are service providers within your community that provide services related to SRHR, GBV prevention and response, and MHPSS?

- Yes 53%
- No 41%
- Don't know 5%
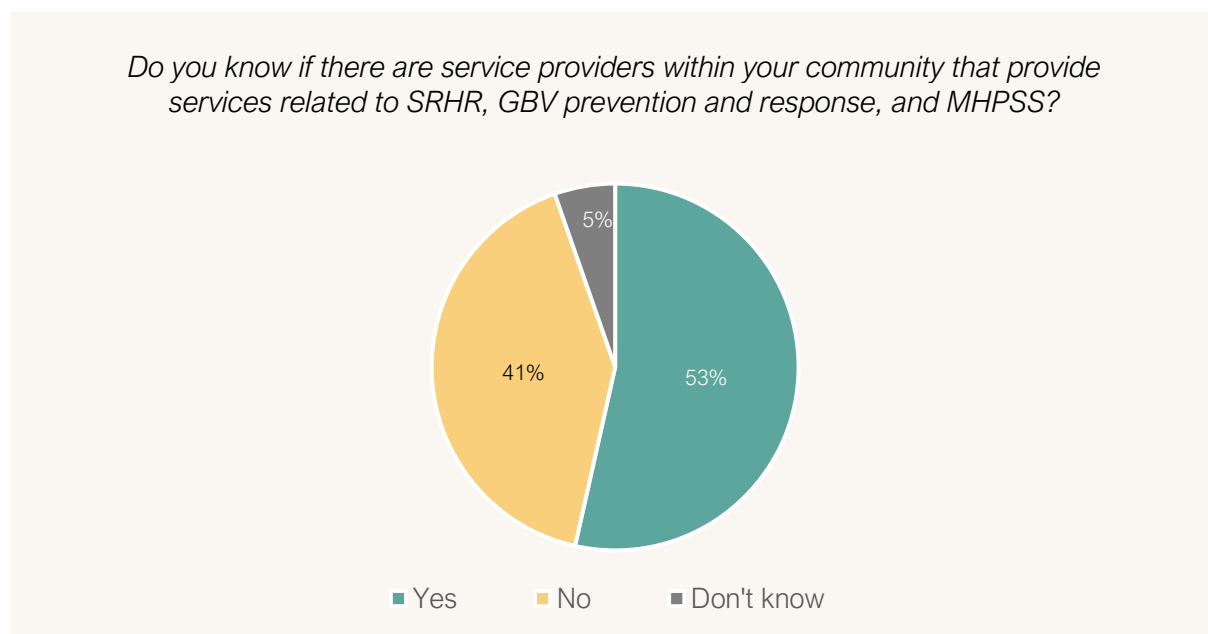
Figure 15. Results of the household survey of persons with disabilities on their awareness of the UNFPA WGF Programme, its implementing partners, and the services offered in the community (n=75)

The results above showed a disparity in the services the UNFPA WGF Programme provides and its implementing partners. Only two of the four interviewed CSOs and implementing partners offered SRHR services, while all organisations offered GBV and MHPSS services. The results may indicate that aside from the need to intensify information dissemination on GBV and MHPSS services, more community members, especially persons with disabilities, need SRHR services.

Accessibility

Physical accessibility

Physical accessibility of service facilities

Accessibility issues within service facilities were reported, as there were instances where ramps (13 per cent), WASH facilities (water, sanitation, and hygiene – 16 per cent), and toilets (16 per cent) were not available nor accessible to the respondents, see Figure 16.
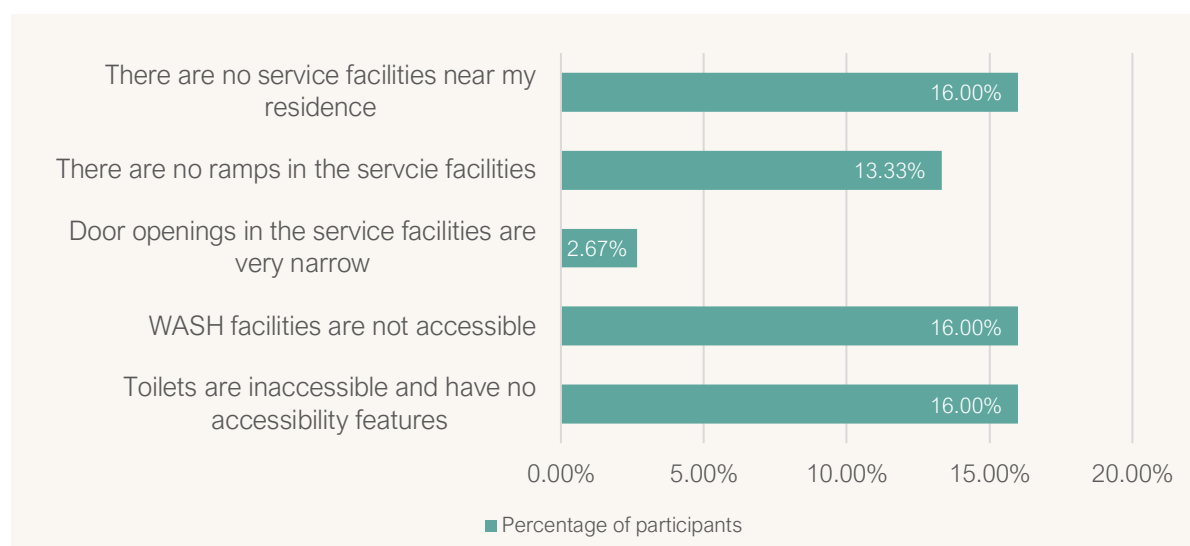
Figure 16. Results of the household survey on persons with disabilities regarding challenges in physical accessibility when availing SRHR, GBV, and MHPSS services (n=75)

The FGD results showed that women and adolescent girls without disabilities, as well as men and adolescent boys without disabilities, perceived that they have the advantage when accessing the following services compared to persons with disabilities. Women and adolescent girls without disabilities were aware of the various barriers that their counterparts with disabilities can potentially face when availing of these services, particularly the freedom of movement enjoyed by persons without disabilities. The same respondents observed that although service providers used sign language, some persons with disabilities still had difficulty communicating since they did not use sign language themselves. The respondents without disabilities believed that persons with disabilities should receive fair services and opportunities to participate. Furthermore, persons with disabilities should be actively provided with awareness and information since they were perceived to be at higher risk of gender-based violence.

Similarly, men and adolescent boys without disabilities believed that persons without disabilities benefit from available services as they do not encounter physical barriers, and most can move

and travel freely and without restrictions. They also found it easier to communicate and understand these services compared to persons with disabilities. A group of respondents noted that women with disabilities were discouraged from accessing sexual and reproductive health and rights services; however, this was not further elaborated.

Results of the physical accessibility observation

Table 2 shows the results of the physical accessibility audit conducted by the implementing partner in their service facility in terms of (1) *entrance*, (2) *reception and waiting areas,* (3) *service facility,* (4) *examination/treatment rooms,* and (5) *toilet and hygiene facilities, (6) information materials, and (7) emergency evacuation.* The results vary for each service facility; however, most could not afford reasonable accommodation for persons with disabilities, especially those with mobility issues. There is a need to revisit these checklists in consultation with OPDs and make sure that service facilities can accommodate persons with disabilities, especially the services facilities' emergency evacuation component.

Table 2. Results of the physical accessibility checklist.					
Indicators	Questions	Yes	No	A Little	Remarks
Entrance to facility	Is the facility entrance accessible for persons with mobility impairments?	-	4	2	Hospital entrance is not accessible for persons with mobility impairments.
	Does the facility have a ramp at the entrance?	-	4	2	The hospital cannot accommodate a five feet wide ramp.
	Is the entrance door wide enough to fit a wheelchair?	3	2	1	The hospital and static clinic (Bhamo) have doors that can accommodate wheelchairs.
	Is the door handle at the entrance door a height that can be reached by persons who use wheelchairs?	1	5	-	-
	Can the entrance door be opened easily without much effort?	2	3	1	The hospital door entrance can be easily opened.
	Are service signages on the entrance door readable?	-	5	1	No space for service signages on the entrance door.
	Are there door staff/security staff who can assist persons with disabilities when needed?	2	3	1	-
Reception and waiting areas	Is the pathway from entrance to reception clear of obstacles?	1	5	-	The hospital has no reception area.
	Is there a space for wheelchairs in the waiting areas?	-	5	1	-
Service facility	Are there steps inside the service facility?	2	3	1	There are two sets of stairs in the safe house.
	Are there handrails along corridor walls?	-	6	-	-
	Are corridors free from obstacles?	-	5	1	-
	Are floor coverings non-slip?	1	3	2	Hospital floors can be slippery during the rainy season.
	Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?	2	2	2	-
Examination/ Treatment rooms	Are doorways to examination/treatment/counselling rooms wide enough to fit a wheelchair?	1	3	2	The hospital and static clinic (Bhamo) have doors that can accommodate wheelchairs.
	Is the examination table's height adjustable?	-	5	1	-
	Is the floor covering non-slip?	2	3	1	Hospital floors can be slippery.

Indicators	Questions	Yes	No	A Little	Remarks
Toilet and hygiene facilities	Are there signages indicating that the toilet is accessible?	-	4	2	-
	Is the doorway wide enough to fit a wheelchair?	-	6	-	-
	Are there grab rails near the toilet?	-	6	-	-
	Are bins available for the disposal of hygiene products?	3	1	2	There are no bins for the disposal of hygiene products. However, there is a small hygiene kit in the hospital.
	Are hand basins and soaps at a height that can be reached by persons using wheelchairs?	1	4	1	In the hospital, hand basins and soap are at a height that cannot accommodate persons using wheelchairs.
	Is there any adaptive searing device for toilet seats?	-	6	-	-
Information materials	Is health information available in accessible formats	2	3	1	There is some health information available in print but are not in an accessible format for persons with disabilities. Not available in Braille.
	Are people with communication difficulties requiring assistance able to access support and/or interpreters?	-	6	-	There are no accessible support or interpreters for people with communication difficulties.
Emergency evacuation	Is there an emergency evacuation plan in place that is designed in consultation with persons with disabilities?	-	6	-	-
	Is information about what to do in an emergency accessible to all, including persons with disabilities?	-	5	1	-
	Are emergency evacuation routes clearly signed and in Braille for persons with vision impairments?	-	6	-	-
	Are emergency exits clear from obstacles?	-	6	-	-
	Are escape routes accessible for persons with mobility or vision impairments?	-	6	-	The escape route may not accommodate persons with disabilities in wheelchairs because the doorway entrance has steps.
	Are assembly points accessible for persons with disabilities?	-	6	-	-

Routes to and from service facilities

Women and adolescent girls with disabilities reported that the most common physical barrier to accessing SRHR, GBV, and MHPSS services were the distance and road conditions they must travel. Most respondents of the household survey of persons with disabilities shared that issues on safety (16 per cent), distance from their residence to service facilities (16 per cent), and transport to and from service facilities (27 per cent) were the main barriers to accessing services, as shown in Figure 17.
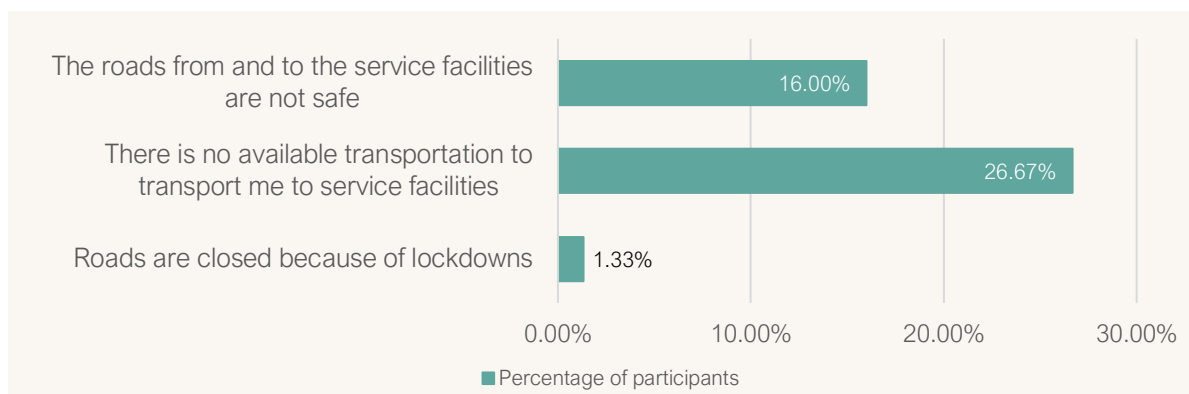
Figure 17. Results of the household survey on persons with disabilities regarding challenges in physical accessibility when availing SRHR, GBV, and MHPSS services (n=75)

Impact of the COVID-19 pandemic and military coup on physical accessibility

The COVID-19 pandemic and the military coup have adversely affected the lives of all citizens, especially persons with disabilities. Travel restrictions brought about by the COVID-19 pandemic impacted access among persons with disabilities. Key informants from CSOs shared that family members and caregivers dissuaded persons with disabilities from going outside to avoid contracting the virus. Positive COVID-19 cases were also reluctant to admit themselves in COVID centres due to the lack of support from caregivers and limited reasonable accommodation in clinics and hospitals. Service delivery was also restricted. For example, one CSO shared that they had difficulty providing post-exposure prophylaxis (PEP) to GBV cases. Another shared that, although volunteers continued teleconsultations and medicine distributions during this time, persons with hearing and communication difficulties had challenges accessing these services. However, one CSO noted that service delivery at the camp level did not have the same challenges mentioned, and available services were provided as usual.

Due to security issues brought about by the military coup, access to available services was restricted to both persons with and without disabilities, especially for those who needed to go into government-controlled areas (GCA). Those caught between fighting, including persons with disabilities, were forced to leave their homes and settle within shelters and refugee camps which do not offer reasonable accommodation for persons with disabilities. Some non-governmental organisations (NGOs) were either forced to cease operations or reduce their interventions and services due to unsafe conditions in certain communities.

"People with disabilities face [more challenges compared to] others without disabilities. Under the battles and armed conflicts, persons with disabilities cannot run or escape [and were likely to sustain] more injuries. IDP camps were not accessible and barrier-free for persons with disabilities. Food, clothing, and medicine [were also not sufficient, and persons] with disabilities in camps face more challenges accessing the SRHR, GBV and MHPSS services."

- An OPD representative

Economic accessibility

Costs of services to persons with disabilities

All CSOs interviewed shared that the services they offer are free of charge to persons with disabilities. These services are funded by various NGOs, like the HOPE International Agency and the UNFPA WGF Programme. Respondents of the KII on women and adolescent girls with disabilities reported that they could avail of SRHR, GBV, and MHPSS services at no cost. However, as presented in Figure 18, GBV and MHPSS services yielded unsure answers. This may indicate that respondents have not yet availed of these services or are unfamiliar with them.

Are there costs when you avail any of the following services?

	Yes	No	Don't know
SRHR	2	10	0
GBV	0	5	7
MHPSS	0	6	6
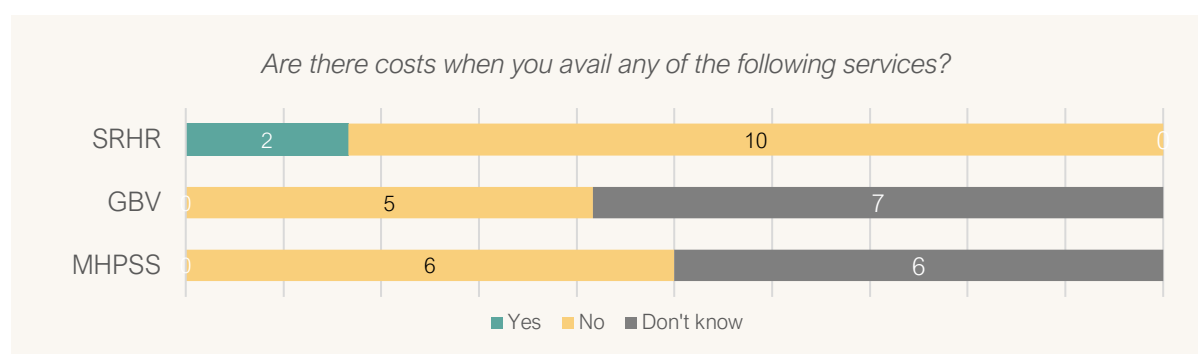
Figure 18. Results of the key informant interviews on women and adolescent girls with disabilities on the cost of services (n=12)

Additional costs associated with the availing of services

Similar responses were generated in the household survey for persons with disabilities. Although finances can be a limiting factor in accessing available services, as shown in Figure 19, some respondents shared that several organisations provide free essential services, which help limit their expenses to only major medical treatments. Some respondents also shared that those living within the camps do not need additional costs since these services are readily accessible.

|	Percentage of participants
I have no money (or not enough) to pay for the services	36%
I had no money (or not enough) to pay for the costs of transportation and food when going to…	45%
I had no money to pay for the prescribed medicines/treatment after availing of the services	23%
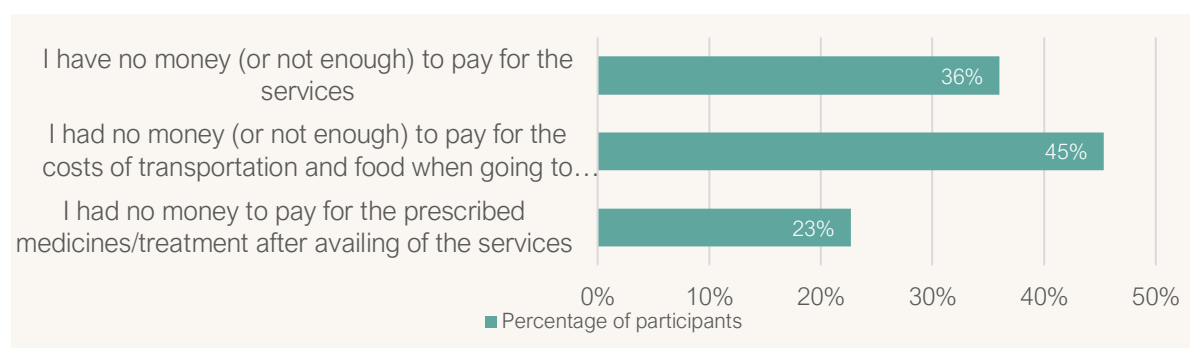
Figure 19. Results of the household survey on persons with disabilities regarding challenges on economic accessibility when availing services (n=75)

However, food and transportation costs when availing of these services were shouldered by persons with disabilities and their families. Key informants from OPDs believe that the UNFPA WGF Programme and its implementing partners should support the transportation costs and service fees and create job opportunities and income-generation activities for households with disabilities.

"အဖွဲ့အစည်းမှ အခမဲ့ ဝန်ဆောင်မှုပေးထားသည်။ တခြားကြီးကြီးမားမားဖြစ်သော ဆေးကုသမှုခံယူ(ဆေးရုံသွား)ရမှသာ ငွေကြေးကုန်ကြသည်။"

(The service is provided free of charge by the organisation. They only spend money on major medical treatment (hospital visits).

- A household survey respondent

Impact of the COVID-19 pandemic and military coup on economic accessibility

All households, including households with persons with disabilities, have difficulties in maintaining livelihood and work during the lockdown restrictions. Some community leaders reported that prices of commodities and essential goods increased or doubled due to inflation after the military coup.

"[The COVID-19 pandemic has] negatively affected the free mobility and independent living of persons with disabilities. [In addition, movement restrictions have] limited livelihood [opportunities for] families of persons with disabilities."

- An OPD representative

"The market prices [of essential Items] increased [after the military coup]. [There were increased challenges when accessing services in hospitals], especially for persons with disabilities."

- A community leader

Non-discrimination

Attitudinal barriers towards persons with disabilities

The household survey on persons with disabilities yielded positive results regarding the kinds of attitudinal barriers the respondents faced when availing of SRHR, GBV, and MHPSS services. Figure 20 shows that most respondents (40 out of 75) reported not facing attitudinal barriers when availing of SRHR, GBV, and MHPSS services within their communities. However, there were still reports of negative attitudes towards persons with disabilities by the community and service facilities staff and reports where persons with disabilities were denied reasonable accommodation.
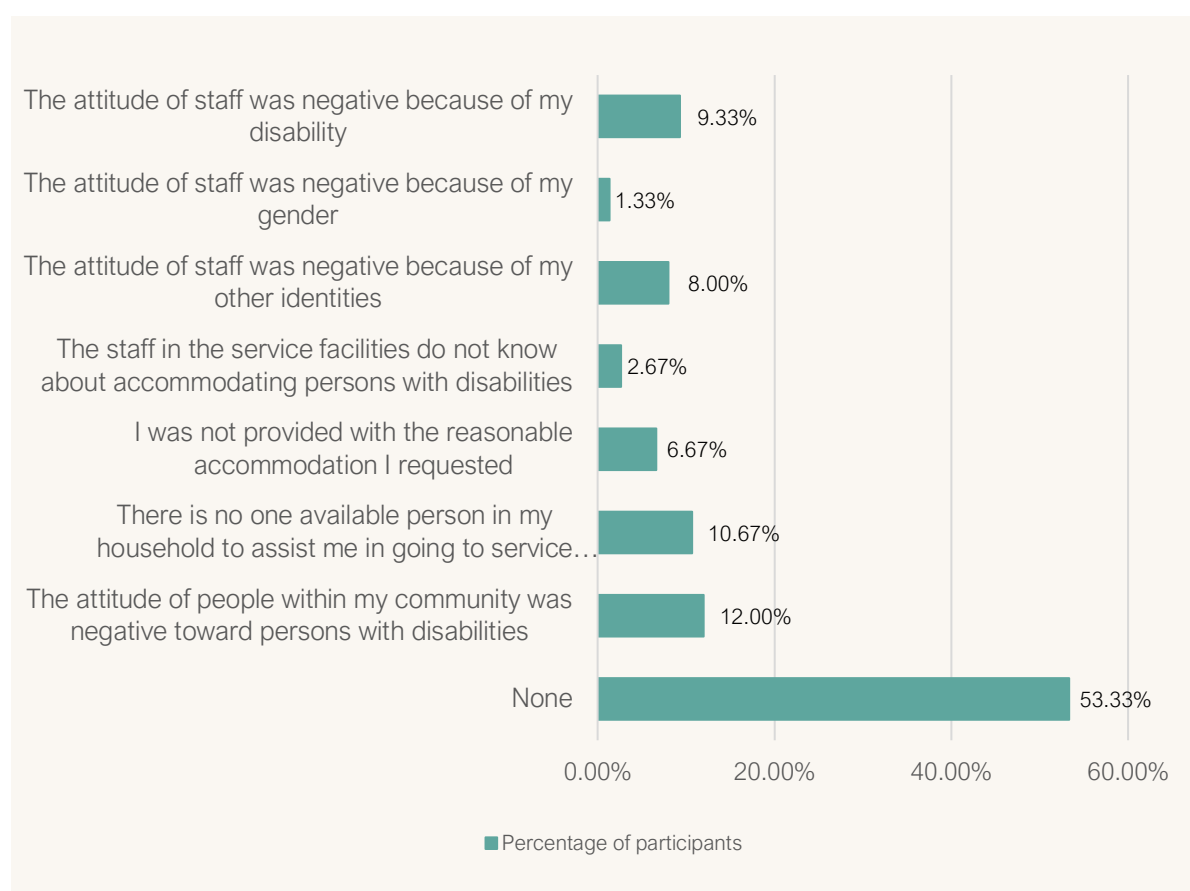
Figure 20. Results of the household survey on persons with disabilities on the attitudinal barriers they faced when availing SRHR, GBV, and MHPSS services (n=75)

Discrimination persists, according to interviewed OPDs. There were cases wherein persons with disabilities, especially women and girls with disabilities, who were victims of GBV, did not get due process and support due to customary laws traditionally practised within the community. An OPD representative believed that women and girls with disabilities face double the marginalisation and discrimination in their life due to their disability, sex, and ethnicity.

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

The CSO and implementing partners explained that the information, education, and communication (IEC) materials about their services include pamphlets, booklets, posters, vinyl promotional items and pictures, and video clips in the Burmese language. These materials were not available in Braille, although the designs of IEC materials were said to be *somewhat accessible* to persons with disabilities. For example, vinyl promotional items had clear photos and large fonts. However, it is essential to note that the effectiveness of these materials primarily relies on the presence of caretakers who do not have any functional difficulties and can readily understand these IEC materials, as well as service providers who can provide more explanation when necessary.

Figure 21 shows the challenges related to informational accessibility when availing SRHR, GBV, and MHPSS services according to the household survey on persons with disabilities. Twenty per cent of respondents found that the formats of informational materials were unreadable, 14 per cent observed that persons with disabilities are not represented in IEC materials, and 25 per cent of respondents believe they were not given sufficient information about these services.
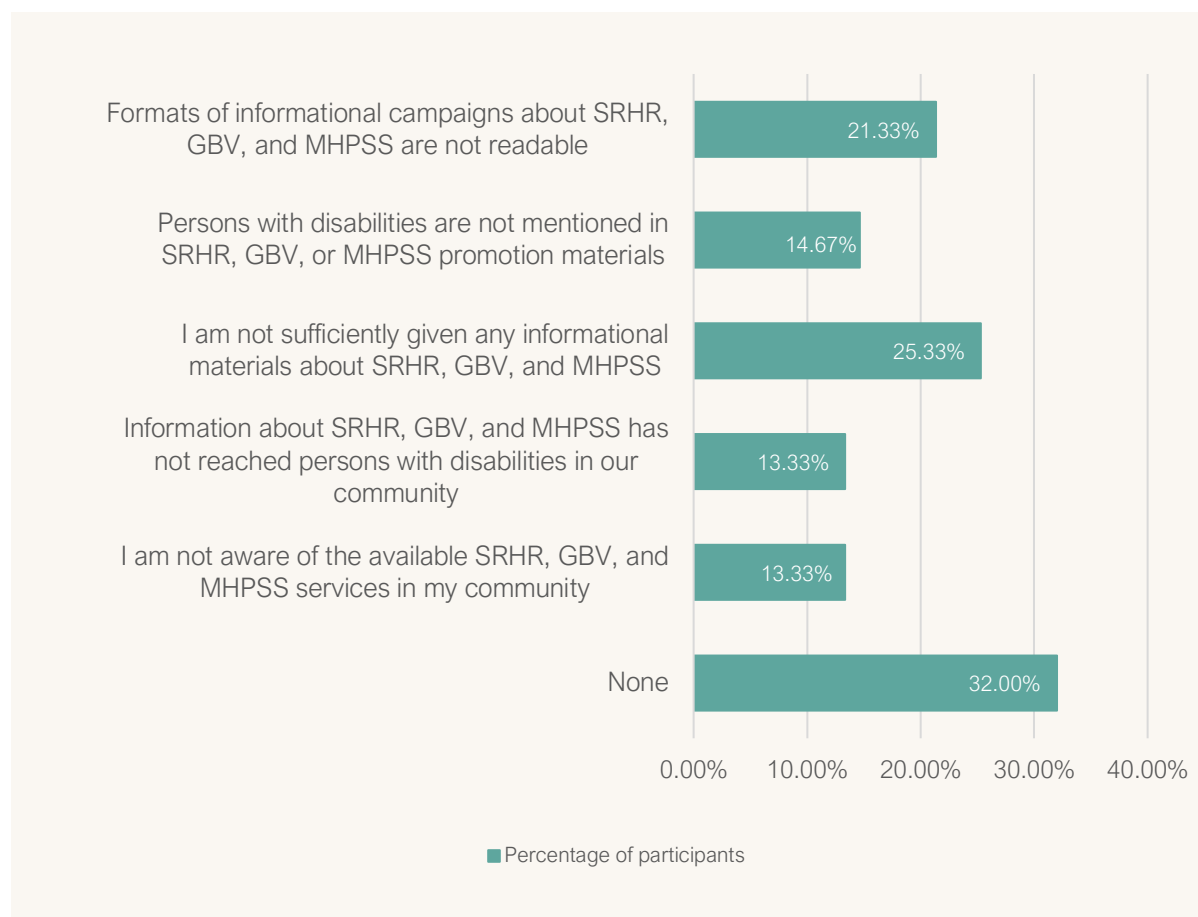
Challenge	Percentage of participants
Formats of informational campaigns about SRHR, GBV, and MHPSS are not readable	21.33%
Persons with disabilities are not mentioned in SRHR, GBV, or MHPSS promotion materials	14.67%
I am not sufficiently given any informational materials about SRHR, GBV, and MHPSS	25.33%
Information about SRHR, GBV, and MHPSS has not reached persons with disabilities in our community	13.33%
I am not aware of the available SRHR, GBV, and MHPSS services in my community	13.33%
None	32.00%

Disseminating information on SRHR, GBV, and MHPSS services

The KIIs with women and adolescent girls with disabilities showed that they could access information about the SRHR, GBV, and MHPSS services through other family members and friends, while some through volunteers and case workers who provided home visits. Some women and adolescent girls with disabilities also reported participating in health awareness sessions by implementing partners and CSOs. However, there were some women and adolescent girls with disabilities interviewed who shared that due to mobility issues, they were not able to attend these awareness sessions. Instead, family members relayed the information to them. Community leaders confirmed the information dissemination channel mentioned above, adding that the camp management committee tries to ensure a good relationship with family members.

Addressing the challenges of information accessibility

Challenges to information accessibility can be addressed through close consultations with OPDs and persons with disabilities. The OPD representatives recommended some strategies for different functional difficulties, as shown in Figure 22.

Design IEC materials about the SRHR, GBV, and MHPSS services in Braille or large prints that include local ethnic languages

Involve OPDs and ask for support when reaching out to persons with hearing impairments

Use OPD social network platforms to provide information for persons with disabilities

Work closely with caregivers or family members who can relay and share information with persons with disabilities

Figure 22. Strategies for addressing information accessibility challenges

Acceptability

Informed consent and confidentiality

Obtaining informed consent and respect for confidentiality

Article 25 of the CRPD requires health professionals to provide health care to persons with disabilities on an equal basis with others, including free and informed consent.[82] The household survey results on persons with disabilities suggest that the experience of most respondents with service providers was positive, as shown in Figure 23. Many agreed that staff were respectful to persons with disabilities and obtained informed consent. In addition, most respondents believe that staff respected the confidentiality of their personal information. Furthermore, the service centre staff were adequately composed of male and female members. Similar ratings were observed in the household survey on persons without disabilities, shown in Figure 24.
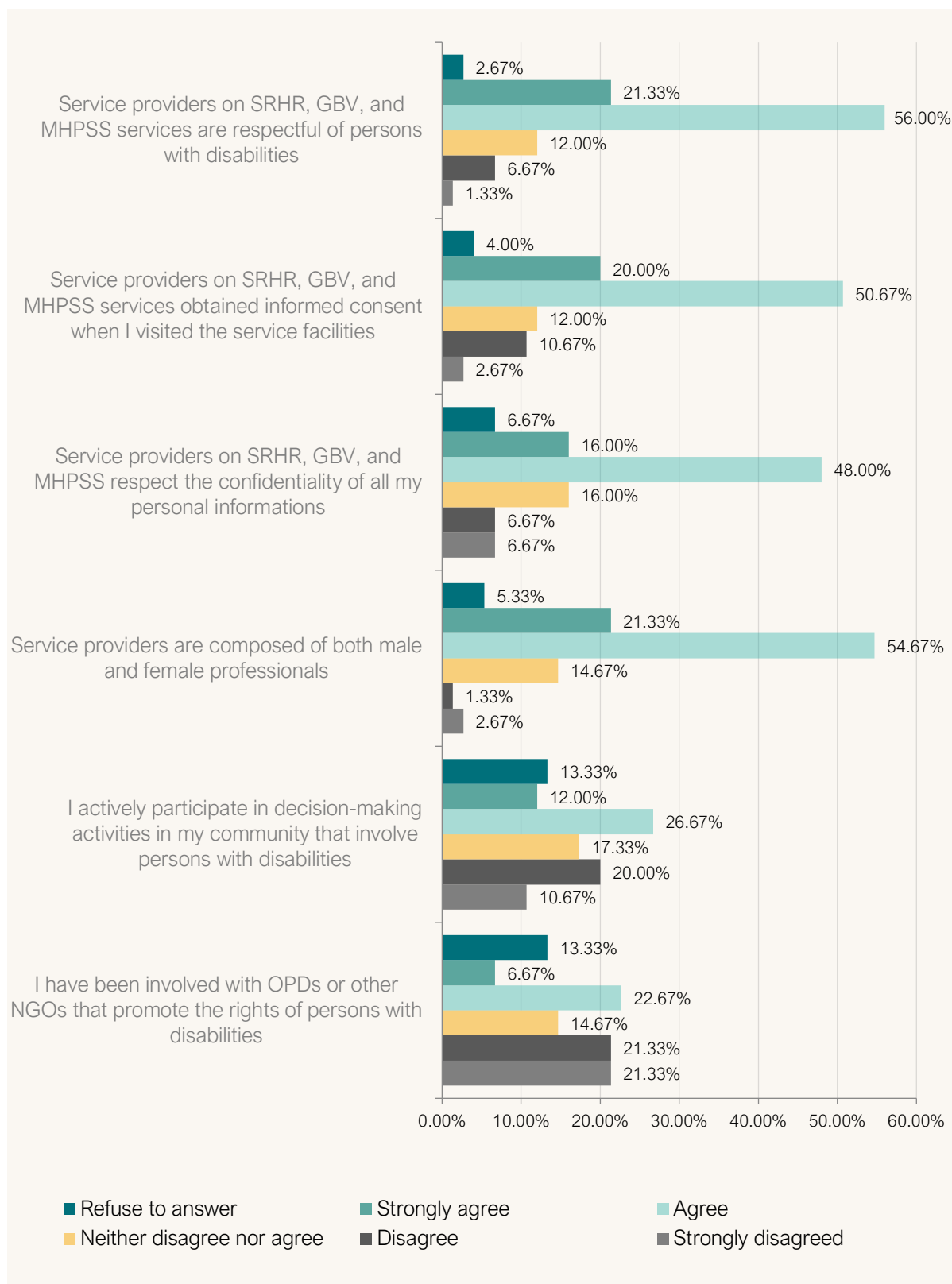
Figure 23. Ratings on the level of agreement of households with persons with disabilities (1 – strongly agree, 5 – strongly disagree; n=75)
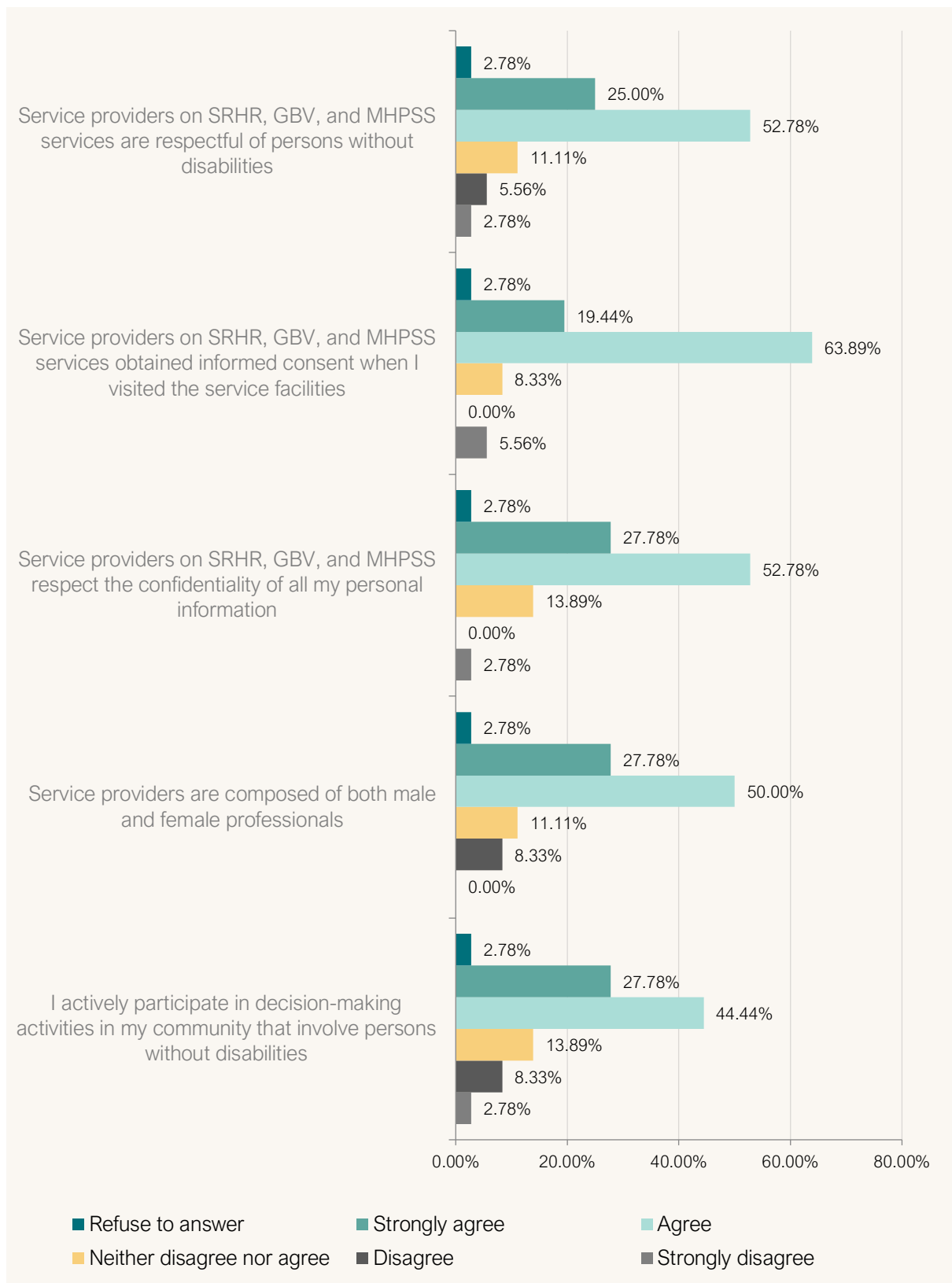
Figure 24. Ratings on the level of agreement of households with persons without disabilities (1 – strongly agree, 5 – strongly disagree; n=36)

The CSOs shared that there are no operational differences within their respective organisation's ethical protocols for persons with disabilities and persons without disabilities. All implementing partners ensure confidentiality and obtain written or verbal informed consent directly through persons with disability or their caretakers.

Participation

In terms of consultations with persons with disabilities in designing, implementing, and monitoring the services offered, CSOs were divided as some were able to perform consultation during various stages of their services, and some were only able to consider the mainstream disability-inclusive design. However, feedback channels are available according to CSOs.

> **"[Persons with disabilities] can consult and provide feedback or suggestions via suggestion boxes."**
>
> - An OPD representative
>
> **"[We have not yet conducted any consultations with persons with disabilities] but consider mainstream disability inclusive [design]."**
>
> - An OPD representative

When asked if they actively participate in decision-making activities in their respective communities, persons with and without disabilities' responses show a marked difference in respondents' agreement level (see Figures 23 and 24). Respondents from the household survey on persons without disabilities *agree* (44 per cent) that they are involved actively in community decision-making activities as opposed to less than 30 per cent of responses from persons with disabilities. In addition, Figure 23 shows that persons with disabilities involved in the household survey have not been involved with OPDs or other NGOs that promote the rights of persons with disabilities.

Quality

Capacity development

Building capacity for disability inclusion

All CSOs and implementing partner representatives shared that their organisations have received training on disability and inclusion from various organisations, including Humanity and Inclusion and the UNFPA Myanmar. However, there is still a need to strengthen existing capacities to respond to the complex needs of persons with disabilities. The household surveys conducted with persons with disabilities and persons without disabilities revealed contrasting perceptions of the capacity and level of training to accommodate the specific needs of each group.

35%

of persons with disabilities (n=75) perceived that service providers are not trained to accommodate the needs of persons with disabilities.

75%

of persons without disabilities (n=36) perceived that service providers are trained to accommodate the needs of persons without disabilities.

Community leaders were able to participate in various trainings on disability (see Figure 25). One key informant shared that they attended a training about the definition of disability and the role of persons with disabilities in camp management and affairs.
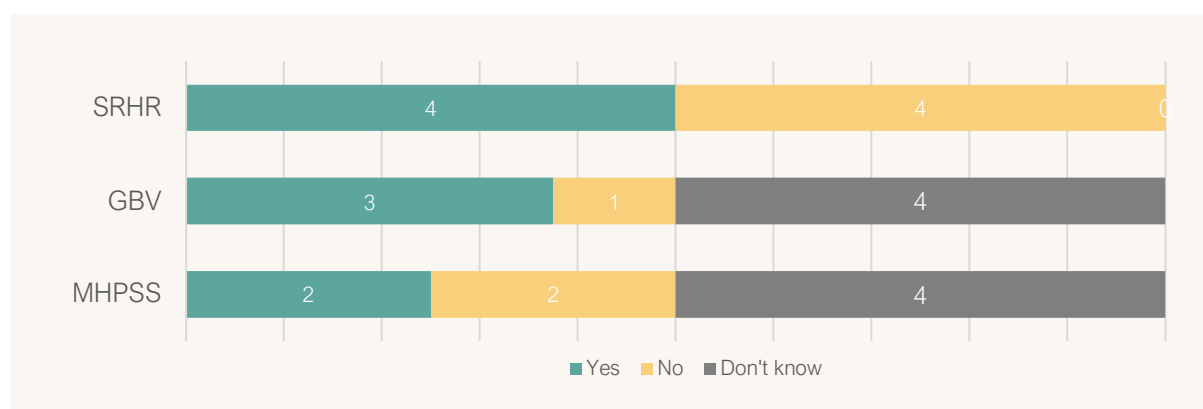
Figure 25. Results of KII on community leaders on training on assisting persons with disabilities (n=8)

The OPDs assured that their respective organisations have experienced representatives who could provide appropriate capacity development programmes to service providers to improve the delivery of their services related to SRHR, GBV, and MHPSS. The OPDs added that they can provide capacity building on the identification of persons with disabilities and provision of reasonable accommodation, as well as disability awareness sessions for service providers and stakeholders.

Non-discrimination

Measures to address discrimination

The OPDs were open to working with the UNFPA WGF Programme and its implementing partners to address discrimination against persons with disabilities. These include:
- Inviting role models with disabilities who can educate their peers involved in service delivery;
- Training staff and service providers on disability sensitivity and ensuring the plans integrate the SRHR needs of persons with disabilities;
- Conducting an accessibility audit, as well as identifying the barriers that restrict access to persons with disabilities; and
- Improving barrier-free environment within service facilities.

Monitoring

Measures in place to monitor access

The CSO and implementing partners shared that there is currently no standardised mechanism or process for monitoring access to SRHR, GBV, and MHPSS services. However, some pointed out that these were available for certain services (e.g., during outreach sessions in MHPSS, client exit interview after closing GBV case). They also shared that available data on persons with disabilities were disaggregated by age, sex, and disability.

Nonetheless, monitoring access to available services can immensely improve the design and implementation of service delivery. Systematic monitoring needs to be improved, including indicators, tools, and guidelines that the implementing partners can follow. To this end, OPDs suggested that implementing partners work with them closely, especially those who have prior experience in disability monitoring.

> **"Ensure the disability-inclusive monitoring bodies and its guidelines [are implemented] in collaboration with independent consultants or OPDs who have experiences in disability and the monitoring sector."**
>
> - An OPD representative

Recommendations

Availability

1. Develop CRPD-compliant strategic plans of WGF implementing partners in Kachin State. Although the CSO and implementing partners ensure the inclusion of persons with disabilities in the delivery of services, there is still a need to fully align the organisation's strategic plans to the provisions of CRPD and Myanmar's Law on the Rights of Persons with Disabilities.
   - It is necessary to develop plans that comply with provisions of international and national laws on disability and with other relevant policy documents, such as the UNFPA Strategic Plan 2022-2025, UN Disability Inclusion Strategy, and UNFPA Disability Inclusion Strategy, among others. Ensure that plans are informed by evidence that will protect and promote the rights of persons with disabilities in Kachin State, such as the findings of this assessment.
   - Ensure that strategic plans have mainstreamed and targeted line budgets for disability-inclusion initiatives to respond to the needs of persons with disabilities.
   - Ensure that relevant stakeholders are consulted in developing these plans, including persons with disabilities, OPDs, parents and caregivers of persons with disabilities, where appropriate.
2. Expand the availability of integrated SRHR, GBV, and MHPSS services within the state for persons with disabilities. Based on the study's findings, all WGF implementing partners in the state cover GBV and MHPSS services, and only two cover SRHR services. However, the results suggest that available services are insufficient, primarily to accommodate the complex needs of persons with disabilities within the state.

- It is recommended to expand the integrated SRHR, GBV, and MHPSS services that provide essential packages identified in consultation with persons with disabilities, parents, caregivers, and OPDs.
- To improve access to these services, there is a need to expand the availability of services and make sure that all implementing partners have the capacity to provide services, especially SRHR-related services.
- There is a need to intensify information dissemination regarding available services to all community members (e.g., men with and without disabilities), especially those related to GBV and MHPSS.
- Community leaders can bridge the gap between implementing partners and persons with disabilities. There is a need to make sure that community leaders are aware of available services.

Accessibility

3. **Support the improvement of service facilities to increase access for persons with disabilities.** Physical features of service facilities within the state should be improved to accommodate the needs of persons with disabilities.
    - Ensure that service facilities' physical features adhere to international and national standards on physical accessibility, including universal design principles on accessibility.
    - Conduct a thorough physical accessibility audit to be led by representatives from OPDs. Work closely with persons with disabilities and OPDs to identify and address the challenges related to physical accessibility.
    - Collaborate with other stakeholders, such as development partners and members from the private sector, to invest in improving service facilities.
4. **Conduct regular outreach programmes and activities to accommodate the SRHR, GBV, and MHPSS needs of persons with disabilities.** Most of the participants shared that outreach programmes and activities are effective in improving their access to services. By conducting regular outreach programmes and activities within communities, persons with disabilities are no longer required to travel to avail of the services.
5. **In the absence of outreach programmes and activities, provide accessible transport for persons with disabilities, and their parents or caregivers, to and from the service facilities.** Another issue with physical accessibility is the route that persons with disabilities must take to and from the service facilities.
    - Provide accessible transport services for persons with disabilities and their parents and caregivers who are availing of the services.
    - Consult with persons with disabilities and OPDs to improve the accessibility of transport services.
    - Work closely with stakeholders in the community, such as community leaders and parents or caregivers, to assist in transporting persons with disabilities to service facilities when necessary.
6. **Assist with costs associated with the availing of services.** The findings suggest that both persons with disabilities and persons without disabilities experience challenges in accessing the services because of the other costs associated with the services, such as transportation, food, and prescribed medicines or treatment after availing of the services. Hence, it is recommended to assist the beneficiaries, mainly persons with disabilities, with these additional costs to facilitate access to services. Consider supporting initiatives that provide sustainable sources of income for persons with disabilities and their families.
7. **Increase the awareness of communities about the costs of the services.** While the costs of services are 100 per cent free of charge to all target populations, there is still a negative perception among the participants that availing of these services is costly from their end. It is recommended to include in the awareness-raising activities of implementing partners that the costs of services are free to all target beneficiaries.
8. **Increase community awareness of disability inclusion.** Mainstream disability inclusion in awareness-raising activities conducted by implementing partners within the state. This could contribute to addressing attitudinal barriers experienced by persons with disabilities, as reflected

in the assessment findings. Involve persons with disabilities and OPDs in developing, implementing, monitoring, and evaluating community awareness-raising activities.

9. Provide reasonable accommodations, such as assistive devices, for persons with disabilities. For persons with disabilities to fully access and participate in the services, implementing partners and CSOs must provide the reasonable accommodation they need before availing of the services.
   - Identify the accommodation needs of persons with disabilities by working closely with them and their representative organisations.
   - Develop a policy on the provisions of a reasonable accommodation to persons with disabilities.
   - Include reasonable accommodation as line items in the organisation's annual budget forecasts to ensure that disability-related accommodations are considered in the total budget request.
10. Ensure that the designs for IEC materials are accessible and responsive to the needs of persons with disabilities.
    - Intensify information dissemination regarding available services to all members of the community.
    - Ensure that the formats of IEC materials are accessible to persons with disabilities.
    - Ensure that persons with disabilities are represented on IEC materials when needed.
    - Engage OPDs and disability-inclusion experts on the planning, implementation, monitoring and evaluation of the effectiveness of accessible IEC materials to persons with disabilities.

Acceptability

11. Increase the involvement of persons with disabilities in the design, implementation, monitoring and evaluation of services.
    - Consider providing awareness sessions within the community to ensure the participation of persons with disabilities.
    - Facilitate the active engagement of persons with disabilities at all stages of service delivery. If the fund allows, provide grants to OPDs to support the delivery of services.
    - Continue to work closely with OPDs and facilitate the mobilisation of community-based groups for persons with disabilities.
    - Ensure that all members of the community (e.g., men with and without disabilities) are part of the discussion.

Quality

12. Strengthen the capacity of relevant stakeholders in disability inclusion.
    - Improve human resource capacity of implementing partners in disability inclusion that accommodates the specific needs of persons with disabilities (e.g., training on sign language, capacity to accommodate persons with intellectual disabilities).
    - Improve capacity that addresses and prevents discrimination towards persons with disabilities.
    - Improve the capacity of community leaders in disability inclusion and responding to the needs of persons with disabilities within the community.
    - Improve the capacity of OPDs in providing SRHR, GBV, and MHPSS services.
    - Engage OPDs in designing, implementing, monitoring, and evaluating capacity-building programmes and activities on disability inclusion.
13. Improve collection and monitoring of access to services for persons with disabilities, including their satisfaction with services.
    - Ensure the inclusion of disability data and indicators in the results framework.
    - Improve the capacity of implementing partners in the monitoring and evaluation team in collecting and monitoring disability data.
    - Work with the UNFPA WGF Programme and other implementing partners in the country to standardise the collection and monitoring of disability data.

Facilitate the active involvement of relevant stakeholders within the state in monitoring data, such as persons with disabilities, their parents or caregivers, their representative organisations, and community leaders.

Kayah State

Kayah State is located in the southeastern part of Myanmar. It borders Kayin State and Southern Shan State and shares international borders with Thailand.[83] The State spans 11,731 sq. km, making it Myanmar's second smallest State based on land area.[84] It has an estimated population of 311,448 across its seven townships, where females constitute 51.2 per cent and males comprise 48.8 per cent.[85]

The citizens' primary source of livelihood is agriculture, specifically growing paddy,[86] in addition to non-agricultural livelihoods like livestock and forest products.[87] Like the other States, Kayah State is experiencing conflict, consequently adding to the number of internally displaced people, and negatively affecting its citizens, especially minority groups like persons with disabilities.

Persons with disabilities in Kayah state

There are approximately 29,729 persons with disabilities in Kayah State. Like the other states, there are more females affected by disabilities than males, as there are 15,440 recorded women with disabilities and only 14,289 recorded males with disabilities.[88] Overall, Kayah State has a 10.8 per cent DPR with the following percentages per functional difficulty:[89]
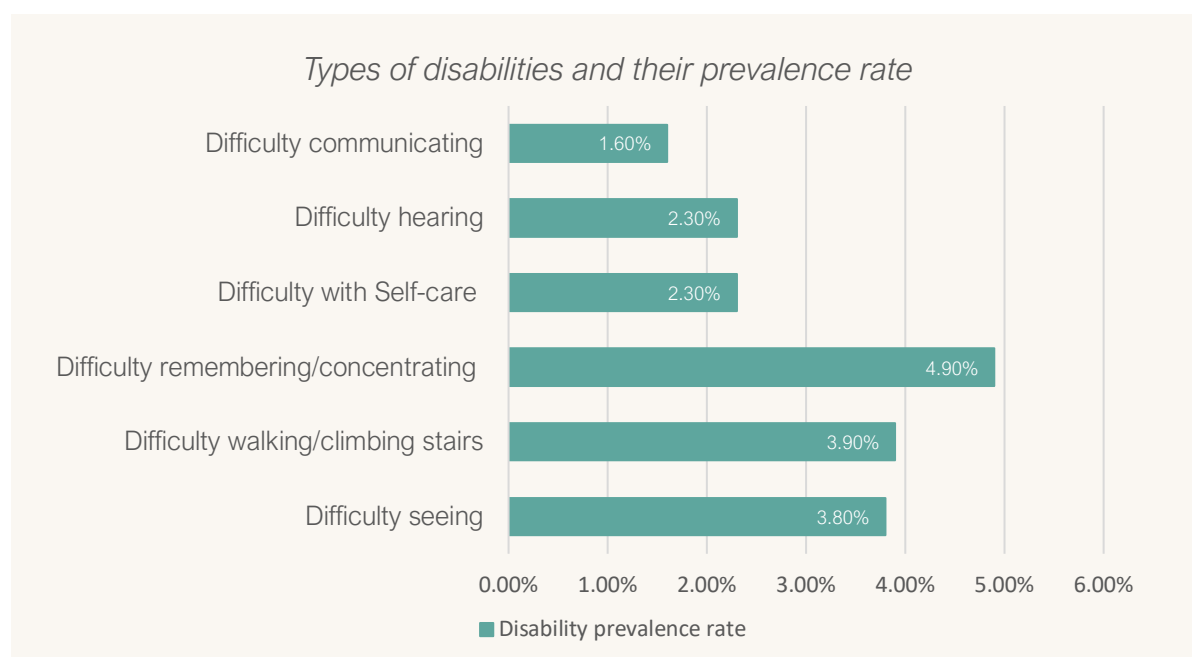
Figure 26. Types of disabilities and their prevalence rate in Kayah

Efforts to support persons with disabilities in the state are evident as OPDs such as Spider in Fruso and Myat Bay Dar in Demoso are present to uphold their rights. However, according to the 2019 Intercensal Survey, only 1.9 per cent of men with disabilities and 4.3 per cent of women with disabilities receive support medically.[90] Furthermore, only 1.7 per cent of persons with disabilities receive medical support from non-household members/organisations. From the 1.7 per cent, males and females constitute 1.1 per cent and 2.3 per cent, respectively.[91]

While Kayah's DPR is relatively low compared to other States, the percentage of persons with disabilities receiving medical support from organisations is also low, which emphasises the need

to ensure that disability inclusion in medical support services, including SRHR, GBV prevention and response, and MHPSS services are mainstreamed. The needs of persons with disabilities are appropriately identified to provide them with the necessary support.

Availability

Availability of CRPD-compliant strategic plans

Myanmar ratified the CRPD in 2011[92] and later enacted the Law on the Rights of Persons with Disabilities in 2015 to promote and protect the fundamental rights and freedom of persons with disabilities. The national law now serves as the legal framework for the rights, programmes, and interventions related to disability inclusion in the country.[93]

One CSO and two implementing partners (n=3) interviewed in the study provided only GBV and MHPSS services. Among these organisations, only one has disability-inclusion plans that comply with the provisions of CRPD for both GBV and MHPSS services. In addition, the same organisation shared that its humanitarian guidelines and cross-cutting activities included and targeted persons with disabilities.

When asked whether OPDs (n=2) have been consulted by the UNFPA WGF Programme and its implementing partners to provide technical support in developing CRPD-compliant strategic plans, both OPD representatives shared that they have not been consulted at the time of the interview. There is a need to ensure that strategic plans act in accordance with the provisions of the CRPD to better improve service delivery to persons with disabilities.

Availability of SRHR, GBV, and MHPSS services

Availability of services within the State

SRHR services
Most women and adolescent girls (n=8) interviewed do not know SRHR services adequately. The results of the KIIs showed that only one or two respondents were aware of any of the available services. Similar results were collected in the household survey (n=37), where 29 or 78 per cent of persons with disabilities surveyed shared that there were no SRHR service providers within the community (see Figure 27).

Do you know if there are service providers within your community that provide services related to your sexual and reproductive health and rights?

22%

78%

■ Yes ■ No ■ Don't know ■ Refuse to answer
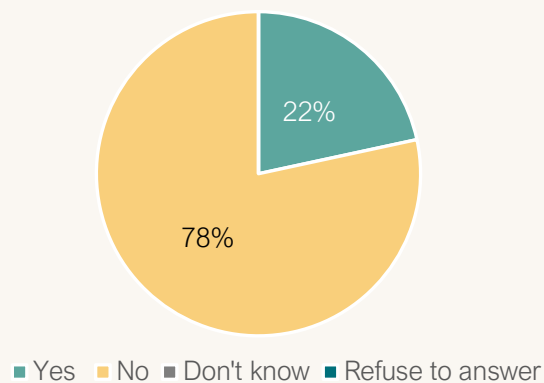
Figure 27. Results of the household survey on persons with disabilities on the availability of SRHR services in their community (n=37)

In addition, survey results showed that only one respondent was able to avail of each of the following services: *family planning and counselling, comprehensive sexuality education led by schoolteachers, testing and counselling services for sexually transmitted disease, post-exposure prophylaxis (PEP), and referral for anti-retroviral therapy (ART) and Prevention of Mother to Child Transmission (PMTCT)*, in the last five years.

According to key informant results (n=3), the CSO and implementing partners linked to the UNFPA WGF Programme situated within the state do not carry SRHR services at the time of the study. However, community leaders (n=5) shared that SRHR services were available through other organisations, which respondents of the KII on women and adolescent girls with disabilities corroborated. Figure 28 shows the availability of SRHR services according to community leaders and the SRHR services that the UNFPA WGF Programme and its implementing partners can supplement.
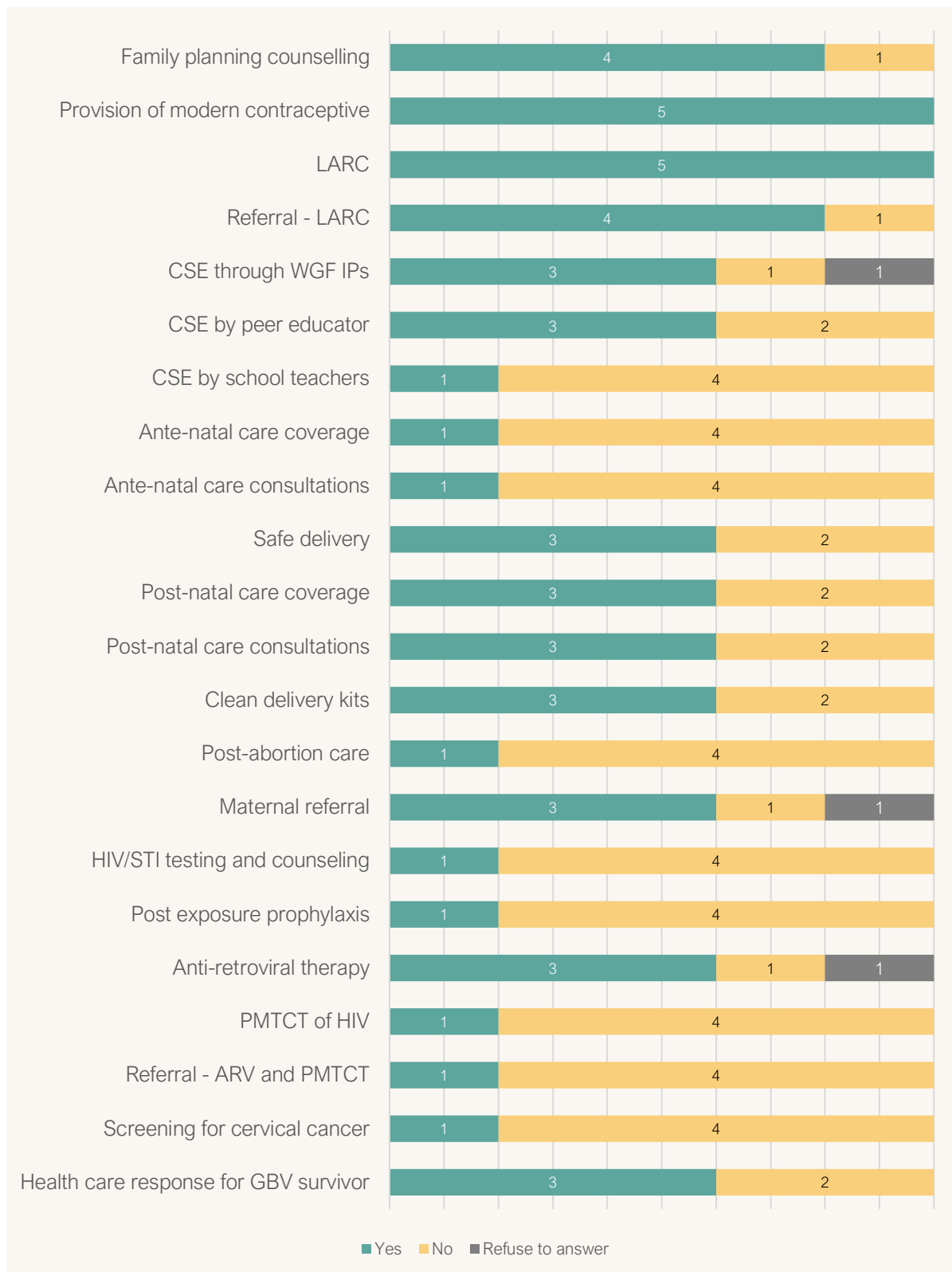
Figure 28. Results of the key informant interviews on community leaders on available SRHR services (n=5)

GBV prevention and response services

The household survey on persons with disabilities (n=37) showed that only nine out of the 37 (24 per cent) respondents had knowledge of GBV prevention and response services (see Figure 29). Among these respondents, only one or at most two were able to avail of the GBV services listed in the last five years.

Do you know if there are service providers within your community that provide services related to the prevention and response of gender-based violence?

Yes — 24.32%
No — 75.68%
Don't know
Refuse to answer

■ Percentage of participants
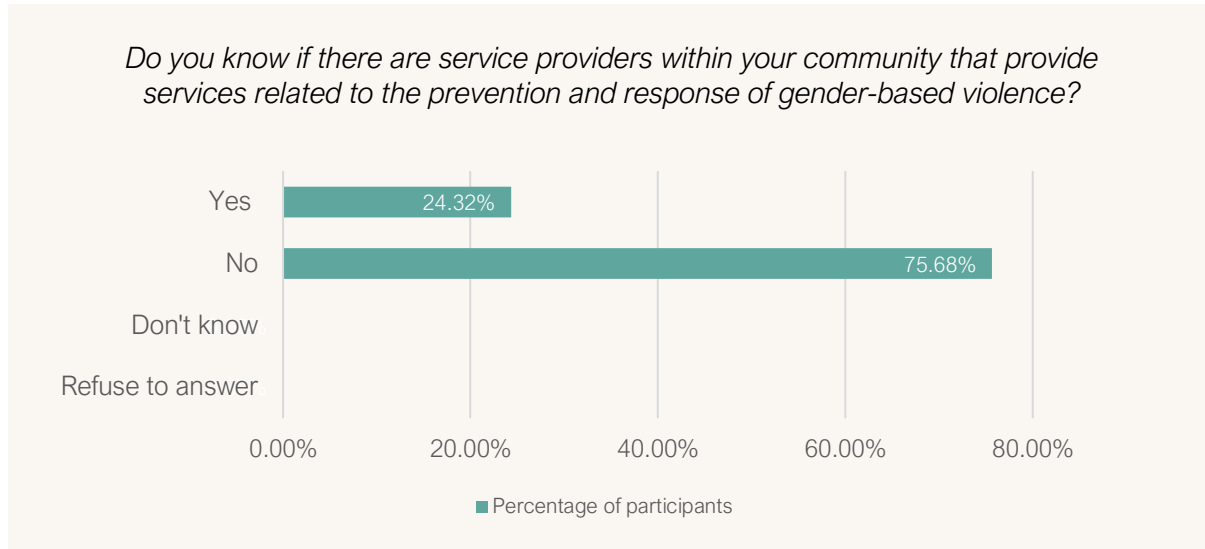
Figure 29. Results of the household survey on persons with disabilities on the availability of GBV prevention and response services in their community (n=37)

MHPSS services

Most of the services offered related to MHPSS were unfamiliar to respondents with disabilities. The KII results on women and adolescent girls with disabilities showed that only one of the eight respondents was aware that *community support groups* and *psycho-educational sessions* were available in their community. Only six respondents from the household survey on persons with disabilities (n=37) confirmed that there were service providers that offer MHPSS services within their respective communities (see Figure 30).
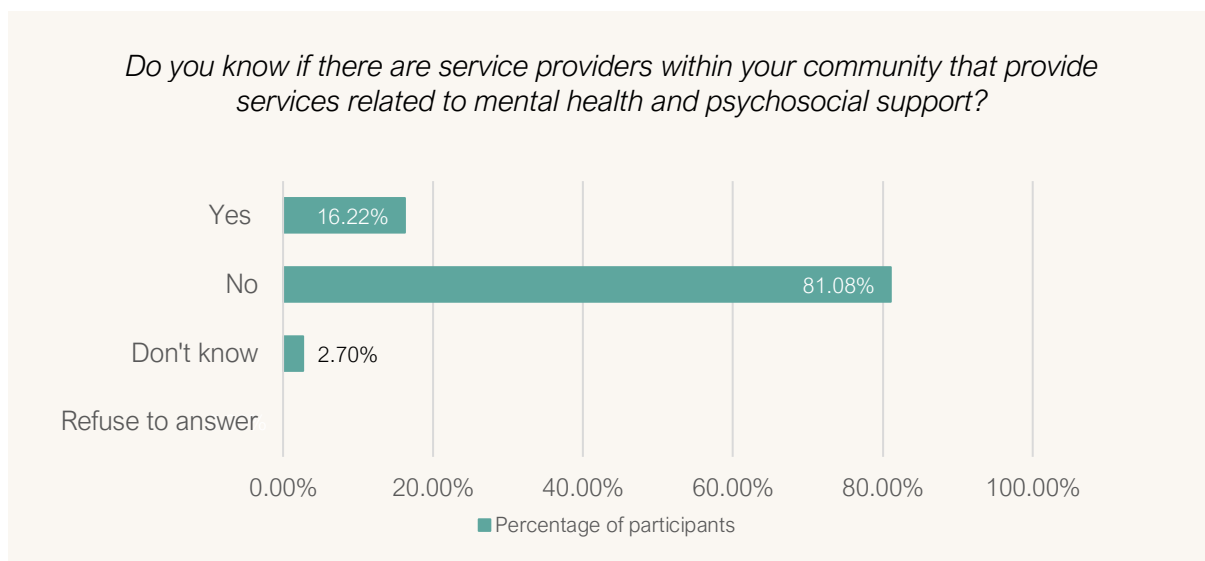
Do you know if there are service providers within your community that provide services related to mental health and psychosocial support?

Yes — 16.22%
No — 81.08%
Don't know — 2.70%
Refuse to answer

■ Percentage of participants

Services offered by the UNFPA WGF Programme

The KII results on women and adolescent girls with disabilities and the household survey on persons with disabilities (see Figure 31) showed that most respondents were unaware of services offered by the UNPFA WGF Programme and its implementing partners.

Are you aware of the UNFPA WGF programme and its implementing partners and the services they offer to your community?
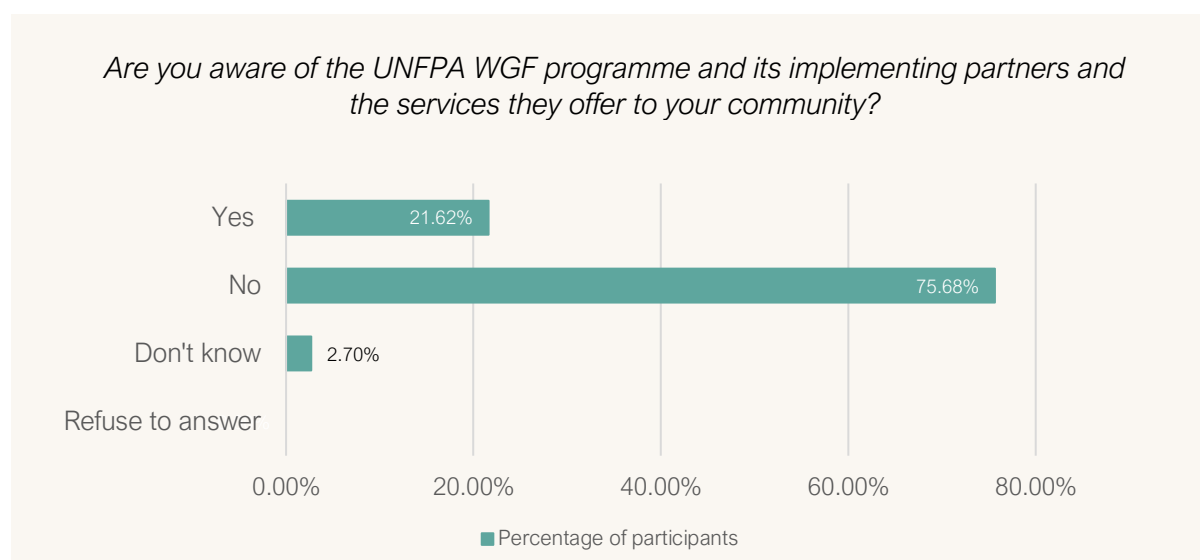
Figure 31. Results of the household survey on persons with disabilities on their awareness of the UNFPA WGF Programme, its implementing partners, and the services they offer (n=37)

In comparison, the household survey on persons without disabilities (n=14) revealed that the respondents were more familiar with the UNFPA WGF Programme and its implementing partners, shown in Figure 32. The results on the knowledge of the availability of SRHR services were expected since the CSO and implementing partners within the state were currently focused on GBV and MHPSS service provision. In addition, the respondents were able to access various services offered in the last five years. These results are markedly dissimilar from those gathered from persons with disabilities, although the CSO and one implementing partner explicitly identified persons with disabilities as one of their target groups.

Are you aware of the UNFPA WGF programme and its implementing partners and the services they offer to your community?
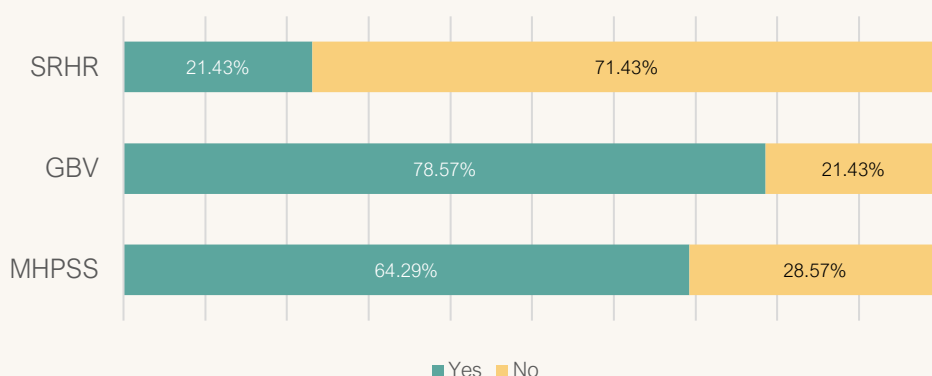
Figure 32. Results of the household survey on persons without disabilities on their awareness of the UNFPA WGF Programme, its implementing partners, and the services they offer (n=14)

Based on these results, there was clearly an impact on the target groups who were benefitting from the services provided by the UNFPA WGF Programme and its implementing partners. However, there is a need to ensure that SRHR-related services are also incorporated into the list of available services and ensure that everyone, including persons with disabilities, can access SRHR information and services.

Sufficiency of services within the State

There was consensus among respondents that the services offered are currently insufficient, especially for persons with disabilities. Both the CSO and implementing partners shared that there were many challenges for service providers and their target population. Due to the current situation in the country, access to SRHR, GBV, and MHPSS services was not readily available.

Service providers also currently lacked the capacity to cater to the complex needs of persons with disabilities. For example, organisations cannot employ sign language interpreters to assist persons with hearing disabilities when accessing information and services. In addition, one CSO shared that service providers have only received basic MHPSS counselling and do not have the capacity to provide more comprehensive mental health support to persons with disabilities who were experiencing mental health problems.

> **"[The services are] not sufficient since the [service] providers [have only] received basic MHPSS counselling and [have difficulties in providing proper] mental support to persons with disabilities with mental health problems."**
>
> - A CSO representative

> **"As we do not have experience working with SRHR, we cannot say details [regarding the matter]. But [we are] sure that service facilities for persons with disabilities are necessary [for] our townships because they also need [the] same services as others."**
>
> *- An OPD representative*

The OPDs interviewed for the study mentioned that their organisations were currently not familiar with and were not capacitated to provide SRHR, GBV, and MHPSS services for persons with disabilities. Hence, the key informants were hesitant to give their opinions regarding the need to build service facilities in their township. However, they shared that service facilities for persons with disabilities were necessary since they also need the same services as others.

The results of the household surveys on persons with and without disabilities also showed that most respondents believed that SRHR, GBV, and MHPSS service facilities in their respective communities were insufficient to accommodate their needs, as shown below:

86%
of persons with disabilities (n=37) *agreed* and *strongly agreed* that SRHR services in their communities are insufficient to accommodate their needs.

84%
of persons with disabilities (n=37) *agreed* and *strongly agreed* that GBV services in their communities are insufficient to accommodate their needs.

86%
of persons with disabilities (n=37) *agreed* and *strongly agreed* that MHPSS services in their communities are insufficient to accommodate their needs.

86%
of persons without disabilities (n=14) affirmed that SRHR services in their communities are inadequate to cater for their needs.

71%
of persons without disabilities (n=14) affirmed that GBV services in their communities are inadequate to cater for their needs.

93%
of persons without disabilities (n=14) affirmed that MHPSS services in their communities are inadequate to cater for their needs.

Accessibility

Physical accessibility

Physical accessibility of service facilities and routes to and from service facilities

The household survey on persons with disabilities (n=37) showed that most of the challenges they faced when accessing SRHR, GBV, and MHPSS services dealt with access and travel to and from service facilities, shown in Figure 33. Seventy per cent (26 out of 37) and 46 per cent (17 out of 37) of the respondents said there were no service facilities near their residence and no available transportation to and from services facilities, respectively. Security was also taken into consideration, as 35 per cent of the respondents (13 out of 37) deemed that roads to service facilities from their homes were unsafe.

Regarding accessibility features, a few respondents reported that there were no ramps available in the service facilities, and water, sanitation, and hygiene (WASH) facilities and toilets do not have accessibility features. Unfortunately, Kayah State respondents could not perform the accessibility checklist included in the study to confirm these observations. However, a CSO representative shared that safe house facilities currently do not have ramps to accommodate wheelchairs and no toilet accessibility features.
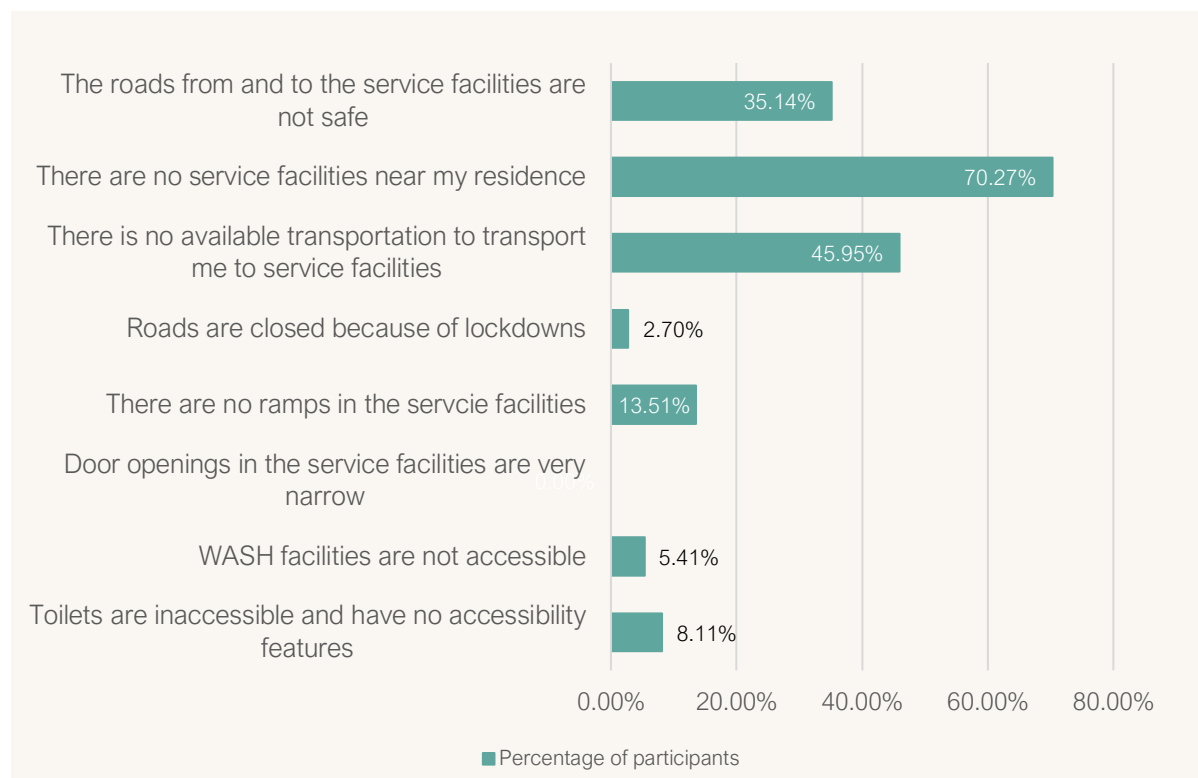
Figure 33. Results of the household survey on persons with disabilities on the kinds of challenges they have faced related to physical accessibility (n=37)

On the contrary, available data on persons without disabilities showed that they encounter fewer challenges when accessing SRHR, GBV, and MHPSS services. In the household survey on persons without disabilities (n=14), only 35 per cent (five out of 14) and 14 per cent (two out of

14) shared that there were no service facilities near their residence and no ramps installed, respectively. The rest of the respondents (50 per cent) said that they encountered no physical accessibility issues when accessing these services. The data suggest that persons with disabilities were disproportionately affected by inaccessible service facilities and infrastructure.

Impact of the COVID-19 pandemic and military coup on physical accessibility

The OPD respondents from Fruso and Demoso townships shared that their communities were in rural and mountainous areas where villages are sparsely populated. According to the respondents, there were no significant problems with COVID-19 transmission in the communities. However, this insight also meant that there might be more logistical issues with service access, especially if there are no local service providers in the community. In terms of lockdown restrictions, one community leader shared that access to services may be challenging, especially for persons with disabilities, due to the community's lockdown measures. Even if service providers were to arrive in their community, persons with disabilities could not attend trainings or avail of the services because they were reluctant to be subjected to quarantine.

Security and safety issues were the primary considerations among persons with disabilities trying to avail of SRHR, GBV, and MHPSS services. Regarding route accessibility, women and adolescent girls with disabilities shared that there were checkpoints due to the current military takeover, which were observed to be stricter towards men than women. The OPDs shared that it was unsafe to go out and travel, and community leaders shared that some feared the military might harm members of the community. Service providers were forced to close, safe houses were relocated, and some persons with disabilities had to leave their homes due to local conflicts. One CSO shared that weak law enforcement during the height of the conflicts has led to higher GBV-related incidences.

> **"Currently, [there are checkpoints] due to the military [takeover], but [men are Inspected more compared to women]."**
>
> - A KII respondent

> **"The situation does not allow our organisation to meet together among our members, [and it is] difficult to gather people for the activities and other functions. NGO offices [have closed] and their programmes [have ceased operation] due to the battles, [which have led to] less opportunities for persons with disabilities [to access services]."**
>
> - An OPD representative

Economic accessibility

Costs of services to persons with disabilities

The CSO and implementing partners shared that all their services are free of charge and available to persons with and without disabilities. These organisations also shared that they receive funding from various sources, including UNFPA WGF Programme, United Nations High Commissioner for Refugees (UNHCR), Total Yandanar, and Adventist Development and Relief Agency Myanmar (ADRA). In addition, one CSO shared that they also covered transportation, medical, and meal costs for persons with disabilities.

Additional costs associated with the availing of services

The household survey on persons with disabilities showed that 50 per cent of respondents (19 out of 37) could not pay for the services, and 55 per cent (20 out of 37) could not pay for transportation and food expenses when availing of these services (Figure 34). Forty per cent of them cannot pay for additional medicines and treatment after the initial service was provided. In addition, OPDs shared that the UNFPA WGF Programme and its implementing partners should consider covering the cost of services, treatments, and transportation.
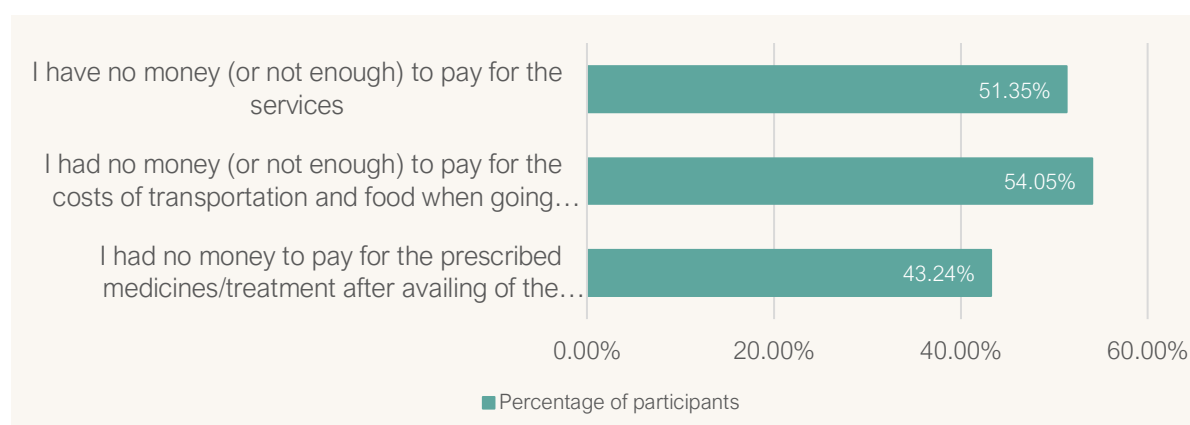
Figure 34. Results of the household survey on persons with disabilities regarding challenges on economic accessibility when availing services (n=37)

Non-discrimination

Attitudinal barriers towards persons with disabilities

The household survey on persons with disabilities (n=37) showed minimal reports of negative attitudes by service provider staff. Most respondents (32 per cent) answered that no one in their household could accompany them to the service facilities. Some respondents reported that staff were unable to provide reasonable accommodation (13 per cent) and staff did not have the capacity to accommodate persons with disabilities (19 per cent). However, it is essential to note that most of those who answered 'other' (14 respondents) could not avail of these services themselves due to their disability (e.g., mobility issues) or had no prior experience with them.

The OPDs shared that they still struggled with discrimination and negative attitudes, which often snowballed into physical, policy, institutional, and communication barriers. An FGD respondent from the survey on women and adolescent girls with disabilities shared that some men within their

community were not open to gender equality. In addition, some respondents were unwilling to access these services due to fear and fear of criticism from those around them.

Something positive shared by the FGD was that there were instances that service providers prioritised persons with disabilities when availing services. In addition, the presence of service providers was also identified as a significant facilitator of service accessibility, especially for GBV and MHPSS services. Note that in terms of services, CSOs and implementing partners in Kayah are focused on providing these specific set of services within their respective communities.

Although Figure 35 focuses on discrimination, the results suggest a need to bring SRHR, GBV, and MHPSS services at home, especially since some respondents cannot go outside due to their disabilities. The respondents from the FGD on women and girls without disabilities believed that house-to-house awareness raising, and information dissemination are key to increasing the participation of persons with disabilities. In addition, some suggested that creating a community and family environment that is helpful towards persons with disabilities may help improve access and service delivery.

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

Key informants from CSOs and implementing partners explained that the information, education, and communication (IEC) materials on their services were in the form of posters, pamphlets, and pictorial flip charts, which they did not develop themselves. Although some materials have large fonts and clear detailing, most IEC materials available currently are not accessible to persons with disabilities, especially those with mental health issues. Thirteen per cent (five out of 37) of the respondents to the household survey on persons with disabilities noted that the *formats of informational campaigns about SRHR, GBV, and MHPSS were not readable,* shown in Figure 35. In addition, 24 per cent (nine out of 37) of the respondents observed that *persons with disabilities were not mentioned in SRHR, GBV, or MHPSS promotion materials*.
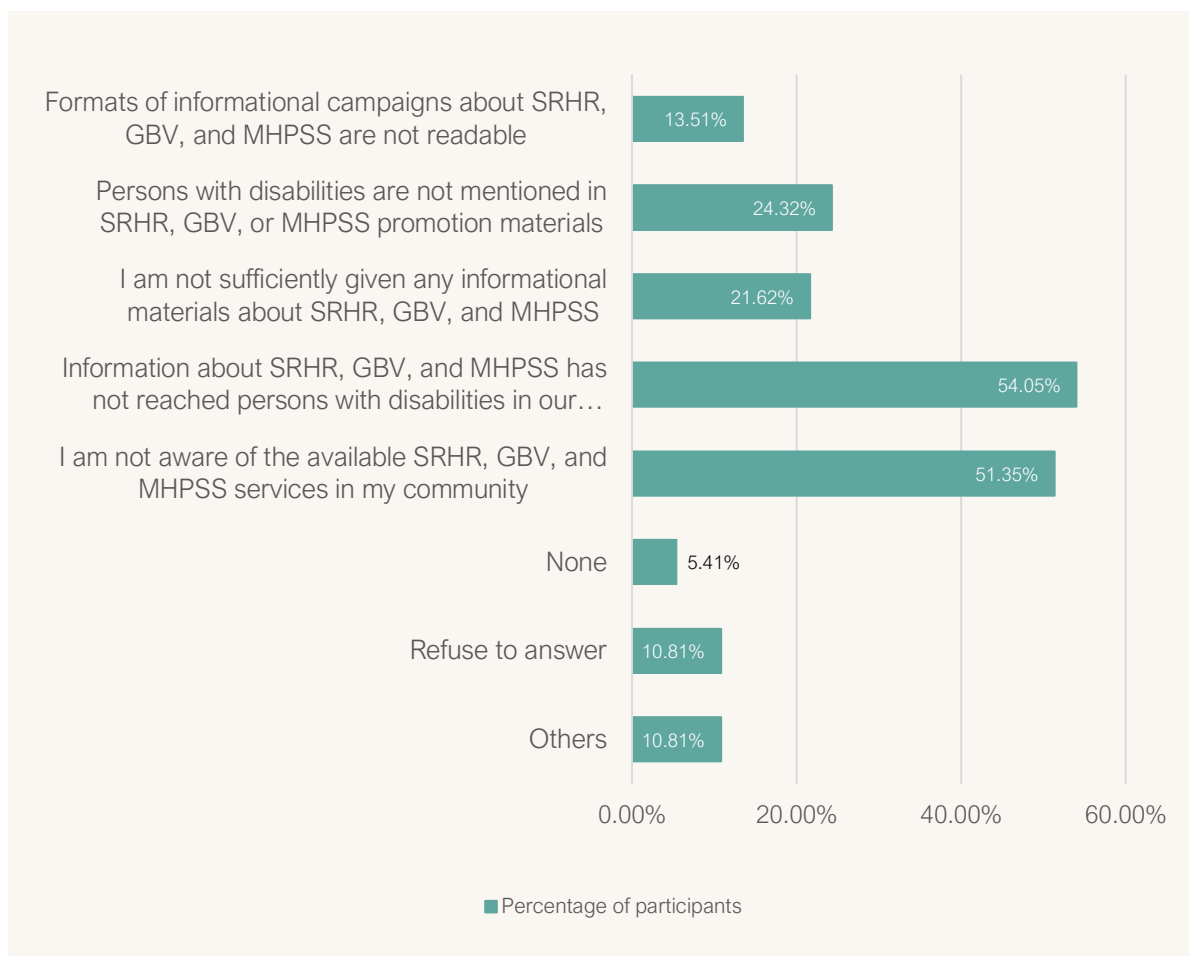
Figure 35. Results of the household survey on persons with disabilities on the kinds of challenges they face regarding informational accessibility (n=37)

Disseminating information on SRHR, GBV, and MHPSS services

The FGD results on both persons with disabilities and persons without disabilities showed that they were not able to access these services due to the lack of available information on these services. Most FGD participants had no idea what SRHR, GBV, and MHPSS services were and where they can avail of them. For example, the lack of knowledge and awareness had been the primary reason for women and girls without disabilities and men and boys with disabilities to miss out on opportunities to access these essential services.

There is a need to intensify information dissemination campaigns regarding SRHR, GBV, and MHPSS services. Figure 36 shows that about half of the respondents from the household survey on persons with disabilities were unaware of available SRHR, GBV, and MHPSS services in their community and had not received information regarding these services. In addition, 20 per cent of the respondents believed they were not given sufficient informational materials on these services.

Addressing the challenges of information accessibility

The challenges to information accessibility can be addressed through close consultations with persons with disabilities and their representative organisations. OPD representatives recommended the following strategies for different functional difficulties:

- Service providers should review existing information dissemination formats. Design IEC materials about the SRHR, GBV, and MHPSS services in Braille and/or audio formats and share them through community networks.
- Engage with the organisations of persons with hearing impairment and invite them to train service providers on basic sign language regarding their services.
- Implement door-to-door information campaigns for persons with disabilities, especially those with mobility impairments.
- Work closely with caregivers or family members of persons with intellectual disabilities to disseminate information on services.

Acceptability

Informed consent and confidentiality

Obtaining informed consent

Article 25 of the CRPD requires health professionals to provide health care to persons with disabilities on an equal basis with others, and this includes providing free and informed consent.[94] The figure below shows the respondents' level of agreement with certain statements regarding service providers on handling confidentiality and informed consent. The results showed that at least 40 per cent of the respondents from the household survey on persons with disabilities agreed that service providers obtained informed consent when they availed services, see Figure 36. However, at least a fourth (25 per cent) of the respondents disagreed. Providing informed consent and educating potential clients about the benefits, risks, and available alternative services is a fundamental ethical practice for service providers.

Service providers on SRHR, GBV, and MHPSS services are respectful of persons with disabilities
- 0.00%
- 2.70%
- 32.43%
- 24.32%
- 24.32%
- 16.22%

Service providers on SRHR, GBV, and MHPSS services obtained informed consent when I visited the service facilities
- 10.81%
- 2.70%
- 40.54%
- 10.81%
- 24.32%
- 10.81%

Service providers on SRHR, GBV, and MHPSS respect the confidentiality of all my personal information.
- 2.70%
- 2.70%
- 40.54%
- 16.22%
- 24.32%
- 13.51%

Service providers are composed of both male and female professionals.
- 2.70%
- 2.70%
- 24.32%
- 35.14%
- 18.92%
- 16.22%

Legend:
- Refuse to answer
- Strongly agree
- Agree
- Neither disagree nor agree
- Disagree
- Strongly disagree

Figure 36. Ratings on the level of agreement of households with persons with disabilities (1 – strongly agree, 5 – strongly disagree; n=37)
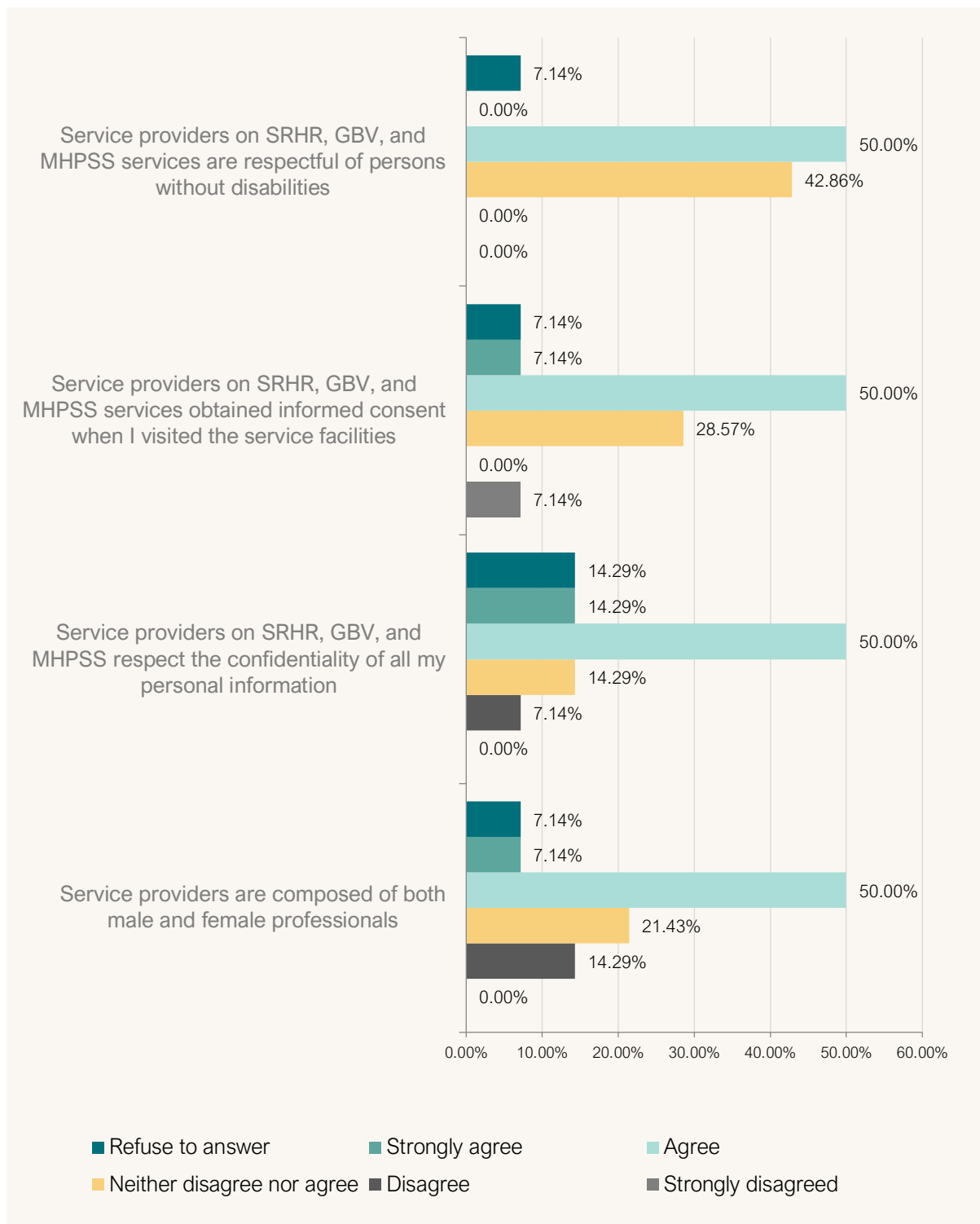
Figure 37. Ratings on the level of agreement of households with persons without disabilities (1 – strongly agree, 5 – strongly disagree; n=14)

Respect for confidentiality

Figures 36 and 37 also show the results of the perceived level of respect for confidentiality provided by service providers to the respondents. Most respondents from the household survey on persons with and without disabilities showed that most respondents believed that service

providers respect the confidentiality of their personal information. Confidentiality is essential to SRHR, GBV, and MHPSS services due to their sensitive topics. There is a need to ensure that service providers are adequately trained to handle sensitive cases, especially when dealing with persons with disabilities.

Participation

Figure 38 presents the household survey results conducted with persons with disabilities (n=37) in Kayah. The data shows the perceived level of participation in decision-making activities among members of the disability sector within their communities and suggests that most respondents were not actively involved in these activities, including their participation with OPDs or other NGOs within the state that promote their rights.
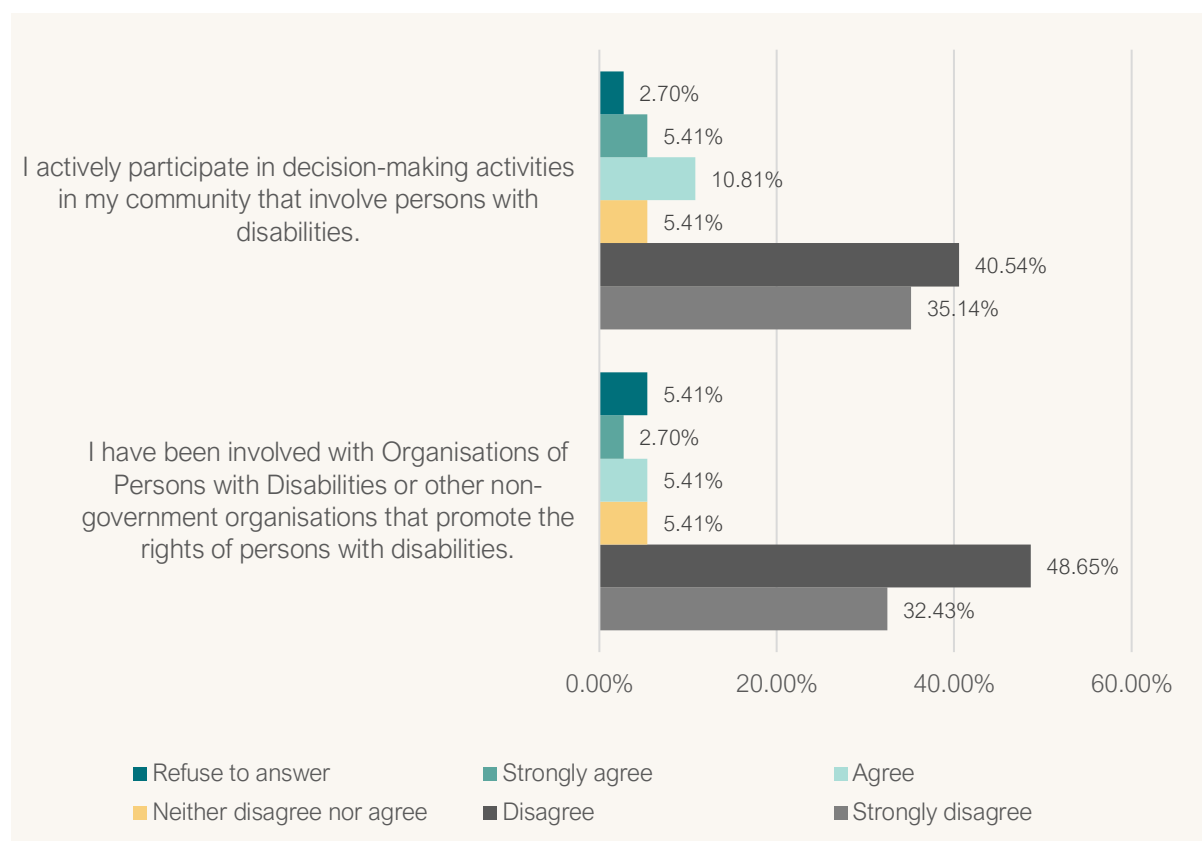
Figure 38. Ratings on the level of agreement of households with persons with disabilities (1 – strongly agree, 5 – strongly disagree; n=37)

By comparison, the household survey on persons without disabilities (Figure 39) showed that nearly 60 per cent of the respondents perceived that they actively participated in the decision-making activities in their respective communities.

7.14%

7.14%

57.14%

14.29%

14.29%

0.00%

I actively participate in decision-making activities in my community that involve persons without disabilities.

0.00%   20.00%   40.00%   60.00%

■ Refuse to answer   ■ Strongly agree   ■ Agree
■ Neither disagree nor agree ■ Disagree   ■ Strongly disagree
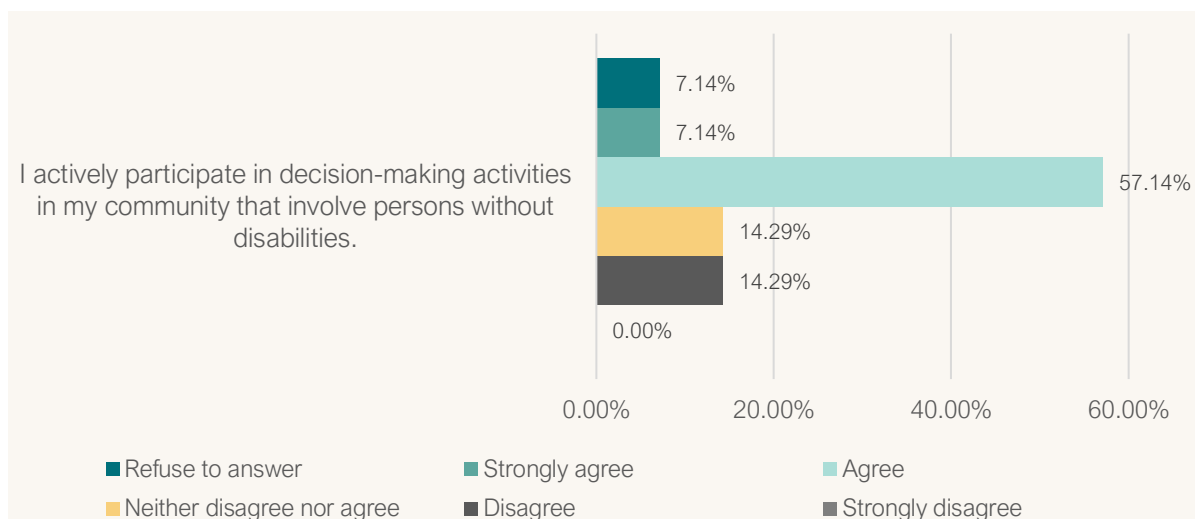
Figure 39. Ratings on the level of agreement of households with persons without disabilities (1 – strongly agree, 5 – strongly disagree; n=14)

Quality

Capacity development

Building capacity for disability inclusion

The interview results from the CSO and implementing partners showed that one implementing partner has not received or conducted training on disability inclusion in the last five years, although the same believed that it is necessary to provide training to their organisation. Another implementing partner shared that they received training from Humanity and Inclusion and Myanmar Independent Living Initiative (MILI). The same partner noted that they provided training on inclusion to sub-grantees, which meant they could provide capacity-building initiatives with other organisations within their respective jurisdiction. According to the interviewed OPDs, they currently cannot be tapped to provide training and capacity building related to disability and inclusion as they currently do not have the proficiency to provide development programmes for service providers.

The figure below shows the respondents' level of agreement with certain statements on the quality of facilities and service providers (see Figure 40). The household survey results on persons with disabilities revealed that most respondents believe that service providers were currently not trained to accommodate the needs of persons with disabilities. Although CSOs and implementing partners have received training on disability inclusion, the results from the household survey suggest that it might be necessary to consult with the target population to identify the gaps and needs specific to the respondents.
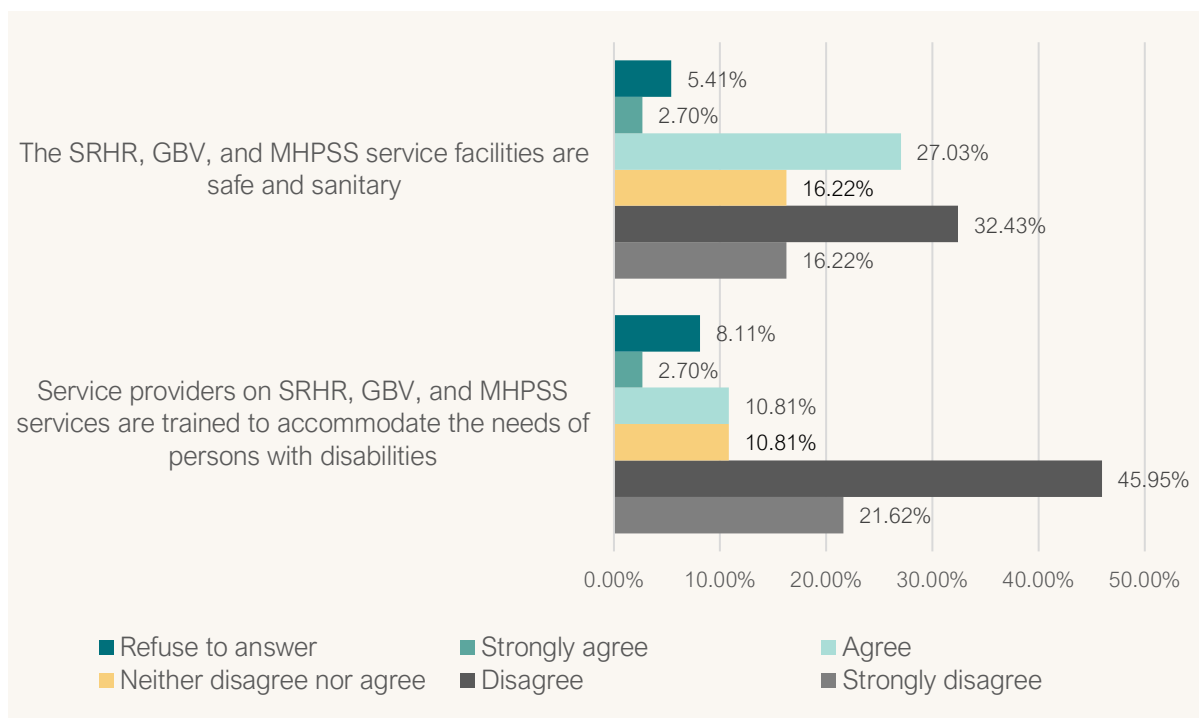
Figure 40. Ratings on the level of agreement of households with persons with disabilities on the quality of services providers and service facilities (1 – strongly agree, 5 – strongly disagree; n=37)

Non-discrimination

Measures to address discrimination

Similar results were seen when respondents were asked if service providers ensured that persons with disabilities were not discriminated against when accessing SRHR, GBV, and MHPSS services. Most respondents from the household survey on persons with disabilities perceived that they were discriminated against when availing of services.

As mentioned, one implementing partner provides sub-grantee training, including non-discrimination and confidentiality concepts. The sub-grantee confirmed that all staff members follow a code of conduct which includes these concepts. If a staff member is proven to disobey the rules of conduct, the CSO will take action and determine the appropriate course of action, which ranges from written or verbal warnings to termination.

Monitoring

Measures in place to monitor access

The CSOs and implementing partners shared that no standardised mechanism or process for monitoring access to SRHR, GBV, and MHPSS services exists. One implementing partner shared that they use a complaint and response mechanism, another shared that they utilise a WGF data matrix, and another performed supervision and monitoring visits. These monitoring measures cover all target populations, although implementing partners added that the data on persons with disabilities were disaggregated by age, sex, and disability. The Washington Group of Questions was the primary tool used by all implementing partners when gathering data on disability. Due to

the variety of monitoring mechanisms in place, there is a need to implement a standardised process for monitoring that includes clear guidelines that implementing partners can generate. Proper monitoring systems can potentially improve service delivery within the state.

Recommendations

Availability

1. **Develop CRPD-compliant strategic plans of WGF implementing partners in Kayah State.** Although the CSO and implementing partners ensure the inclusion of persons with disabilities in the delivery of services, there is still a need to fully align the organisation's strategic plans to the provisions of CRPD and Myanmar's Law on the Rights of Persons with Disabilities.
   - Develop plans that comply with provisions of international and national laws on disability and with other relevant policy documents, such as the UNFPA Strategic Plan 2022-2025, UN Disability Inclusion Strategy, and UNFPA Disability Inclusion Strategy, among others. Ensure that plans are informed by evidence that will protect and promote the rights of persons with disabilities in Kayah state, such as the findings of this assessment.
   - Ensure that persons with disabilities are included as a target population for available services.
   - Ensure that strategic plans have mainstreamed and targeted line budgets for disability-inclusion initiatives to respond to the needs of persons with disabilities.
   - Ensure that relevant stakeholders are consulted in developing these plans, including persons with disabilities, OPDs, parents and caregivers of persons with disabilities, where appropriate.
2. **Expand the availability of integrated SRHR, GBV, and MHPSS services within the state for persons with disabilities.** Based on the study's findings, the CSO and implementing partners in the state only cover GBV and MHPSS services. Most SRHR services were provided by other local government units and organisations not linked to the WGF Programme. Furthermore, the results suggest that available services are insufficient to accommodate both the needs of persons without disabilities and the complex needs of persons with disabilities within the state.
   - Expanding the integrated services, especially SRHR services, is recommended, which provide essential packages identified in consultation with persons with disabilities, parents, caregivers, and OPDs.
   - There is also a need to expand information dissemination regarding all available services to improve access to these services.

Accessibility

3. **Support the improvement of service facilities to increase access for persons with disabilities.** The current study was not able to perform a physical accessibility check on available service facilities. However, there is a need to ensure that the physical features of service facilities within the state should be able to accommodate persons with disabilities.
   - Conduct a thorough physical accessibility audit to be led by representatives from OPDs. Work closely with persons with disabilities and OPDs to identify and address the challenges related to physical accessibility.
   - Ensure that service facilities' physical features adhere to international and national standards on physical accessibility, including universal design principles on accessibility.
   - Collaborate with other stakeholders, such as development partners and members from the private sector, to invest in improving service facilities.
4. **Conduct regular outreach programmes and activities to accommodate the SRHR, GBV, and MHPSS needs of persons with disabilities.** Some participants shared that outreach programmes and activities, including house-to-house visits, may improve their knowledge of these services. In addition, by conducting regular outreach programmes and activities within communities, persons with disabilities are no longer required to travel to avail of the services.

5. **In the absence of outreach programmes and activities, provide accessible transport for persons with disabilities, and their parents or caregivers, to and from the service facilities.** Another issue with physical accessibility is the route that persons with disabilities must take to and from the service facilities.
   - Provide accessible transport services for persons with disabilities and their parents and caregivers who are availing of the services.
   - Consult with persons with disabilities and OPDs to improve the accessibility of transport services.
   - Work closely with stakeholders in the community, such as community leaders and parents or caregivers, to assist in transporting persons with disabilities to service facilities when necessary.
6. **Assist with costs associated with the availing of services.** The findings suggest that both persons with disabilities and persons without disabilities experience challenges in accessing the services because of the other costs associated with the services, such as transportation, food, and prescribed medicines or treatment after availing of the services. Hence, it is recommended to assist the beneficiaries, mainly persons with disabilities, with these additional costs to facilitate access to services.
7. **Increase the awareness of communities about the costs of the services.** While the costs of services are 100 per cent free of charge to all target populations, there is still a need to ensure that this information reaches all target populations. It is recommended to include in the awareness-raising activities of implementing partners that the costs of services are free to all target beneficiaries.
8. **Increase community awareness of disability inclusion.** Mainstream disability inclusion in awareness-raising activities conducted by implementing partners within the state. This could contribute to addressing attitudinal barriers experienced by persons with disabilities, as reflected in the assessment findings. Involve persons with disabilities and OPDs in developing, implementing, monitoring, and evaluating community awareness-raising activities.
9. **Provide reasonable accommodations, such as assistive devices, for persons with disabilities.** For persons with disabilities to fully access and participate in the services, it is necessary to provide reasonable accommodation when availing of them.
   - Identify the accommodation needs of persons with disabilities by working closely with them and their representative organisations.
   - Develop a policy on the provisions of a reasonable accommodation to persons with disabilities.
   - Include reasonable accommodation as line items in the organisation's annual budget forecasts to ensure that disability-related accommodations are considered in the total budget request.
10. **Ensure that the designs for IEC materials are accessible and responsive to the needs of persons with disabilities.**
    - Ensure that the formats of IEC materials are accessible to persons with disabilities.
    - Ensure that persons with disabilities are represented on IEC materials when needed.
    - Engage OPDs and disability-inclusion experts on the planning, implementation, monitoring, and evaluation of the effectiveness of accessible IEC materials to persons with disabilities.

Acceptability

11. **Increase the involvement of persons with disabilities in the design, implementation, monitoring and evaluation of services.**
    - Work closely with OPDs and facilitate mobilising community-based groups for persons with disabilities.
    - Facilitate the active engagement of persons with disabilities at all stages of service delivery. If the fund allows, provide grants to OPDs to support the delivery of services.

Quality

12. Strengthen the capacity of relevant stakeholders in disability inclusion.
    - Improve human resource capacity of implementing partners in disability inclusion, accommodating the specific needs of persons with disabilities, and preventing and addressing discrimination towards persons with disabilities.
    - Improve the capacity of community leaders in disability inclusion and responding to the needs of persons with disabilities within the community.
    - Improve the capacity of OPDs in providing SRHR, GBV, and MHPSS services.
    - Engage OPDs in designing, implementing, monitoring, and evaluating capacity-building programmes and activities on disability inclusion.

13. Improve collection and monitoring of access to services for persons with disabilities, including their satisfaction with services.
    - Ensure the inclusion of disability data and indicators in the results framework.
    - Improve the capacity of implementing partners in the monitoring and evaluation team in collecting and monitoring disability data.
    - Work with the UNFPA WGF Programme and other implementing partners in the country to standardise the collection and monitoring of disability data.
    - Facilitate the active involvement of relevant stakeholders within the state in monitoring data, such as persons with disabilities, their parents or caregivers, their representative organisations, and community leaders.

Kayin State

Kayin State, formerly Karen State, is a seven-township, landlocked area located in southeastern Myanmar bordering the Nay Pyi Taw Union Territory and Shan State to the north, Thailand to the East, and Mon State and Bago Region to the West.[95] The State spans 30,383 sq. km and is inhabited by approximately 1,556,552 people as of 2019, with 52.3 per cent of the population being women and the remaining 47.7 per cent being men.[96] Living in a landlocked area, inhabitants heavily rely on agriculture for their livelihoods, specifically crops like rice, coffee, and cardamom.[97]

Kayin State has limited access to public services and infrastructure like other south-eastern territories. It is experiencing an armed conflict,[98] negatively affecting its inhabitants, especially minority groups such as persons with disabilities.

Persons with disabilities in Kayin

According to the 2019 Myanmar Intercensal Survey, Kayin is one of the states with the highest number of persons living with disabilities, with 231,931 people[99] alongside Ayeyarwady, Chin, and Rakhine, among others.[100] Due to the state's smaller population, Kayin is recorded to have fewer persons with disabilities but has a similar disability prevalence rate to that of Ayeyarwady, which is at 17 per cent.[101] A total of 99,429 men and 132,502 women have a disability,[102] indicating that more women are affected by disabilities than men. Of the estimated population of persons with disabilities, the following are the most common types of disabilities and their prevalence rates:[103]

Types of disabilities and their prevalence rate

Type	Rate
Difficulty with Communication	1.70%
Difficulty with Self-care	2.10%
Difficulty hearing	3.00%
Difficulty remembering/concentrating	6.40%
Difficulty walking/climbing stairs	8.10%
Difficulty seeing	8.60%

■ Disability prevalence rate
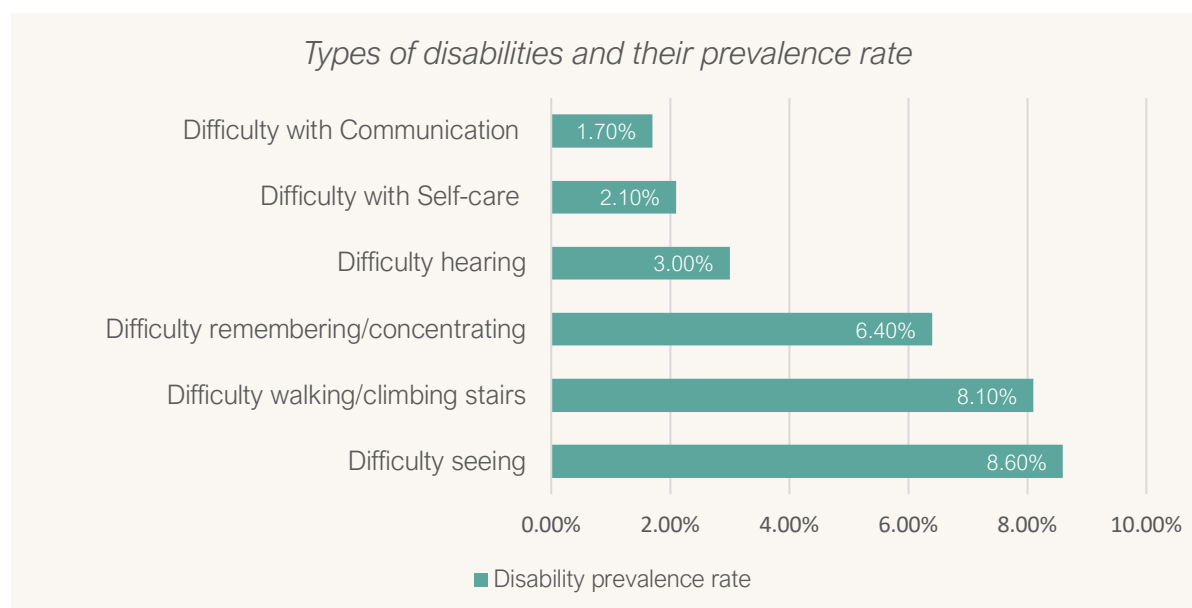
Figure 41. Types of disabilities and their prevalence rate in Kayin

There are OPDs in Kayin that strive to uphold the rights of persons with disabilities. Among these OPDs are Phar Si Myay and Disabled People's Development Organization in Hpa-An. While there is support given to persons with disabilities through these organisations, only 3.7 per cent of men with disabilities and 2.8 per cent of women with disabilities receive medical support.[104] Of the percentages mentioned above, only 1.7 per cent receive medical support from non-household

members/organisations,[105] and from the 1.7 per cent, males and females constitute 2.2 per cent and 1.4 per cent, respectively.[106]

With the high number of persons with disabilities and low percentage outcome of persons with disabilities receiving medical support, there arises the need to identify the needs and barriers to services further to gain insights on how to mainstream medical support, including SRHR, GBV prevention and response, and MHPSS services to gain a wider reach and cater to more, if not all, persons with disabilities.

Availability

Availability of CRPD-compliant strategic plans

The KIIs conducted with two implementing partners and two subgrantees showed varying levels of availability of strategic plans that comply with the provisions of CRPD and the country's law on the rights of persons with disabilities. Table 3 summarises the responses to implementing partners' strategic plans that support disability inclusion.

Table 3. Availability of CRPD-compliant strategic plans among implementing partners			
Implementing partner	Services offered	Availability of CRPD-compliant strategic plans according to key informants	Remarks
Implementing partner 1	Integrated SRHR, GBV, and MHPSS services	Not available	Disability inclusion is not included in the strategic plans. Persons with disabilities are not included in the target population but are accommodated and provided with services whenever they visit their facilities.
Implementing partner 2	Integrated SRHR, GBV, and MHPSS services	Available to some extent	Principles of disability inclusion are integrated into their existing policies on gender equality and social inclusion (GESI), diversity, equity and inclusion (DEI), staff recruitment policy, and client-centred approach policy.
Civil Society Organisation 1	Integrated SRHR, GBV, and MHPSS services	Available to some extent	Principles of disability inclusion are integrated into the draft 5-year strategic plan. The CSO also includes persons with disabilities in their target population and provides reasonable accommodation based on the specific needs of persons with disabilities when availing of services.
Civil Society Organisation 2	Integrated SRHR, GBV, and MHPSS services	Available to some extent	Principles of disability inclusion are considered in their service provisions. In addition, persons with disabilities are also included in their target population.

Despite the initiatives of some implementing partners and CSOs to mainstream disability inclusion in their service delivery, some gaps need to be addressed. For instance, a representative from an OPD shared that their organisation has never been consulted by implementing partners and CSOs from UNFPA Myanmar, which could be an opportunity for the latter to strengthen their efforts in disability inclusion further.

Availability of SRHR, GBV, and MHPSS services

Availability of services within the State

SRHR services

Out of the 68 persons with disabilities who answered the household survey, only 14 or 21 per cent responded that they knew service providers offering SRHR services within Kayin. Among those 14 who answered yes, the results show that the most availed services in the last five years were as follows: *long-acting reversible contraception* (seven out of 14), *family planning counselling* (six out of 14), *provisions of modern contraceptive* (four out of 14), and *safe delivery* (three out of 14). Figure 42 presents the number of participants and the SRHR services they availed of in the last five years.
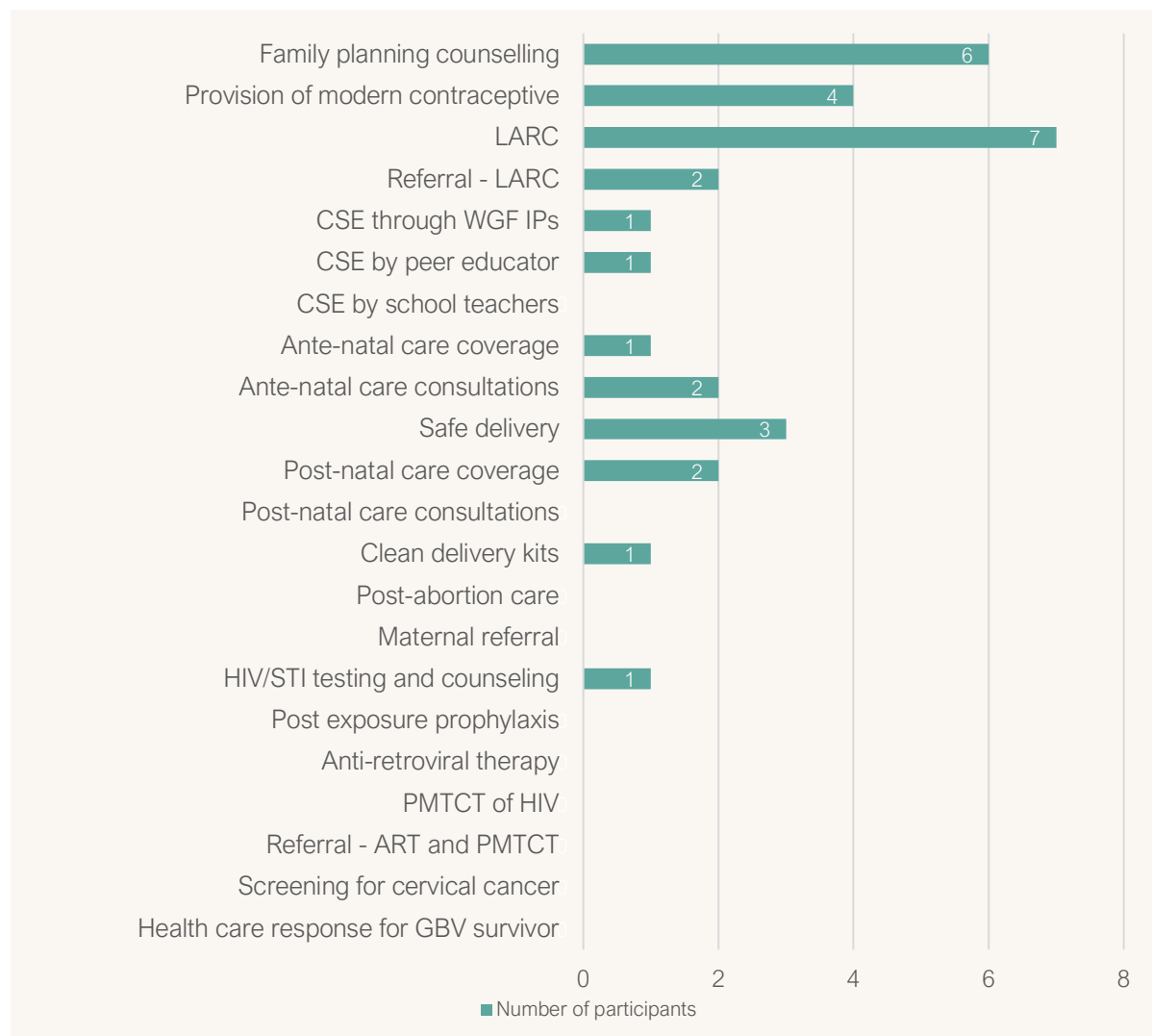
Figure 42. Results of the household surveys for persons with disabilities who availed of SRHR services in the last five years (n=14)

The limited awareness of persons with disabilities on the available SRHR services within their communities was also reflected in the KIIs conducted with women and adolescent girls with

disabilities and community leaders. Almost all of them expressed that most services mentioned in Figure 42 were unavailable in their communities. The same sentiment was shared by parents and caregivers of persons with disabilities (n=68) surveyed, where 65 per cent noted that they were unaware of service providers in their communities offering SRHR services.

"မသန်စွမ်းအမျိုးသမီးများသည် ကိုယ်တိုင် မသွားလာနိုင်၊ မပြောဆိုနိုင်၊ မမြင်နိုင်သော်လည်း SRHR ဝန်ဆောင်မှုများကို အဆင်ပြေချောမွေ့စွာ လက်လှမ်းမီရရှိလာနိုင်ဖို့အတွက် ဝန်ဆောင်မှုပေးသည့်အဖွဲ့အစည်းများ၊ ကျေးရွာရှိအာဏာပိုင်များ၊ မိသားစုများနှင့် ရပ်ရွာလူထုအား အဆိုပါဝန်ဆောင်မှုများအကြောင်း သေချာအသိပေးထားသင့်ပါတယ်"

(Women with disabilities cannot walk independently, speak, and see; hence, service providers, village authorities, families, and their communities should be informed to access the SRHR services smoothly.)

- Focus group with women and adolescent girls with disabilities

GBV prevention and response services

Many persons with disabilities perceived GBV prevention and response services as unavailable in their communities. Of the 68 participants in the household survey, 84 per cent (57 out of 68) answered that they had no knowledge about the providers offering GBV-related services within their communities. Only 16 per cent (11 out of 68) answered yes and noted that the most availed service is *GBV case management* (two out of 11), as presented in Figure 43.
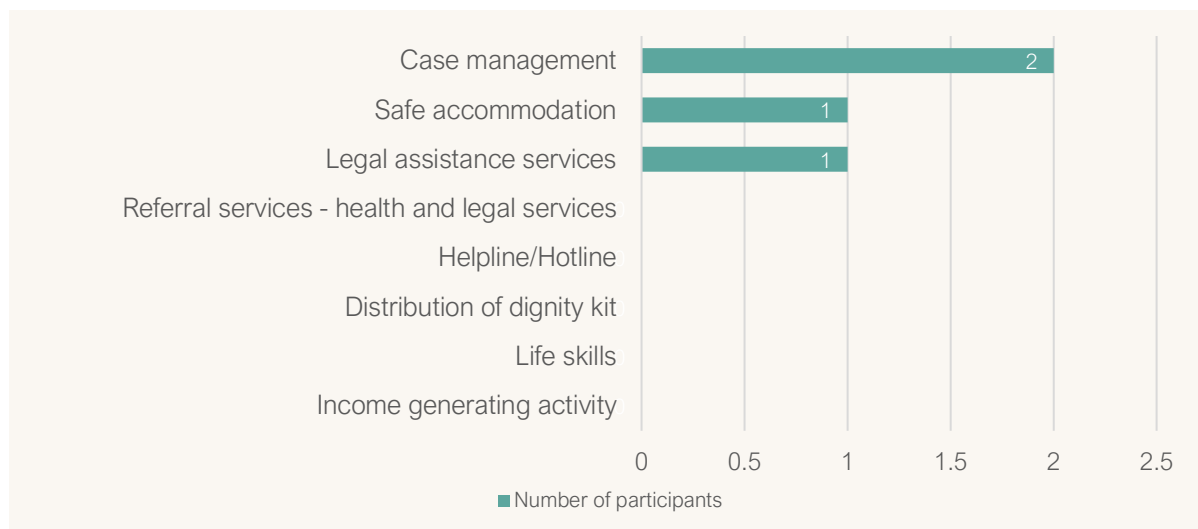
Women and adolescent girls with disabilities and community leaders from Hpa An, Hlaingbwe, and Kyarinnsiekgyi who participated in KIIs revealed the same results. Almost all of them either concurred that the GBV services were not offered in their communities or admitted to having no knowledge of their existence. This is further affirmed by 76 per cent of parents and caregivers of persons with disabilities (n=68) as they shared that they were unaware of any service providers in their communities that offer services on the prevention and response to GBV.

MHPSS services

Persons with disabilities in Kayin state also stressed the lack of MHPSS services offered within their communities. The household survey results (n=68) indicated that 62 out of the 68 participants (91 per cent) were unaware of service providers that offered MHPSS services. Of the six who answered yes, only one shared that they availed of *the psycho-educational session* in the last five years.

The same sentiments were reflected in the responses of most women and adolescent girls with disabilities (n=12) and community leaders (n=6), confirming that they do not know the service providers in their communities that offer such services. Moreover, 62 out of 68 (91 per cent) parents and caregivers of persons with disabilities had no knowledge of service providers offering MHPSS services in their localities.

Sufficiency of services within the State

SRHR services

The sufficiency of SRHR services for persons with disabilities is also a concern within the state. Women and adolescent girls with disabilities cited that some SRHR services only became available to their townships recently, and they can only avail of these services whenever there are outreach programmes and activities in their communities. Most community leaders also affirmed the inadequacy of SRHR services, specifically in reaching service clients who are members of the disability sector.

> **"[There is a need to build service facilities on SRHR because] there are persons with disabilities who [are] already married and [have] establish[ed] a family and [those] who want to do so. For those cases, they really need SRHR services."**
>
> - Key informant from an OPD

It is interesting to note that the findings on the inadequacy of SRHR services in Kayin were not an isolated concern of persons with disabilities but also of persons without disabilities (n=18). This could suggest the presence of a growing demand for SRHR services in Kayin that needs further examination by the service providers operating within the state.

67%

Of persons with disabilities (n=68) surveyed answered *neither disagree nor agree, disagree,* and *strongly disagree* with the statement *"The SRHR service facilities in my community are sufficient to accommodate persons with disabilities."* This suggests that most participants either believed SRHR services were inadequate in their communities or had no strong opinion about its presence.

72%

of persons without disabilities (n=18) surveyed answered *neither disagree nor agree, disagree* and *strongly disagree* with the statement *"The SRHR service facilities in my community are sufficient to accommodate persons without disabilities"* – an indication that many persons without disabilities perceived the inadequacy of SRHR services as a concern or that they do not have prior experiences availing of the related services.

GBV prevention and response services

Findings suggest that persons with disabilities (n=68) and persons without disabilities (n=18) were affected by the limited GBV service providers within the state. Seventy-two per cent (49 out of 68) of persons with disabilities answered *neither disagree nor agree*, *disagree*, and *strongly disagree* when asked if the GBV service facilities in their communities were sufficient to accommodate persons with disabilities. On a similar note, 72 per cent (13 out of 18) of persons without disabilities responded *neither disagree nor agree*, *disagree*, and *strongly disagree* when asked the same question about persons without disabilities.

The need to establish additional facilities that offer GBV services for persons with disabilities is reflected in some community leaders' responses. They shared that while there were awareness-raising sessions on the prevention of GBV being conducted within their communities, there is still a need to set up spaces that can facilitate the active participation of members of the disability sector in these activities.

> **"Under the armed conflicts in the townships, persons with disabilities face more [incidents of] violence, so they need information and assistance for GBV services."**
>
> - Key informant from an OPD

MHPSS services

With the limited knowledge of persons with disabilities on the available MHPSS services within the state, most respondents believed that the services were insufficient to cater to the needs of persons with disabilities.

75%

of persons with disabilities (n=68) surveyed answered *neither disagree nor agree, disagree,* and *strongly disagree* with the statement *"The MHPSS service*

77%

of persons without disabilities (n=18) surveyed answered *neither disagree nor agree, disagree,* and *strongly disagree* with the statement *"The MHPSS*

Services offered by the UNFPA WGF Programme

The study findings suggest that most respondents needed to be made aware of the services offered by the UNFPA WGF Programme through its implementing partners and sub-grantees. Out of the 68 persons with disabilities surveyed, only nine (13 per cent) answered *yes* when asked if they were aware of the services offered by the WGF programme in their communities. The same results were echoed in the responses of parents and caregivers of persons with disabilities, showing that only 15 out of 68 (22 per cent) agreed that they were aware of services offered by the programme in their communities.

On a similar note, the household survey results for persons without disabilities revealed that only eight out of 18 (44 per cent) shared that they were aware of the services offered by WGF. These findings may indicate that while implementing partners and sub-grantees are present in townships in Kayin (i.e., Hpa An, Hlaingbwe, and Thandaunggyi), there are still gaps in raising the awareness of target beneficiaries, including persons with disabilities, about the services they offer.

Accessibility

Physical accessibility

Physical accessibility of service facilities

The results of the FGDs and KIIs conducted with women and adolescent girls with disabilities and household surveys with persons with disabilities yielded similar findings that the respondents' primary concern is not the physical infrastructure but rather the location of the service facilities. Almost half of the respondents have experienced challenges accessing the services because of the unavailability of service facilities near their residences. Some of the respondents cited that one of the barriers they faced is difficulty in travelling because of mobility concerns. Hence, they were grateful whenever outreach programmes and activities were conducted near their residences.

Further disaggregation of data on functional difficulties reveals that many participants surveyed, particularly those with multiple functional difficulties, expressed concerns on the unavailability of service facilities near their residence, as shown in Table 4.

Table 4. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=68)						
Challenges	Seeing	Hearing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Multiple functional difficulties
Number of participants (n)	2	5	17	1	1	42
There are no service facilities near my residence.	0	2	8	1	0	19
There are no ramps in the service facilities.	0	0	3	0	0	8
Door openings in the service facilities are very narrow.	0	0	0	0	0	1

Challenges	Seeing	Hearing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Multiple functional difficulties
Number of participants (n)	2	5	17	1	1	42
WASH facilities (water, sanitation and hygiene) are not accessible.	0	0	5	0	0	5
Toilets are inaccessible and have no accessibility features.	0	0	3	0	0	2

Table 5 presents the results of the physical accessibility assessment conducted with two service facilities in Kayin in terms of (1) *entrance*, (2) *reception and waiting areas,* (3) *service facility,* (4) *examination/treatment rooms,* and (5) *toilet and hygiene facilities.* The findings indicate that both facilities were able to adhere to some of the minimum standards for physical accessibility (e.g., measurement of pathways and doors, the height of the door handles, and availability of support, among others), which support the perception of persons with disabilities that some facilities were accessible to them. Nevertheless, there are still some issues that need to be addressed, such as (1) the absence of ramps that adhere to minimum standards at the entrance, (2) the absence of readable signages, and (3) some physical accessibility features of examination/treatment rooms and toilet and hygiene facilities.

Table 5. Results of the physical accessibility checklist (n=2)					
Indicators	Questions	Yes	A little	No	Remarks
Entrance to facility	Does the facility entrance accessible for persons with mobility impairments?	2	-	-	Both service facilities exceed the minimum standard.
	Does the facility have a ramp at the entrance?	-	1	1	One of the service facilities has a ramp at the entrance. However, the height of the ramp is about 1 inch high.
	Is the entrance door wide enough to fit a wheelchair?	2	-	-	Both service facilities exceed the minimum standard.
	Is the door handle at the entrance door a height that can be reached by persons who use wheelchairs?	1	1	-	Both service facilities adhere to the minimum standard of door handles; however, one of the service facilities did not meet the minimum distance between the door frame and handle.
	Can the entrance door be opened easily without much effort?	2	-	-	Both service facilities have entrance doors that can be opened without much effort.
	Are service signages on the entrance door readable?	-	-	2	While the fonts used for the signages are large and visible, one of the service facilities noted that these signages are not accessible to persons with visual impairments.
	Are there door staff/security staff who can assist persons with disabilities when needed?	2	-	-	Both service facilities have staff at the entrance who are ready to assist and guide persons with disabilities.
Reception and waiting areas	Is the pathway from entrance to reception clear of obstacles?	2	-	-	Both service facilities exceed the minimum standards, and pathways from the entrance to the reception area are clear of obstacles.
	Is there a space for wheelchairs in the waiting areas?	2	-	-	Both service facilities have enough space for wheelchairs.
Service facility	Are there steps inside the service facility?	1	-	1	One of the service facilities has steps inside the centre. No ramps and contrast strips are available, but there are handrails beside the steps.

Indicators	Questions	Yes	A little	No	Remarks
	Are there handrails along corridor walls?	1	-	1	One of the service facilities adhered to the minimum standard for the height of the handrails. However, it failed to meet the standards regarding the space between the handrails and the wall.
	Are corridors free from obstacles?	-	1	1	One of the service facilities answered that the facility's corridors are not free from obstacles. On the other hand, the second service facility noted that there are some office furniture and waiting chairs for clients in the facility's corridors.
	Are floor coverings non-slip?	2	-	-	Both service facilities have non-slip floor coverings.
	Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?	1	1	-	One of the service facilities mentioned that the service areas are inaccessible during a power outage.
Examination/ Treatment rooms	Are doorways to examination/treatment /counselling rooms wide enough to fit a wheelchair?	-	2	-	Both service facilities were not able to meet the minimum standards for the measurement of the room entrance.
	Is the examination table's height adjustable?	-	-	2	Both service facilities have examination tables that are not adjustable.
	Is the floor covering non-slip?	2	-	-	Both service facilities have non-slip floor coverings.
Toilet and hygiene facilities	Are there signages indicating that the toilet is accessible?	1	-	1	One of the service facilities has no signage indicating that the toilet is accessible.
	Is the doorway wide enough to fit a wheelchair?	-	-	2	Both service facilities have toilet doorways that are not accessible to persons who are using wheelchairs.
	Are there grab rails near the toilet?	-	-	2	Both service facilities have toilets with no grab rails.
	Are bins available for the disposal of hygiene products?	2	-	-	Bins inside the toilets are available to both service facilities.
	Are hand basins and soaps at a height that can be reached by persons using wheelchairs?	2	-	-	Both service facilities met the minimum standard of the height of hand basins and soaps
	Is there any adaptive seating device for toilet seats?	1	-	1	One of the service facilities has an adaptive seating device for toilet seats.

Another relevant concern that must be addressed is the physical accessibility issues related to emergency evacuation within the service facilities, as shown in Table 6.

Table 6. Results of the physical accessibility checklist for emergency evacuation (n=2)					
Indicators	Questions	Yes	A little	No	Remarks
Emergency evacuation	Is there an emergency evacuation plan in place that is designed in consultation with persons with disabilities?	-	-	2	Both service facilities have no evacuation plan in place that is designed in consultation with persons with disabilities.
	Are emergency evacuation routes clearly signed and in Braille for	1	-	1	The emergency evacuation routes of one of the service facilities are not clearly signed and not in Braille.

Indicators	Questions	Yes	A little	No	Remarks
	persons with vision impairments?				
	Are emergency exits clear from obstacles?	-	1	1	One of the service facilities noted that emergency exits are clear from obstacles; however, it is not accessible to some persons with disabilities because they can only be accessed through the stairs. The other service facility noted that the emergency exits are obstructed by motorcycles and cars.
	Are escape routes accessible for persons with mobility or vision impairments?	-	1	1	One service facility noted the presence of escape routes but did not meet the minimum standards.
	Are assembly points accessible for persons with disabilities?	1	1	-	-

Representatives of implementing partners and CSOs also provided their assessments of the levels of physical accessibility of their service facilities based on different functional difficulties as follows:

1   All respondents concurred that their service facilities are *accessible* to persons with difficulties walking or climbing steps, citing reasons such as some clinics have slopes and provide wheelchairs and services are provided on the ground floor of the facilities. They also agreed that their service facilities are *accessible* to persons with hearing difficulties because staff use various strategies to communicate with them, such as using body language, pen and paper to communicate, and asking for assistance from their family members.

2   Respondents noted that their service facilities are *not accessible* (2) and *somewhat accessible* (2) to persons with difficulty seeing and remembering or concentrating. Some respondents noted that they need the assistance of their family members or caregivers to guide them around the facilities.

3   For persons with difficulties in self-care and communicating, one respondent noted that their service facilities are *not accessible*, another respondent answered that they are *somewhat accessible,* and two key informants shared that their facilities are *accessible.* All affirmed the need for persons with these functional difficulties to have family members or caregivers that can assist them in navigating the service facilities.

A representative from an OPD in Kayin highlighted the need to examine the location of service facilities that are accessible to persons with disabilities in the communities. Further, the respondent suggested constructing accessible facilities or modifying existing infrastructures to be barrier-free, preparing accessible evacuation facilities, and providing accessible transport in consultation with persons with disabilities.

Physical accessibility of route to and from the service facilities

While persons with disabilities perceived that the physical infrastructure of service facilities were accessible to some extent, challenges remain, particularly in accessing the route to and from the service facilities. Women and adolescent girls with disabilities in both KIIs and FGDs concurred that the lack of accessible transport services in their communities is their primary barrier to accessing the SRHR, GBV, and MHPSS services.

This was also reflected in the household survey results, where 22 out of 68 persons with disabilities consider the unavailability of transportation as a specific challenge when accessing the services, as presented in Table 7.

Table 7. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=68)						
Challenges	Seeing	Hearing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Multiple functional difficulties
Number of participants (n)	2	5	17	1	1	42
The roads from and to the service facilities are not safe	0	1	0	0	0	3
There is no available transportation to transport me to service facilities.	0	3	7	0	0	12
Roads are closed because of lockdowns.	0	0	0	0	0	4

Impact of the COVID-19 pandemic and military coup on physical accessibility

The COVID-19 pandemic and ongoing military coup within the country have also exacerbated the situation of persons with disabilities accessing SRHR, GBV, and MHPSS services in different facilities within Kayin.

For instance, due to the lockdowns and travel restrictions brought by the pandemic, some of the key informants from implementing partners and CSOs stated that persons with disabilities could not travel to access the services. There were also limited mobile visits in the communities, including areas that are hard to reach. This was further confirmed by some community leaders, attesting that it became more challenging to visit clinics because of the pandemic. A representative from an OPD also added that parents or caregivers became afraid of accompanying their family members with disabilities to access services because of the COVID-19 scare.

Meanwhile, the military coup has also resulted in some significant challenges. Some community leaders noted that outreach programmes and activities were reduced because of the unstable political condition in the country. Some also added that persons with disabilities and their families

were afraid of going out because of the fear that there would be no one to help them if something happened. Similar findings were also reflected in the responses of implementing partners and CSOs, stressing that the military coup disproportionately affected members of the disability sector as parents and caregivers who should be accompanying them do not dare to go out of their communities due to security concerns and challenges to pass through checkpoints.

Economic accessibility

Costs of services

Most respondents confirmed that the costs of SRHR, GBV, and MHPSS services provided by WGF implementing partners and CSOs are free of charge. Representatives from implementing partners and CSOs confirmed that their services are funded by various international donors and organisations such as UNFPA, United States Agency for International Development (USAID), UN Office for the Coordination of Humanitarian Affairs (OCHA), Myanmar Humanitarian Fund (MHF), Norwegian Agency for Development Corporation, and Swiss Agency for Development and Cooperation, among others. They also pointed out that their services are accessible to everyone, including persons with disabilities.

Sixty per cent of parents and caregivers of persons with disabilities (n=68) also agreed that the services could be availed at no cost. Some of the participants of FGDs also noted that availing of the services for free facilitates their access to services.

Nevertheless, despite services being free of charge to everyone, some persons with disabilities (n=68) and persons without disabilities (n=18) still perceived them as costly, as revealed in the results of the household surveys.

43%
of persons with disabilities (n=68) surveyed shared that having no (or not enough) money to pay for the services is one of the specific challenges they encounter when accessing SRHR, GBV, and MHPSS services.

55%
of persons without disabilities (n=18) surveyed shared that one of their specific challenges in accessing services is having no (or not enough) money to pay for them.

Additional costs associated with the availing of services

The issues of economic accessibility also go beyond the cost of the services per se. Findings revealed that persons with disabilities and persons without disabilities need to shoulder the burden of other costs associated with the availing of SRHR, GBV, and MHPSS services. For instance, 44 per cent of persons with disabilities (n=68) surveyed revealed that having no (or not enough money) to pay for transportation and food when going to service facilities is a challenge, they must face to access the services. This was also a concern for the 22 per cent of persons without disabilities (n=18) who answered the household survey.

Representatives from implementing partners and CSOs also confirmed the same findings. They concurred that costs of transportation, food, and medicines are usually shouldered by persons with disabilities and their families, although representatives of two CSOs noted that there were incidents in the past when they assisted some clients with these additional costs.

Some of the community leaders also noted that there are persons with disabilities in their communities who are requesting financial assistance to avail of the services. However, it should be noted that information about this finding was unavailable when the assessment was conducted.

> **"Outreach clinics conducted [with]in the village are free, but costs are present if we need to go to clinics or hospitals."**
>
> - A woman with a disability from Kayin

Economic insecurity among persons with disabilities

The findings suggest that the additional costs associated with availing of SRHR, GBV, and MHPSS services could be disadvantageous to persons with disabilities and their families, noting that most of them were unemployed and belong to the poorest sectors of society. Economic insecurity is one of the themes that surfaced in the FGDs and KIIs with persons with disabilities, specifically with women and adolescent girls with disabilities. Most participants shared that because of their disability, they experience challenges getting decent employment, which contributes to insufficient finances to avail the costs associated with the services.

> **"Most persons with disabilities have no income, so we cannot afford the services if we have to pay them."**
>
> - A woman with a disability from Kayin

A representative from an OPD noted that outreach services in the communities or door-to-door services are options that can be implemented to provide inclusive services to persons with disabilities. It is also stressed that persons with disabilities who can visit the service facilities could be provided with financial support for transportation and food costs, including their parents, caregivers, or personal assistants.

Non-discrimination

Attitudinal barriers within the community towards persons with disabilities

There was a consensus among the participants of Kayin State that discrimination against persons with disabilities acts as a significant barrier to accessing quality SRHR, GBV, and MHPSS services. While some persons with disabilities and community leaders mentioned that the general attitude of people within their communities was relatively accommodating to members of the disability sector, in-depth interviews and FGDs with women and adolescent girls with disabilities revealed opposing results. Some respondents confirmed that persons with disabilities usually faced judgments and stereotypes from others, causing them to experience delays in receiving services. Women and adolescent girls with disabilities, in particular, are not allowed by their family members to go outside their houses because of the belief that they are vulnerable to harm.

> **"The attitude and perceptions [from others], such as pity and look[ing] down on persons with disabilities when they go out to access the services, is a huge barrier. The attitude or mindset of persons with disabilities [towards] themselves is also a barrier for them to go out as they think [that] they are useless or [a] burden [to their] family and community."**
>
> - Key informant from an OPD

Results also revealed that adolescent girls with disabilities experienced distinct forms of discrimination compared to women with disabilities. For instance, taking into consideration their age and disability, they were not often invited to awareness sessions about SRHR, GBV, and MHPSS services. As explained by one of the participants, their parents or caregivers were invited to join these sessions on their behalf, which further acts as a barrier to accessing information about the services.

Attitudes of parents and caregivers toward persons with disabilities

The attitude of parents and caregivers of persons with disabilities can also be a facilitator or a barrier to accessing services. Most believed that persons with disabilities have the right to access services and are comfortable accompanying their family members with disabilities when they are availing of the services.

71%
of parents and caregivers surveyed believe that persons with disabilities have the right to access SRHR, GBV, and MHPSS services

84%
of parents and caregivers surveyed shared that they are comfortable accompanying persons with disabilities when availing of SRHR, GBV, and MHPSS services

Nevertheless, there were still some parents and caregivers of persons with disabilities who hinder the access to services of their children or family member. Sixteen per cent of the persons with disabilities (n=68) surveyed reported that there was no available person in their households to assist them when going to service facilities. Twenty-nine per cent of parents and caregivers interviewed (n=68) also disagreed when asked if they believe that persons with disabilities have the right to access essential services, such as SRHR, GBV, and MHPSS services.

> **"I know my daughter may need these services, but I do not have time to accompany her."**
>
> - A parent of a girl with a disability

Attitude of service providers towards persons with disabilities

Most respondents perceived service providers as respectful of the needs of persons with disabilities. Fifty-seven per cent of parents and caregivers of persons with disabilities (n=68) surveyed noted that service providers showed respect to persons with disabilities whenever they visit the facilities. Representatives from implementing partners and CSOs also attested to this finding, citing that observing utmost respect for all their clients, regardless of their social background, is included in their mandates.

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

Representatives of implementing partners and CSOs shared that their IEC materials about their services come in different formats. For instance, one implementing partner shared that their IEC materials were mostly printed and translated into the local ethnic language. They also employ creative strategies, such as developing movies, video clips, and flip charts that contain relevant images about the services. Meanwhile, both CSOs interviewed shared that they designed pamphlets about the services and received printed materials from the implementing partner. Table 8 shows how representatives of implementing partners and CSOs assess the accessibility of their IEC materials towards different functional difficulties.

Table 8. Accessibility of IEC materials						
Indicators	Not accessible	Somewhat accessible	Accessible	Very accessible	Extremely accessible	Remarks
Persons with difficulties seeing	2	2	-	-	-	Some respondents noted that their existing IEC materials use standard font sizes for the general population and are not translated to Braille; hence, they are not accessible to persons with difficulties seeing.
Persons with difficulties hearing	-	-	4	-	-	All respondents noted that persons with hearing difficulties could see and read the IEC materials. They also provide flip charts with images that can be easily read and understood.
Persons with difficulties walking or climbing steps	-	-	4	-	-	All respondents agreed that their IEC materials are accessible to persons with difficulties walking or climbing steps as they can see, hear, and understand them. However, they need to disseminate these materials near their residence to reduce travel time.
Persons with difficulties remembering or concentrating	1	3	-	-	-	A respondent noted that service providers could not explain the materials thoroughly. As such, service providers ask their family members or caregivers for assistance.
Persons with difficulties doing self-care	1	1	2	-	-	Similarly, service providers seek the assistance of family members or caregivers when explaining the materials to

Indicators	Not accessible	Somewhat accessible	Accessible	Very accessible	Extremely accessible	Remarks
						persons with difficulties doing self-care.
Persons with difficulties communicating	1	1	2	-	-	A respondent from an implementing partner explained that their current IEC materials are not accessible to persons with this functional difficulty. Another respondent cited that they utilise printed materials such as pamphlets and flip charts as some can understand the materials through images.

Nevertheless, accessibility to information about SRHR, GBV, and MHPSS services remains a challenge to most respondents in Kayin. Some women and adolescent girls with disabilities interviewed pointed out that the IEC materials' content and format were challenging to understand, especially for persons with intellectual, visual, and hearing disabilities. Most of the community leaders interviewed also affirmed these findings, citing that the format of materials should be contextualised based on the specific needs of persons with disabilities. Further, 34 per cent of parents and caregivers of persons with disabilities interviewed *strongly disagreed* and *disagreed* when asked if the materials about the services are readable and easily understood by persons with disabilities.

Some of the specific challenges of persons with disabilities when accessing IEC materials are presented in Figure 44.
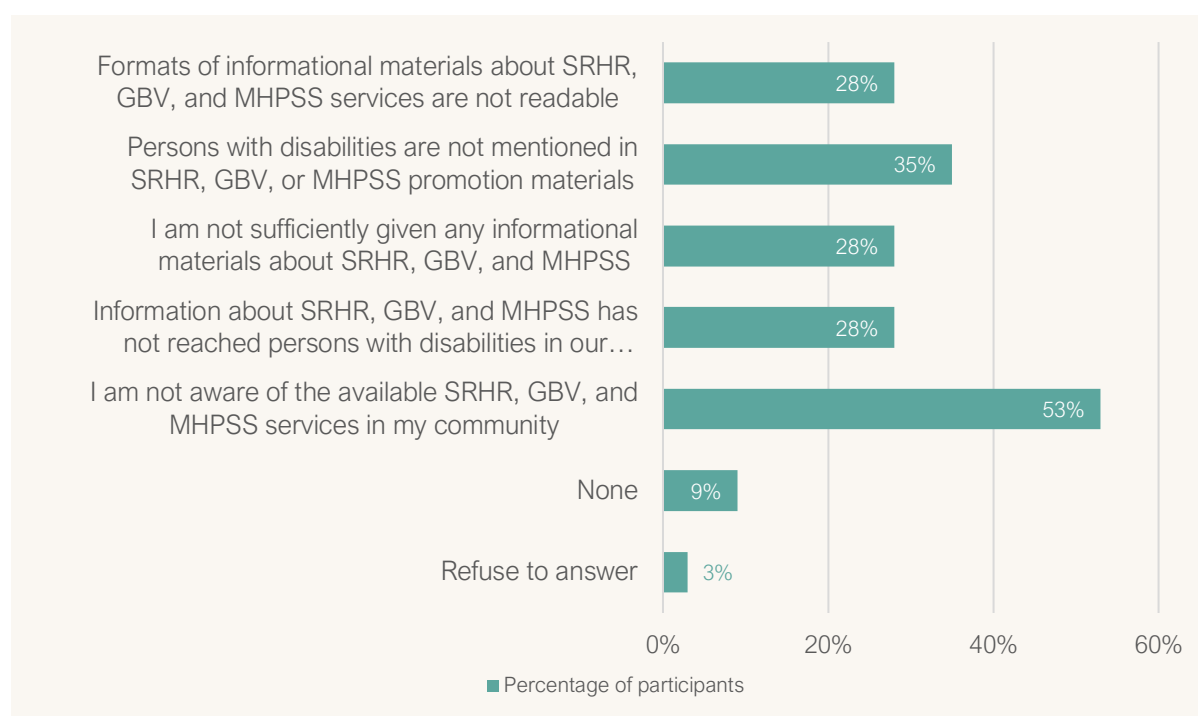
Figure 44. Results of the household surveys for persons with disabilities (n=68)

In comparison, persons without disabilities also experience specific challenges, as shown in Figure 45.
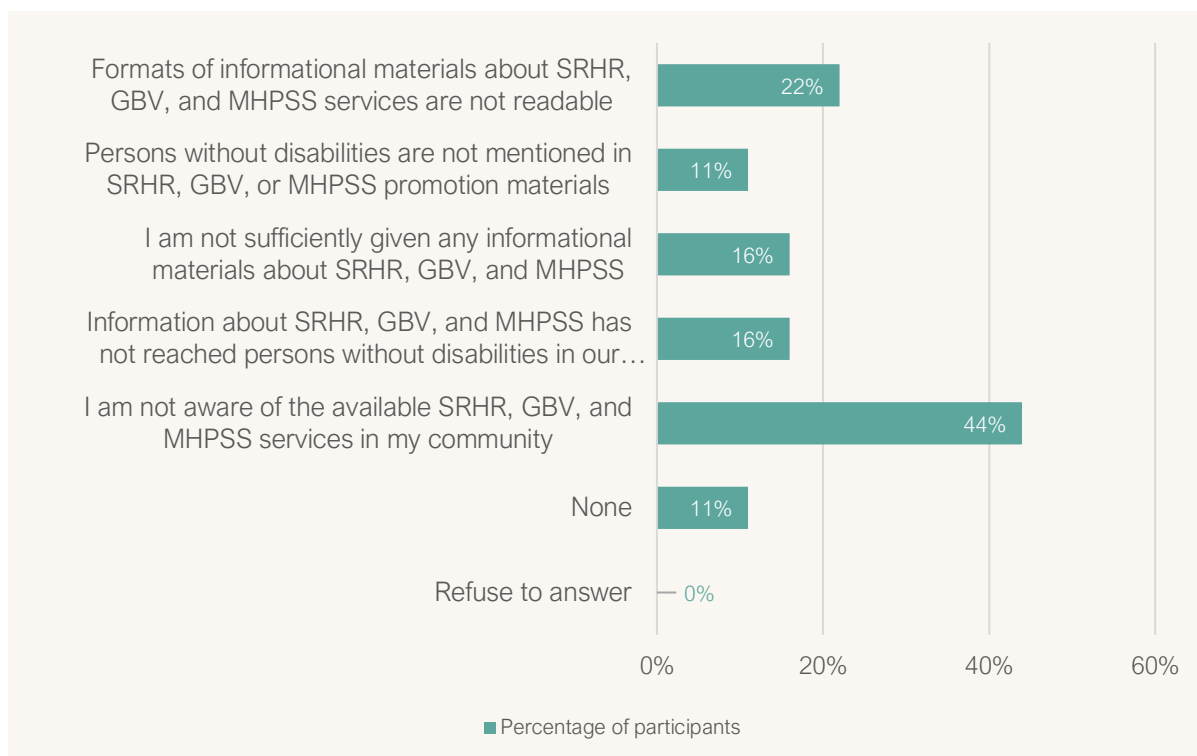
Figure 45. Results of the household surveys for persons without disabilities (n=18)

Based on the above figures, it seems likely that the primary challenges to information accessibility of persons with disabilities and persons without disabilities are (1) *the lack of awareness about the SRHR, GBV, and MHPSS services* and (2) *the formats of informational materials provided to them*. On top of these challenges, some persons with disabilities also noted a lack of representation of persons with disabilities in the IEC materials of service providers.

Disseminating information on SRHR, GBV, and MHPSS services

Respondents explained the various means of service providers in disseminating information on SRHR, GBV, and MHPSS services within Kayin. Figure 46 shows how the information about the services is transmitted from service providers to persons with disabilities, as explained by some respondents. Common to the responses of women and adolescent girls with disabilities are community elders' roles in transmitting information within their communities.

Addressing the challenges of information accessibility

A representative from an OPD forwarded some strategies to implementing partners and CSOs in addressing the challenges related to information accessibility. First, there is a need to collaborate with persons with disabilities, and their representative organisations, in designing and producing their IEC materials to ensure they are in accessible formats. Second, there is also a need to ensure that the dissemination of IEC materials will reach persons with disabilities and OPDs in the communities.

In addition, some women and adolescent girls with disabilities who participated in FGDs noted that sharing information about the services is essential to them. It would be beneficial if service providers would work closely with relevant stakeholders to bring the information closer to their communities. Another strategy that can be implemented is the use of social media campaigns, yet this needs to be examined further, considering that persons with disabilities have different degrees of access to digital technology.

Acceptability

Informed consent and confidentiality

Obtaining informed consent of persons with disabilities

Article 25 of the CRPD requires health professionals to provide health care to persons with disabilities on an equal basis with others, including free and informed consent.[107] The results of the FGDs conducted with women and adolescent girls with disabilities revealed contradictory findings. The FGD with women and adolescent girls with disabilities from Hlaingbwe revealed that service providers ensured they seek the informed consent of persons with disabilities before providing the services needed. This was also reflected in the household survey with persons with disabilities and persons without disabilities in Kayin, where the majority agreed that service providers obtain informed consent when they visit the service facilities.

63%
of persons with disabilities (n=68) surveyed *agreed* and *strongly agreed* when asked if the service providers obtain their informed consent whenever they visit service facilities.

94%
of persons without disabilities (n=18) surveyed *agreed* and *strongly agreed* when asked if the service providers seek their informed consent when they avail of the services in the facilities.

Meanwhile, the results of the FGD with women and adolescent girls with disabilities from Hpa an showed a different experience. Participants explained that service providers often do not obtain informed consent and would fail to explain the services well to them. This could indicate that the practices in obtaining informed consent of persons with disabilities before availing of services are not standardised across service providers. It is also likely that service providers require capacity building and support in this area.

Representatives of implementing partners and CSOs explained that their organisations have measures to protect the rights to informed consent of all their clients, including persons with disabilities. Respondents noted that they had informed consent forms provided to their clients before availing of the services, and the copies are kept in secured places by the managers or supervisors of service facilities. Obtaining informed consent from persons with disabilities will partly depend on the level of functional difficulty they are experiencing. For persons with some difficulties in hearing, walking, and communicating, informed consent forms are provided for their confirmation. For persons with difficulties seeing, remembering, or concentrating, informed consent forms are given directly to the parents or caregivers of persons with disabilities.

Respect on confidentiality

Both persons with disabilities and persons without disabilities surveyed agreed that service providers respect the confidentiality of their personal information whenever they avail of the services. Sixty-five per cent of persons with disabilities (n=68) and 89 per cent of persons without disabilities (n=18) believed that their personal information acquired and processed by service providers is protected. The same findings were reflected in the separate FGDs conducted with women and adolescent girls with disabilities, women and adolescent girls without disabilities, and men and adolescent boys without disabilities.

> **"The volunteer informed me that my personal information will be confidential, and I was treated respectfully."**
>
> - A girl with a disability in Kayin

Respondents from implementing partners and CSOs explained that they follow a code of conduct when obtaining and processing confidential information to protect the privacy of all their clients, including persons with disabilities. All agreed that authorised personnel could only access clients' personal information. A coding system was also implemented to document cases with significant client risks, such as GBV prevention and response services.

Participation

Participation of persons with disabilities in matters concerning them remains a challenge in Kayin. More than half of persons with disabilities surveyed confirmed their participation in decision-making activities in their communities, and involvement with OPDs and other non-government organisations promoting the rights of persons with disabilities is limited. Specific to the participation of persons with disabilities in the design, implementation, monitoring and evaluation of SRHR, GBV, and MHPSS services, the findings revealed that the majority were neither involved nor consulted in all stages of the process.

60%

of persons with disabilities (n=68) surveyed shared that they *neither agree nor disagree, disagree* and *strongly disagree* when asked if they actively participate in decision-making activities in their communities that involve persons with disabilities.

57%

of persons with disabilities (n=68) surveyed shared that they *neither agree nor disagree, disagree* and *strongly disagree* when asked if they have been involved with organisations that promote the rights of persons with disabilities.

Respondents from implementing partners and CSOs also revealed varying degrees of involvement of persons with disabilities in the design, implementation, monitoring and evaluation of services. For instance, one implementing partner noted that persons with disabilities were consulted through assessment, feedback, and discussions while the other implementing partner revealed that the organisation partially consults persons with disabilities. For example, the latter implementing partner would assess their needs and their barriers to services. Meanwhile, both CSOs explained that persons with disabilities were partially consulted when developing their action plans.

> **"OPDs should be consulted (in the design, implementation, monitoring and evaluation of services for persons with disabilities) in order for the services to meet the real needs of persons with disabilities."**
>
> - A girl with a disability in Kayin

Quality

Capacity development

Improving capacity for disability inclusion

The study findings suggested the need for relevant stakeholders to improve their existing capacities in catering to the needs of persons with disabilities accessing SRHR, GBV, and MHPSS services. Most community leaders stated they had not received any capacity development activities on fundamental concepts of disability inclusion, including assisting persons with disabilities in their communities to access the services. Representatives from implementing partners and CSOs also shared that while their organisations are often invited to attend capacity development activities implemented by various entities (e.g., UNFPA, United Nations Office for Project Services [UNOPS], Humanity and Inclusion), they still need support to strengthen their knowledge and skills on disability inclusion.

With the limited capacity-building support implemented for service providers received in the past, half of the persons with disabilities and persons without disabilities surveyed concurred that they are not trained enough to accommodate their needs. This was further affirmed by women and

adolescent girls with disabilities interviewed, citing that there could be gaps in the capacities of service providers to deliver inclusive services to persons with disabilities.

51%
of persons with disabilities (n=68) perceived that service providers are not trained to accommodate the needs of persons with disabilities.

50%
of persons without disabilities (n=18) perceived that service providers are not trained to accommodate the needs of persons without disabilities.

A representative from an OPD noted that their organisation could provide programmes and activities that will strengthen the knowledge and skills of service providers to improve the delivery of SRHR, GBV, and MHPSS services. Specifically, the organisation can provide disability awareness sessions to staff and stakeholders, including those in the communities.

However, it is also important to note that the capacity of OPDs needed to be strengthened, particularly in SRHR, GBV, and MHPSS service delivery in Kayin. Building their knowledge and skills about these services could aid them in providing contextualised recommendations on disability inclusion, specifically to these services.

Non-discrimination

Measures to address discrimination

Implementing partners and CSOs interviewed explained that measures are in place to address and prevent discrimination against persons with disabilities when availing services in the facilities. Respondents noted that their organisations have policies in place, such as GESI, DEI, and the organisation's code of conduct, among others, to safeguard the rights of persons with disabilities in accessing the services. These findings were further confirmed by persons with disabilities (n=68) surveyed for this study, where more than half agreed that service providers ensured that they were not discriminated against before, during, and after the service delivery.

A representative from an OPD stressed the need for implementing partners and CSOs to provide reasonable accommodation for their clients with disabilities. It is also vital to gather feedback about their satisfaction with the services.

Monitoring

Mechanisms in place to monitor access

Respondents from implementing partners and CSOs explained that various mechanisms are in place to monitor the access to services of their clients with disabilities. They use different forms that collect data from their clients, such as project forms and records, client satisfaction forms, and client exit interview forms. Some respondents added that they collect and disaggregate data based on sex, age, and disability (using the WG-SS Questions or through observation).

The collection of personal information as part of the monitoring process was also confirmed by some persons with disabilities and persons without disabilities surveyed for the study. Forty-nine

per cent of persons with disabilities (n=68) and 78 per cent of persons without disabilities (n=18) agreed that service providers collected their personal information before availing of the services.

Findings also revealed that other stakeholders can be tapped to support monitoring access to services. For example, most of the community leaders interviewed shared that they were ready to assist in gathering information on disability within their communities, as well as coordinating and referring cases to proper authorities. In addition, a representative from an OPD also noted that it is necessary for implementing partners and CSOs to consult with persons with disabilities when establishing monitoring systems for disability data, which is also an expectation provided in Article 33 of the CRPD.[108] OPDs can also conduct knowledge sessions and capacity-building activities to monitor and evaluate staff on disability inclusion to ensure the integration of disability-inclusive indicators in their results framework. Lastly, it is also recommended to include persons with disabilities in the monitoring and evaluation team.

Recommendations

Availability

1. **Align existing strategies, policies, or plans of implementing partners and CSOs with the requirements of CRPD and other relevant key policies and documents.**
   - Findings show that most implementing partners and CSOs in Kayin have ensured the inclusion of persons with disabilities in service delivery. However, it is still recommended that the policy environment where these services operate explicitly comply with the provisions of international and national laws on disability and with other relevant policy documents, such as the UNFPA strategic plan 2022-2025, UN disability inclusion strategy, and UNFPA disability inclusion strategy, among others.
   - Along with these strategies, policies, or plans, ensure the inclusion of mainstreamed and targeted line items budget for disability inclusion to respond to the needs of persons with disabilities transparently.
   - Ensure that strategies, policies or plans of implementing partners and CSOs reflect the twin-track approach to disability inclusion. The first track includes mainstreaming persons with disabilities across the design, implementation, monitoring and evaluation of services. The second track allows the active participation of persons with disabilities through focused initiatives that will remove their barriers to access.
   - When aligning the strategies, policies, or plans of implementing partners and CSOs with the requirements of CRPD and other relevant vital documents, it is recommended to consult with key stakeholders, mainly persons with disabilities and their representative organisations.
2. **Increase the awareness of persons with disabilities within the state about the available SRHR, GBV, and MHPSS services offered by implementing partners and CSOs.**
   - While all implementing partners and CSOs offer integrated SRHR, GBV, and MHPSS services within the state, most respondents are unaware of these services. Hence, it is necessary to conduct awareness-raising activities about the different services that will reach persons with disabilities in the communities, including their parents and caregivers.
   - It is also recommended to collaborate with OPDs and community leaders to plan and implement the activities to identify and remove barriers to access.
3. **Increase the availability of integrated SRHR, GBV, and MHPSS services within the state for persons with disabilities.**
   - The findings showed that there is demand among persons with disabilities who require SRHR, GBV, and MHPSS services in Kayin. It is recommended to expand the integrated SRHR, GBV, and MHPSS services that provide essential packages identified in consultation with persons with disabilities, their parents and caregivers, and OPDs.

Accessibility

4. Invest in improving the physical infrastructure of service facilities to increase access for persons with disabilities and promote their safety when availing of services.
   - In consultation with persons with disabilities and OPDs, plan and undertake a thorough physical accessibility audit of all service facilities in Kayin to identify and examine barriers and provide recommendations to improve the accessibility of facilities.
   - Utilising the results of the physical accessibility audits, key stakeholders shall work together to ensure that the existing physical infrastructures of service facilities comply with international and national standards on physical accessibility. In addition, consider utilising universal design principles to cater to the needs of people with diverse abilities.
   - It is also recommended to consider improving the accessibility of emergency evacuation in service facilities to ensure the safety of persons with disabilities during emergencies.
   - Build strong partnerships with other stakeholders, such as the private sector and other development partners, when investing in accessible physical infrastructure.

5. Provide accessible transport for persons with disabilities, and their parents or caregivers, to and from the service facilities.
   - Findings suggest that the lack of accessible transport to and from the service facilities is a significant challenge for persons with disabilities. As such, it is recommended that implementing partners and CSOs provide accessible transport services for them and their parents or caregivers when availing of services in the facilities.
   - Work closely with persons with disabilities and OPDs in planning, implementing, monitoring and evaluating the accessibility of transport services that will be provided for clients.
   - In addition, it is also recommended to consult the relevant actors within communities that could provide additional support when transporting persons with disabilities to and from the service facilities, such as community leaders and parents and caregivers.

6. Conduct regular outreach programmes and activities to accommodate the SRHR, GBV, and MHPSS needs of persons with disabilities.
   - Based on the findings, most participants with disabilities, particularly women and adolescent girls with disabilities, consider outreach clinics an effective way to access the services within their communities.
   - When planning and implementing outreach programmes and activities, it is recommended that implementing partners and CSOs examine the target locations thoroughly to avoid compromising the safety of staff and clients. It is also recommended to work closely with community leaders and OPDs on all stages of service delivery.

7. Provide accessible transport for persons with disabilities, and their parents or caregivers, to and from the service facilities.
   - Findings suggest that the lack of accessible transport to and from the service facilities is a significant challenge for persons with disabilities. As such, it is recommended that implementing partners and CSOs provide accessible transport services for them and their parents or caregivers when availing of services in the facilities.
   - Work closely with persons with disabilities and OPDs in planning, implementing, monitoring and evaluating the accessibility of transport services that will be provided for clients.
   - Consult the relevant community actors that could provide additional support when transporting persons with disabilities to and from the service facilities, such as community leaders and parents and caregivers.

8. Increase the awareness of persons with disabilities and persons without disabilities about the free SRHR, GVB, and MHPSS services provided by implementing partners and CSOs.
   - While the costs of essential services offered by implementing partners and CSOs are free of charge, findings show that some persons with disabilities and persons without disabilities continue to perceive them as costly. Hence, they need to increase their awareness about this matter to ensure their perception will not act as additional barriers to accessing services.
   - When planning for the awareness-raising activities, ensure the involvement of OPDs and community leaders in the state.

9. Assist persons with disabilities with other costs associated with the availing of services.
    - Findings show that both persons with disabilities and persons without disabilities shoulder the burden of other expenses, such as transportation and food when availing of the services in the facilities. Hence, assisting the clients with these expenses is recommended to facilitate access to services.
10. Support initiatives that will provide income security for persons with disabilities.
    - Findings revealed that they are disproportionately affected by the costs associated with the services, citing that most are unemployed or have no source of income.
    - Working closely with other stakeholders, it is suggested to invest in initiatives to improve the economic accessibility of persons with disabilities. These include facilitating employment or livelihood opportunities for them.
11. Increase community awareness of disability inclusion.
    - Mainstream disability inclusion in awareness-raising activities conducted by implementing partners within the state.
    - Actively involve adolescent girls with disabilities, in coordination with their parents or caregivers, in community awareness-raising activities. Facilitate active participation of parents and caregivers of persons with disabilities in awareness-raising activities within communities.
    - Involve persons with disabilities and OPDs in developing, implementing, monitoring and evaluating community awareness-raising activities.
12. Ensure the provision of reasonable accommodations, such as assistive devices and sign language interpreters, for persons with disabilities.
    - In consultation with persons with disabilities and OPDs, identify the reasonable accommodation needs to facilitate access to services.
    - Develop a policy or improve existing policies on providing reasonable accommodations to persons with disabilities.
    - Include reasonable accommodation as an activity line item in the organisation's annual budget forecasts to ensure that disability-related accommodations are considered in the total budget request.
13. Improve the IEC materials to make them accessible to all persons with disabilities.
    - Conduct an accessibility audit on IEC materials to identify and examine the barriers and provide recommendations for improvement. This should be done in consultation with persons with disabilities and their representative organisations.
    - Improve the format of IEC materials to cater to the specific needs of persons with disabilities. Ensure that persons with disabilities are represented in information materials.
    - Working closely with community leaders and OPDs, ensure IEC materials are directly disseminated to persons with disabilities in the communities. This can be done through door-to-door services or outreach programmes and activities.
    - Actively involve OPDs and disability-inclusion experts in the planning, implementation, monitoring and evaluation of the effectiveness of accessible IEC materials for persons with disabilities

Acceptability

14. Examine the existing practices in obtaining informed consent from persons with disabilities.
    - In consultation with persons with disabilities and OPDs, review the current practices in obtaining informed consent from persons with disabilities.
    - Provide reasonable accommodation to persons with disabilities during the process of obtaining their informed consent.
15. Increase participation of persons with disabilities.
    - Facilitate the active engagement of persons with disabilities in the design, implementation, monitoring and evaluation of SRHR, GBV, and MHPSS services.
    - Provide grants to OPDs to support the delivery of services.
    - Facilitate the mobilisation of community-based groups for persons with disabilities.

Quality

16. Increase focus on building the capacity of relevant stakeholders in disability-inclusive service delivery.
    - Strengthen the knowledge and skills of implementing partners and CSOs on disability inclusion, specifically on responding to the specific needs of persons with disabilities related to services.
    - The findings revealed that the capacity of community leaders to assist persons with disabilities in their localities could be further maximised. Hence, it is recommended to strengthen their knowledge and skills in responding to the needs of the members of the disability sector.
    - Ensure the active involvement of OPDs in designing, implementing, monitoring and evaluating capacity-building programmes and activities on disability inclusion.

17. Improve the capacity of OPDs in SRHR, GBV, and MHPSS service delivery.
    - Build the knowledge and skills of OPDs in SRHR, GBV, and MHPSS service delivery, which can be done by the UNFPA WGF team and implementing partners. By strengthening their capacities in these services, OPDs will be strategically positioned to provide their technical expertise in disability inclusion.

18. Improve the monitoring of access to services for persons with disabilities.
    - In coordination with OPDs and disability-inclusion experts, examine the existing monitoring systems in place of implementing partners and CSOs to identify the gaps and provide recommendations for improvement.
    - Standardise the utilisation of WG-SS Questions as a tool to collect disaggregated disability data of clients. Consider developing a screening tool based on the questions for use in communities.
    - Strengthen implementing partners' and CSOs' capacity to collect and monitor disability data. When collecting data, include qualitative information such as the satisfaction with services of persons with disabilities.
    - Actively involve persons with disabilities, OPDs, and other stakeholders, such as community leaders and parents or caregivers of persons with disabilities, in collecting and monitoring data.

Mon State

Myanmar's southeastern state of Mon borders Bago to the north, Tanintharyi to the south, Kayin to the east, and the Andaman Sea to the west.[109] The State has a land area of 12,296 sq. km and is home to 10 townships.[110] In the ten townships, there is an estimated population of 1,889,274, 54.1 per cent of which are women and 45.9 per cent are men.[111] Given the stagnation of the State's agricultural sector, challenges face the citizens of Mon State.[112] In addition, the military coup d'état has further affected several sectors, including persons with disabilities.

Persons with disabilities in Mon state

Like the other states in the country, records showed that disabilities affect more women than men. There are approximately 262,770 recorded persons with disabilities in Mon State, with 156,764 being women and 106,006 being men.[113] Furthermore, Mon has a DPR of 15.2 per cent, making it one of the states with the highest disability prevalence in the country.[114] According to the 2019 Intercensal Survey, the following are the most common forms of disability:[115]
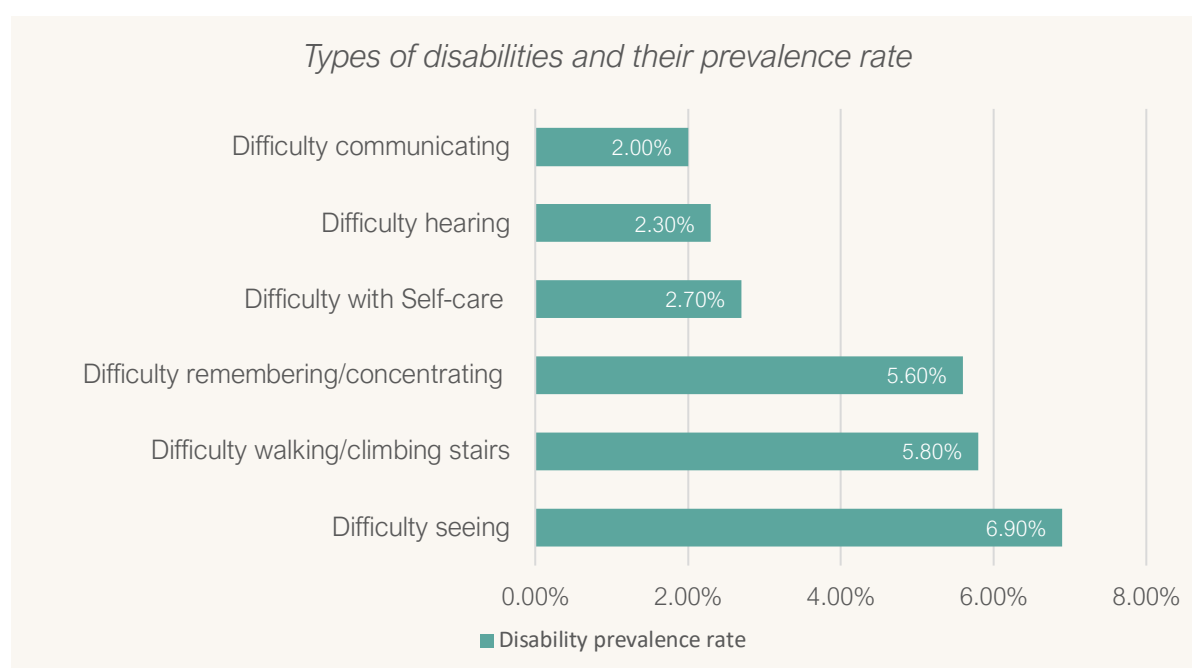
Figure 47. Types of disabilities and their prevalence rate in Mon

Persons with disabilities in Mon State receive support from several government and non-government organisations. For instance, OPDs such as the Mon State Association of Persons with Disabilities and Myanmar Independent Living Initiative, are present to uphold the rights of persons with disabilities and provide services necessary for their well-being. However, despite the presence of such organisations, only 1.2 per cent of men with disabilities and 2.2 per cent of women with disabilities receive medical support.[116] From the aforementioned percentages, only 0.5 per cent receive medical support from non-household members/organisations, with males and females constituting 0.3 per cent and 0.5 per cent, respectively.[117]

As one of the states with the highest disability prevalence in the country, it is only expected that more citizens should be accessing medical support, including SRHR, GBV prevention and

response, and MHPSS services. The high disability prevalence rate and low percentage of persons with disabilities receiving medical support stress the importance of identifying barriers to access to improve the delivery of services to persons with disabilities in Mon State.

Availability

Availability of CRPD-compliant strategic plans

In response to States Parties' general obligations stipulated in the CRPD, the Myanmar government enacted the Law on the Rights of the Persons with Disabilities in 2015 to promote and protect the fundamental rights and freedom of persons with disabilities on an equal basis with others in Myanmar.[118] The national law also serves as a legal framework for the rights, programmes, and interventions related to disability inclusion,[119] which can be utilised by different agencies and organisations working directly with persons with disabilities within the country.

The KII conducted with a representative from one of the UNFPA WGF implementing partners in Mon State revealed an absence of a CRPD-compliant disability inclusion plan within the organisation, specifically in services related to GBV prevention and response. An OPD representative also confirmed these findings and stated that there is a gap in the consultation process between OPDs and other humanitarian or development organisations in Myanmar, including the implementing partners of the WGF programme.

However, it should be noted that while such plans are absent, the implementing partner is still able to provide services, such as legal consultation and advice, paralegal training, GBV hotlines, and referral support, among others, to persons with disabilities and other vulnerable groups.

Availability of SRHR, GBV, and MHPSS services

Availability of services within the State

SRHR services
The household surveys conducted with persons with disabilities (n=20) revealed that 50 per cent of the sample population is aware of service providers offering services related to their sexual and reproductive health and rights within the State. Among those who answered yes, it is revealed that services such as *comprehensive sexuality education led by a peer educator* (six out of 10), *testing and counselling services for HIV/STI (*five out of 10)*, provision of modern contraceptive* (four out of 10), and *comprehensive sexuality education through the WGF implementing partners* (four out of 10) are the most availed services of the participants in the last five years. Figure 48 shows the number of participants in the household survey and the SRHR services they availed of in the last five years.
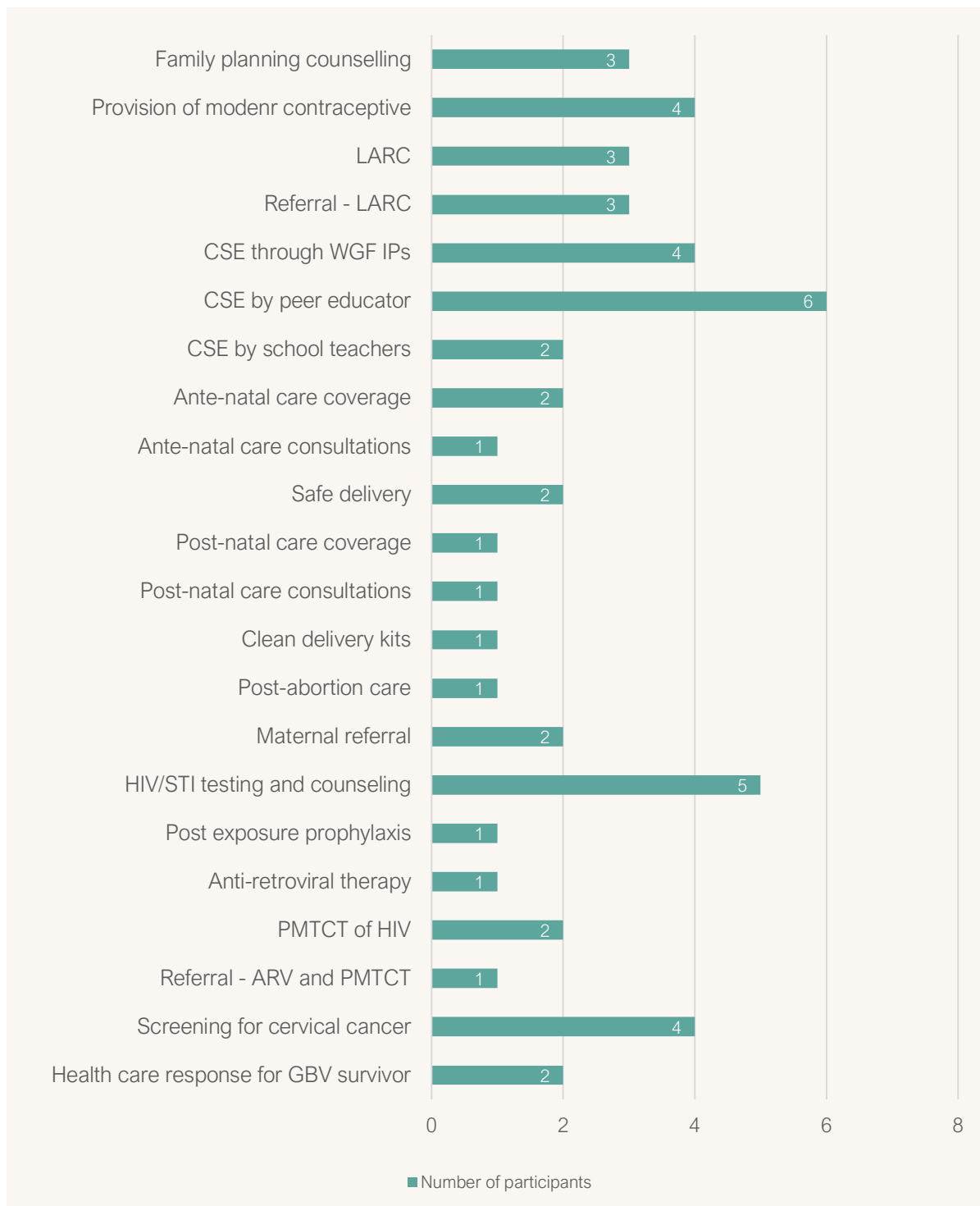
Figure 48. Results of the household surveys for persons with disabilities who availed of SRHR services in the last five years (n=10)

GBV prevention and response services

Participants of the household survey among persons with disabilities (n=20) revealed that 65 per cent (13 out of 20) have no knowledge of the available services related to the prevention and response to GBV within their communities. Among those who answered yes (35 per cent or seven out of 20), Figure 49 shows the most availed GBV services of the participants, such as *legal assistance* (four out of seven) and *health and legal referral services* (three out of seven).
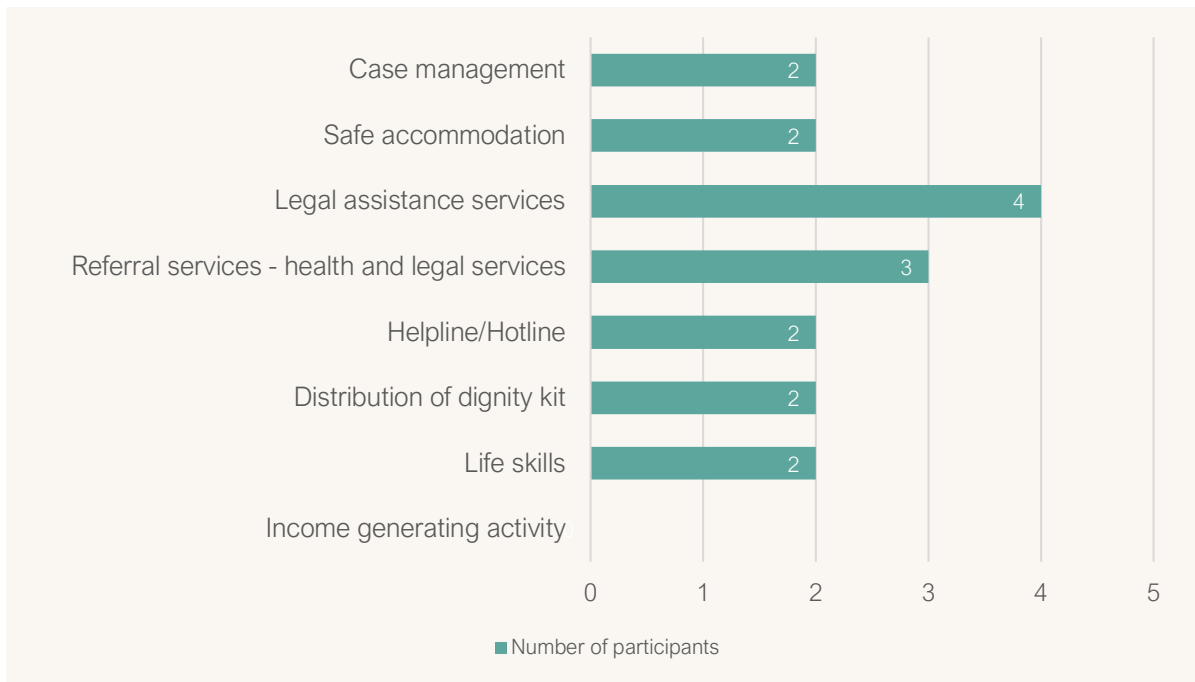
Figure 49. Results of the household surveys for persons with disabilities who availed of GBV services in the last five years (n=7)

MHPSS services

Thirteen out of 20 (65 per cent) persons with disabilities who answered the household survey (n=20) disclosed that they are unaware of any service providers within their community that provide mental health and psychosocial support services. Of the seven who answered that they know MHPSS service providers in their communities, most mentioned receiving *psycho-educational sessions* (25 per cent) and *community support groups* (25 per cent), as shown in Figure 50.
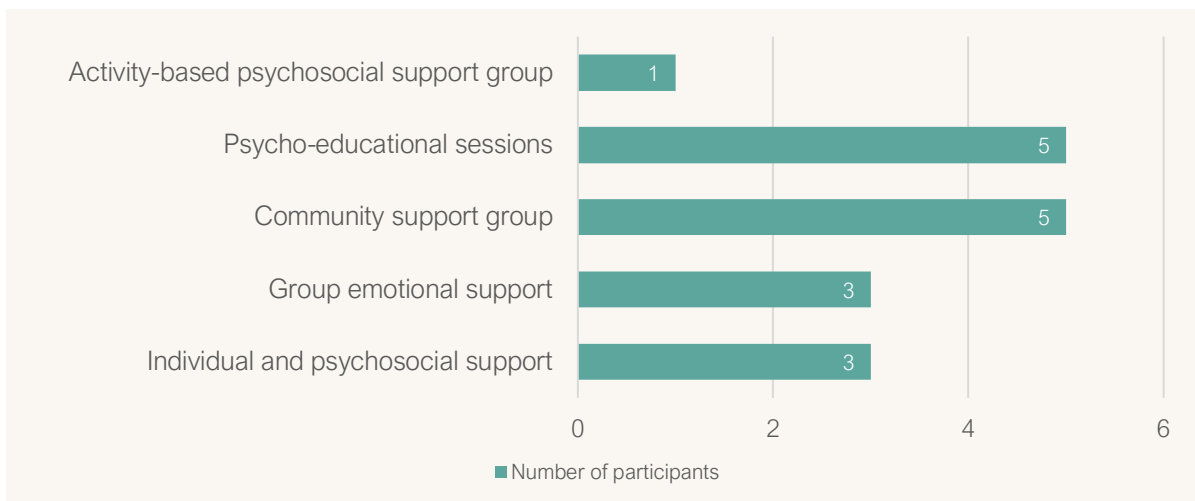
Figure 50. Results of the household surveys for persons with disabilities who availed of MHPSS services in the last five years (n=7)

Sufficiency of services within the State

SRHR services
Despite the existence of the SRHR services within the State, findings show that these services are insufficient to accommodate the needs of persons with disabilities. For instance, most participants with disabilities in the household survey (n=20) reported that they *strongly disagreed* (25 per cent) and *disagreed* (40 per cent) when they were asked about the sufficiency of SRHR service facilities in their communities. This is also reflected in the results of the KII conducted with two community leaders and one OPD representative, who all agreed that SRHR services are insufficient to respond to the needs of persons with disabilities in the community.

> **"There are many persons with disabilities in the township who need SRHR services, and the existing SRHR services are not convenient for them. There is a need to establish disability-inclusive SRHR service facilities."**
>
> - A representative from an OPD

GBV prevention and response services
Like with SRHR services, participants noted that GBV services offered in their communities are inadequate to accommodate the needs of persons with disabilities. A representative from a WGF implementing partner in Mon State pointed out that while their organisation provides complete legal services to victims of GBV, their assistance extended to the community is not enough to respond to the needs of different vulnerable groups, including those who belong to the disability sector. The same findings are also reflected in the responses gathered from the household survey among persons with disabilities (n=20), which revealed that 13 out of 20 *strongly disagreed* and *disagreed* when asked if the GBV services are sufficient to respond to the needs of persons with disabilities. The same sentiments were further echoed in the responses of two community leaders and a representative from OPD who stressed the importance of establishing safe houses for persons with disabilities, most especially women and adolescent girls with disabilities, who are victims of violence.

> **"[There are] less safe house[s]. [Persons with disabilities] do not know where to get legal services."**
>
> - A community leader from Maylamyine

> **"There is a need to build [GBV] service facilities within the state. In the region, women/girls with disabilities are increasingly [become] victims of violence. It is necessary to establish justice and inclusive GBV service centres that focus on the issues and needs of victims with disabilities."**
>
> - A representative from an OPD

MHPSS services

More than half of the persons with disabilities involved in the household survey *strongly disagreed* and *disagreed* when asked about the adequacy of services in their communities to accommodate the MHPSS needs of persons with disabilities. The same results are also echoed in the KIIs conducted with community leaders, who both agreed that only a few organisations within the State provide MHPSS services.

Services offered by the UNFPA WGF Programme

The findings suggest that most respondents were unaware of the services offered by the UNFPA WGF programme through its implementing partners and subgrantees. For instance, the household survey results with persons with disabilities revealed that 13 out of 20 (65 per cent) are unaware of the services. The same result is also echoed in the responses of parents and caregivers of persons with disabilities, showing that 11 out of 20 (55 per cent) have no knowledge about the services offered by the WGF programme in their communities. These findings could indicate a need to improve information dissemination about the services to reach persons with disabilities and their families in Mon State. In addition, there is also a need to increase the provision of SRHR and MHPSS services. Based on key informant interviews, only one implementing partner was currently operating in the state, and primarily offers legal support and GBV-related services.

Accessibility

Physical accessibility

Physical accessibility of service facilities

The physical accessibility of service facilities within the state remains challenging for persons with disabilities. The results of the household survey conducted with persons with disabilities (n=20) showed that the majority experience specific challenges, specifically the *lack of ramps in the service facilities* (65 per cent), *unavailability of service facilities near their residence* (65 per cent), and *lack of accessibility features of toilets in the service facilities* (60 per cent). Specifically, many participants with multiple functional difficulties are disproportionately affected by these challenges, as shown in Table 9. This is further confirmed in the responses of most parents and caregivers of persons with disabilities (n=20), who *agreed* (seven out of 20) and *strongly disagreed* (two out of 20) when asked if the service facilities are physically accessible to persons with disabilities.

Table 9. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=20)						
Challenges	Seeing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communicating	Multiple functional difficulties
Number of participants (n)	1	3	2	1	1	12
There are no service facilities near my residence.	1	1	2	1	1	7
There are no ramps in the service facilities.	1	2	1	0	0	8
Door openings in the service facilities are very narrow.	1	0	1	1	0	1

Challenges	Seeing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communicating	Multiple functional difficulties
Number of participants (n)	1	3	2	1	1	12
WASH facilities (water, sanitation and hygiene) are not accessible.	1	1	2	0	0	6
Toilets are inaccessible and have no accessibility features.	1	1	2	1	0	7

Another interesting finding from this assessment is the perception of persons without disabilities who participated in the household survey (n=8). Some mentioned that the *absence of ramps in service facilities* (37.50 per cent) and *inaccessible toilets* (37.50 per cent) were some of the challenges they experience in the service facilities. Nevertheless, some answered that they have never experienced any difficulties accessing the services regarding the facilities' physical features.

A representative from one of the WGF's implementing partners stated that their organisation's service facility in Mon state is *very accessible* for persons who experience difficulties walking or climbing steps, challenges in remembering or concentrating, challenges with self-care, and those with difficulties in communicating since the facility can assist their needs on the ground floor. Furthermore, their paralegals are ready to help them when needed.

Table 10 shows the results of the physical accessibility assessment conducted by the implementing partner in their service facility in terms of (1) *entrance*, (2) *reception and waiting areas,* (3) *service facility,* (4) *examination/treatment rooms,* and (5) *toilet and hygiene facilities.* The results indicate that while the facility was able to adhere to some of the minimum standards for physical accessibility (e.g., measurement of pathways, the height of the door handles, availability of service signages, and availability of support, among others), there are still some issues that need to be addressed such as (1) the absence of ramp at the entrance, (2) the presence of obstacles in the reception and waiting areas, (3) the absence of handrails along corridor walls, and (4) some physical accessibility features of examination/treatment rooms and toilet and hygiene facilities.

Table 10. Results of the physical accessibility checklist (n=1)			
Indicators	Questions	Answer	Remarks
Entrance to facility	Is the facility entrance accessible for persons with mobility impairments?	Yes	The clinic entrance is 122 cm wide.
	Does the facility have a ramp at the entrance?	No	-
	Is the entrance door wide enough to fit a wheelchair?	Yes	The clinic entrance is 122 cm wide and can fit a wheelchair.
	Is the door handle at the entrance door a height that can be reached by persons who use wheelchairs?	Yes	The door handle is 85 cm high from the floor.
	Can the entrance door be opened easily without much effort?	Yes	-
	Are service signages on the entrance door readable?	Yes	The service signages are in large fonts.
	Are there door staff/security staff who can assist persons with disabilities when needed?	Yes	All staff can help persons with disabilities when needed.
Reception and waiting areas	Is the pathway from entrance to reception clear of obstacles?	No	-
	Is there a space for wheelchairs in the waiting areas?	Yes	-
Service facility	Are there steps inside the service facility?	Yes	There are steps inside the service facility, but there are no

Indicators	Questions	Answer	Remarks
			ramps for persons with mobility impairments and contrast strips for persons with vision impairments.
	Are there handrails along corridor walls?	No	-
	Are corridors free from obstacles?	No	-
	Are floor coverings non-slip?	Yes	The floor is non-slippery.
	Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?	Yes	-
Examination/ Treatment rooms	Are doorways to examination/treatment/counselling rooms wide enough to fit a wheelchair?	No	-
	Is the examination table's height adjustable?	No	-
	Is the floor covering non-slip?	Yes	The floor is non-slippery.
Toilet and hygiene facilities	Are there signages indicating that the toilet is accessible?	No	-
	Is the doorway wide enough to fit a wheelchair?	No	There are steps towards the toilet, which is not accessible by wheelchair.
	Are there grab rails near the toilet?	No	-
	Are bins available for the disposal of hygiene products?	Yes	-
	Are hand basins and soaps at a height that can be reached by persons using wheelchairs?	A little	-
	Is there any adaptive searing device for toilet seats?	No	-

Moreover, another relevant concern that must be addressed is the physical accessibility issues related to emergency evacuation within the service facility, as shown in Table 11.

Table 11. Results of the physical accessibility checklist on emergency evacuation (n=1)			
Indicators	Questions	Answer	Remarks
Emergency evacuation	Is there an emergency evacuation plan in place that is designed in consultation with persons with disabilities?	No	-
	Are emergency evacuation routes clearly signed and in Braille for persons with vision impairments?	No	-
	Are emergency exits clear from obstacles?	A little	The emergency exit might have some obstacles, such as motorcycles.
	Are escape routes accessible for persons with mobility or vision impairments?	A little	The escape route is 122 cm wide and 200 cm high.
	Are assembly points accessible for persons with disabilities?	Yes	-

Physical accessibility of route to and from the service facilities

The route to and from service facilities was also perceived by respondents as challenging. The women and adolescent girls with disabilities who participated in the FGD expressed their difficulties in travelling, including needing a companion when going to the service facility.

> **"Local public transportation and its vehicles are not accessible. Persons with disabilities [experience challenges] in transportation and treatment costs [of] the services due to poverty."**
>
> - A representative from an OPD

This concern was also reflected in the household survey conducted with persons with disabilities (n=20), stressing that the *unavailability of transportation that can accommodate persons with disabilities to and from service facilities* (60 per cent) is an ongoing problem.

Table 12. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=20)						
Challenges	Seeing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communicating	Multiple functional difficulties
Number of participants (n)	1	3	2	1	1	12
The roads from and to the service facilities are not safe	0	1	1	0	1	3
There is no available transportation to transport me to service facilities.	1	1	1	0	1	8
Roads are closed because of lockdowns.	0	0	0	0	0	1

Impact of the COVID-19 pandemic and military coup on physical accessibility

The lockdowns brought by the COVID-19 pandemic, coupled with the negative impact of the military coup in the country, resulted in the operational limitations of centres managed by implementing partners. A representative from an implementing partner confirmed that the centres implemented temporary closure of centres due to the pandemic and limited access to trial courts for GBV cases that were closed because of the military coup. Nevertheless, GBV helpline and hotline services are available to beneficiaries who require such services.

Addressing the challenges of physical accessibility

A representative from an OPD forwarded some strategies for addressing the difficulties of persons with disabilities when accessing service facilities. Common to the strategies recommended is the need for implementing partners to include a budget for accessible transport to facilitate the access of persons with disabilities to and from the service facilities. Specific strategies depending on the functional difficulties can be found in Box 1.

Box 1. Strategies for addressing physical accessibility challenges

What strategies can implementing partners implement to ensure access to service facilities for persons with disabilities?

A representative from an OPD in Mon state suggested the following strategies:

- For **persons with difficulties seeing**, it is recommended that implementing partners learn and apply the international and regional accessibility guidelines for persons with visual impairments.
- For **persons with difficulties in hearing**, it is suggested that implementing partners ask for the assistance of sign language interpreters.
- Adhering to universal design guidelines is necessary to accommodate **persons with mobility impairments.** It is also recommended to consult and work with local OPDs to improve the accessibility of the service facilities.
- For **persons with difficulties in remembering or concentrating**, the representative from OPD recommended working closely with parent associations of persons/children with intellectual disabilities to identify the physical barriers within the service facilities.

Economic accessibility

Costs of services to persons with disabilities

A representative from one of WGF's implementing partners in Mon State highlighted that the services they offer are 100 per cent free of charge for their target populations, including persons with disabilities. It was also confirmed that UNFPA Myanmar funds their services.

However, some participants perceived SRHR, GBV, and MHPSS services as costly from their end. The results of separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities suggested that financial difficulties were one of their barriers to accessing services. The same findings were reflected in the household survey with persons with disabilities (n=20) and persons without disabilities (n=8), where the majority agreed (60 per cent and 62.50 per cent, respectively) that having none or not having enough money hinders them from accessing the services. Sixty per cent of parents and caregivers of persons with disabilities (n=20) also agreed that the services offered within their communities are not free to avail.

Additional costs associated with the availing of services

In terms of challenges related to economic accessibility, common to the participants' responses are the costs of other miscellaneous items that are not directly related to the services, such as transportation, food, and prescribed medicines or treatment after availing of the services. It is interesting to note, however, that these additional costs affect not only persons with disabilities but also persons without disabilities who are availing of the services. Figures 51 and 52 show the responses of persons with disabilities and persons without disabilities in the household survey.

I had no money (or not enough) to pay for the costs of transportation and food when going to the service facilities — 63%

I had no money to pay for the prescribed medicines/treatment after availing of the services — 25%

■ Percentage of participants
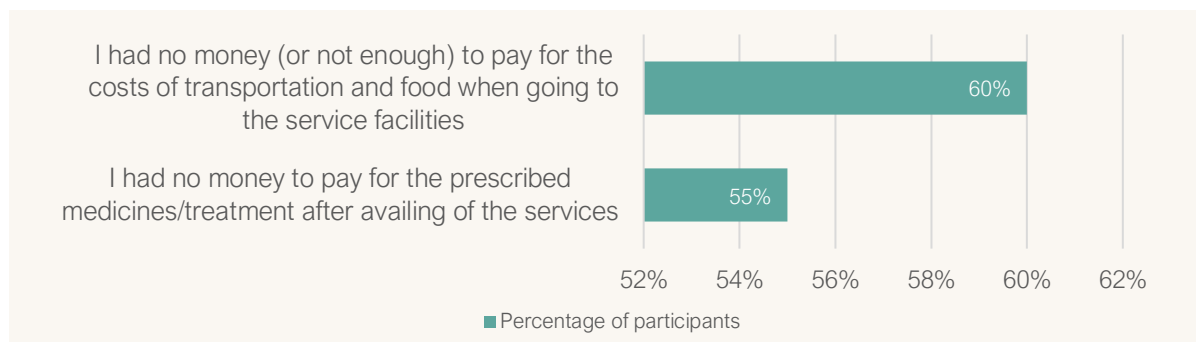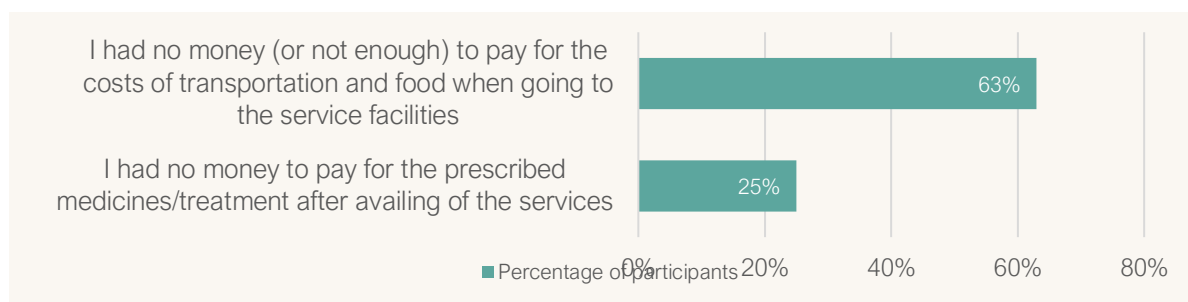
Figure 52. Results of the household surveys for persons without disabilities (n=8)

Nevertheless, persons with disabilities were disproportionately affected by these expenses as they are more likely to be unemployed, as revealed in separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities and in the KII with a representative from an OPD. The additional costs to be shouldered by persons with disabilities will also be doubled since it will include the costs of their parents or caregivers accompanying them when availing of the services.

> "Consider [providing] job support and income generation activities [for] persons with disabilities and their families to financially access the services."
>
> - A representative from an OPD

Impact of the COVID-19 pandemic and military coup on economic accessibility

The COVID-19 pandemic and ongoing military coup have had negative effects on the situation of persons with disabilities in accessing SRHR, GBV, and MHPSS services. Community leaders interviewed for this assessment shared that the lockdowns have resulted in limited income for many families within the State, affecting the families of persons with disabilities. This is also confirmed by the representative from an OPD who stressed that the political situation in the country has negatively impacted the lives of persons with disabilities, specifically those who belong to low-income families.

> "Due to the worse[ning] political situation, [the] border trade was suspended. The price of imported medicine and consumer goods went up. Some pharmacies were closed, and [there] was a decrease in the [supply] of items in their shops. It [became] more difficult for persons with disabilities who were originally poor. At the same time, the environment is not safe due to battles."

Non-discrimination

Attitudinal barriers within the community towards persons with disabilities

There was a consensus among the participants of Mon State that discrimination against persons with disabilities is a significant barrier to accessing quality SRHR, GBV, and MHPSS services. The results of the separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities, including two separate KIIs with a woman with a disability and a girl with a disability (both have mobility disabilities) revealed similar responses that discrimination against persons with disabilities is considered a hindrance to accessing and participating in the services.

The same findings were echoed in the household survey conducted with persons with disabilities (n=20), where some participants shared that *people's attitudes within their communities were negative towards those with disabilities* (six out of 20). It is also worth mentioning that when the same question of the household survey was asked to persons without disabilities (n=8), 63 per cent answered that they had not experienced any challenges related to negative attitudes and behaviours. This suggests that discrimination disproportionately affects persons with disabilities accessing essential services within the state.

Nevertheless, parents and caregivers of persons with disabilities play a significant role in facilitating the latter's access and participation in SRHR, GBV, and MHPSS services. More than half of the participants agreed that persons with disabilities have the right to access SRHR, GBV, and MHPSS services and are comfortable accompanying them when availing of them.

55%
of parents and caregivers surveyed believe that persons with disabilities have the right to access SRHR, GBV, and MHPSS services

55%
of parents and caregivers surveyed shared that they are comfortable accompanying persons with disabilities when availing of SRHR, GBV, and MHPSS services

Attitude of service providers towards persons with disabilities

Fifty per cent of the parents and caregivers of persons with disabilities surveyed (n=20) believed that service providers respect the needs of persons with disabilities. This could be attributed to the level of awareness among staff of the implementing partner on disability inclusion. A representative from the organisation shared in a KII that all staff are required to follow their code of conduct, which includes promoting and protecting the rights of their clients with disabilities on an equal basis with others.

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

A representative from one of the WGF's implementing partners explained that their IEC materials about the services they offer within Mon state usually include pamphlets, posters, stickers, and animation video clips. It was also pointed out that the designs of IEC materials are *somewhat accessible* to persons with disabilities. For instance, the posters and stickers are printed in large fonts and with translation into local ethnic language, and the animation video clips have sounds for persons with visual impairments and transcripts for persons with hearing impairments. In general, the key informant assessed their IEC materials as *very accessible* to persons with difficulties hearing and in self-care, *somewhat accessible* to persons with difficulties remembering and concentrating and *accessible* to persons with difficulties seeing and mobility.

Nevertheless, challenges remain, particularly on how the IEC materials are understood and perceived by persons with disabilities. Figure 53 shows the specific challenges of persons with disabilities in information accessibility based on the household survey results.
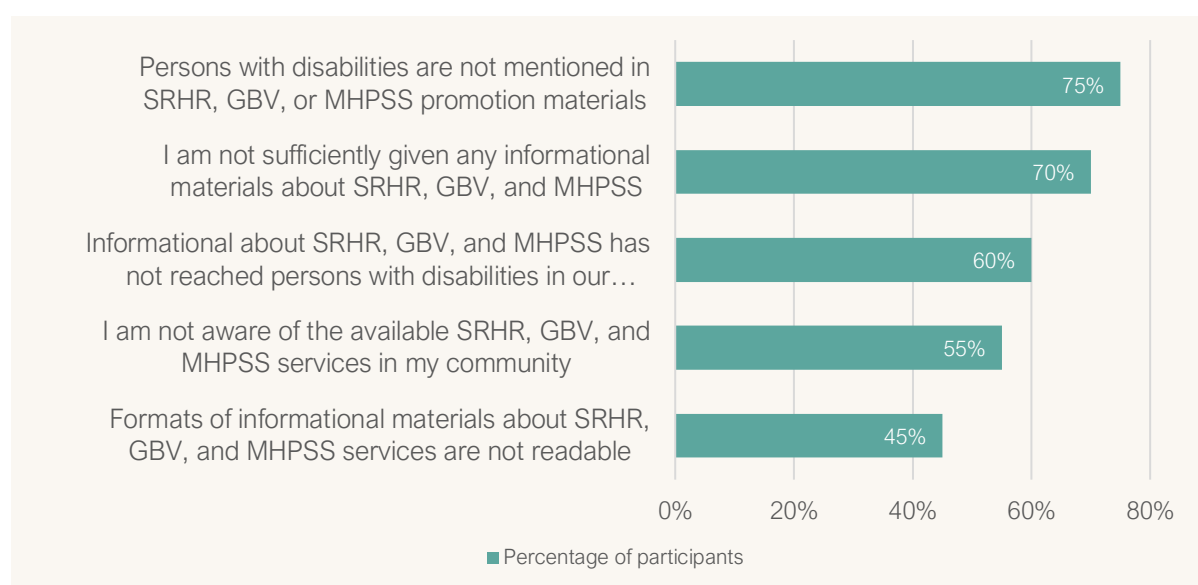
Figure 53. Results of the household surveys for persons with disabilities (n=20)

Further disaggregating the data on household survey based on functional difficulties, it can be inferred that informational accessibility is challenging particularly to participants who have multiple functional limitations, as shown in Table 13.

Table 13. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=20)						
Challenges	Seeing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communicating	Multiple functional difficulties
Number of participants (n)	1	3	2	1	1	12
Formats of informational campaigns about SRHR, GBV, and MHPSS are not readable.	0	1	1	0	0	7

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Challenges	Seeing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communicating	Multiple functional difficulties
Number of participants (n)	1	3	2	1	1	12
Persons with disabilities are not mentioned in SRHR, GBV, or MHPSS promotion materials.	1	2	2	1	1	8

The KIIs with community leaders also confirmed the same sentiments that persons with disabilities could perceive the information provided in the communities as challenging.

Most persons without disabilities (n=8), on the other hand, also experienced specific challenges in information accessibility. Specifically, more than half of the participants believe that (1) *information about SRHR, GBV, and MHPSS services has not reached persons without disabilities in their communities*, and (2) *they are not sufficiently given any informational materials about SRHR, GBV, and MHPSS services*. It can be gleaned from the findings that both persons without disabilities and persons with disabilities experience challenges regarding information accessibility. Still, the latter is disproportionately affected because of their disabilities and the inadequacy of accessibility measures implemented to design IEC materials.

Disseminating information on SRHR, GBV, and MHPSS services

Information about the services offered by implementing partners in Mon State is disseminated to communities through various means. The KII with a woman with a disability revealed that activities were conducted to raise the awareness of the target population on the services, including home visitation of community-based organisations. There were also other activities, such as distributing pamphlets containing essential information about the services. However, while these activities are present within the state, more than half of the parents and caregivers of persons with disabilities (n=20) shared that these information materials were not effectively disseminated to the community.

Addressing the challenges of information accessibility

Challenges to information accessibility can be addressed through close consultations with persons with disabilities, specifically with their representative organisations. A representative from an OPD recommended the following strategies for different functional difficulties:
- Design IEC materials about SRHR, GBV, and MHPSS services in Braille and/or audio formats.
- Provide written and/or visible information for people with hearing impairments. Include sign language interpretation in the dissemination of information.
- Implement door-to-door information campaigns for persons with mobility impairments.
- Work closely with caregivers or family members of persons with intellectual disabilities to disseminate information on services.

Acceptability

Informed consent and confidentiality

Obtaining informed consent of persons with disabilities

Article 25 of the CRPD requires health professionals to provide health care to persons with disabilities on an equal basis with others, including free and informed consent.[120] The results of the separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities indicate that service providers obtain their informed consent before commencing the services.

A representative from an implementing partner pointed out that the organisation ensures obtaining the informed consent of their clients, regardless of with or without disabilities, before providing their services. It is interesting to note that only half of the persons with disabilities surveyed agreed that service providers seek their consent whenever they visit the facilities. In comparison, almost all persons without disabilities surveyed agreed that their informed consent is being obtained every time they visit the facilities.

Respect on confidentiality

Both persons with disabilities and persons without disabilities surveyed agreed that service providers respect the confidentiality of their personal information whenever they avail of the services. A representative from an implementing partner shared that their organisation has strict measures to protect the confidentiality of their client's personal information, and their workforce is bound by an agreement to follow legal ethics in handling GBV cases.

55%
of persons with disabilities (n=20) agreed that service providers respect the confidentiality of their personal information.

88%
of persons without disabilities (n=8) agreed that service providers protect their personal information.

Participation

Almost all persons with disabilities interviewed for this assessment shared that they were neither involved nor consulted in the design, implementation, monitoring and evaluation of the services offered by implementing partners in the state. Some mentioned that persons with disabilities are mostly invited as participants in several activities and are rarely involved in decision-making processes about policies and programmes that indirectly and directly concern them. A representative from an implementing partner confirmed that persons with disabilities have little involvement in the design, implementation, monitoring and evaluation of their services, but agreed that there is a need to consult them at all stages of service delivery.

> "Comments from persons with disabilities are needed to improve [the] services for them."

- A community leader from Maylamyine

> "[We haven't had any] engagement with UNFPA. OPDs should be consulted. It is a win-win situation for everyone so that persons with disabilities can also benefit from the SRHR, GBV, and MHPSS services. Ensure the meaningful and effective participation of persons with disabilities in CRPD under the slogan 'nothing about us without us.'"

- A representative from an OPD

Quality

Capacity development

Building capacity for disability inclusion

The results of the household surveys conducted with persons with disabilities and persons without disabilities revealed different perceptions of how service providers deliver their assistance to their clients. A representative from an implementing partner shared that their organisation has received training and awareness-raising sessions on the fundamental concepts of disability inclusion delivered by UNFPA Myanmar. Nevertheless, there is still a need to strengthen their existing capacities further to respond to the specific needs of persons with disabilities who are availing of their services.

50%
of persons with disabilities (n=20) perceived that service providers are not trained to accommodate the needs of persons with disabilities.

88%
of persons without disabilities (n=8) perceived that service providers are trained to accommodate the needs of persons without disabilities.

On the other hand, community leaders highlighted that they have never received any forms of training on disability but are familiar with assisting persons with disabilities needing access to SRHR, GBV, and MHPSS services. Both key informants noted that they are not tapped yet by implementing partners to provide support, but they are willing to aid in delivering services.

The representative of an OPD in Mon state shared the same sentiments. The informant stressed that their organisation could provide appropriate capacity development programmes and activities to service providers to improve the delivery of their services. Nevertheless, it is essential to note that OPDs should also be provided with relevant capacity-building activities on SRHR, GBV, and MHPSS services.

> **"We can [be] involved in training staff/volunteers of service provider organisations. [We can] share the information for persons with disabilities and deliver the sessions [on] disability inclusive health, CRPD, and domestic disability rights law."**
>
> - A representative from an OPD

Non-discrimination

Measures to address discrimination

The implementing partner in Mon state ensures that measures are in place to address the attitudinal barriers toward persons with disabilities. For example, the organisation provides regular sessions and meetings to staff on preventing discrimination against vulnerable groups, including persons with disabilities, and communicating the organisation's policies and procedures on non-discrimination and confidentiality. Despite these measures in place, some persons with disabilities still perceived that service providers need to improve existing efforts related to preventing discrimination. This is reflected in the household survey among persons with disabilities (n=20), where only 45 per cent agreed that service providers ensure that persons with disabilities are not discriminated against before, during, and after the delivery of the services.

> **"[Service providers should] learn the CRPD and CRPD-compliant domestic law on the rights of persons with disabilities in Myanmar and make the services available, accessible, and disability-friendly. Work closely with experienced OPDs to address the discrimination against persons with disabilities when availing of services and implement the measures for overcoming discrimination."**
>
> - A representative from an OPD

Monitoring

Measures in place to monitor access

Monitoring the access to SRHR, GBV, and MHPSS services of persons with disabilities is essential to aid in the improvement of the design and implementation of service provisions for them. A representative from one of the implementing partners in Mon State shared that the organisation has no specific mechanisms in place to monitor clients' data related to disability – personal data

are disaggregated based on age and sex only. The organisation is currently using observation to identify the disabilities of their clients, indicating that only those with visible disabilities are included in their monitoring.

It is interesting to note that only 50 per cent of the persons with disabilities surveyed (n=20) shared that their personal information was collected before availing of the services. Meanwhile, of the persons without disabilities (n=8) surveyed, 88 per cent noted that service providers collect their personal information prior to receiving the services. This could indicate that some persons with disabilities might have a different experience as compared to their counterparts without disabilities. A response from a KII with a girl with a disability could shed light on these findings. The respondent noted that service providers often communicate directly with their caregivers, including inquiries about their health situation.

A representative from an OPD pointed out that their organisation can support service providers, specifically in raising disability awareness for their monitoring and evaluation team. The key informant also recommended inviting OPDs for consultation and including them in the programmes and activities of implementing partners related to monitoring and evaluation.

Recommendations

Availability

1. **Examine existing strategies, policies, or plans of WGF implementing partners in Mon state and align them with the provisions of CRPD and other relevant key policies and documents.** Although the implementing partner ensures the inclusion of persons with disabilities in the delivery of services, there is still a need to fully align the organisation's strategic plans to the provisions of CRPD and Myanmar's Law on the Rights of Persons with Disabilities.
   - It is necessary to develop plans that comply with provisions of international and national laws on disability and with other relevant policy documents, such as the UNFPA strategic plan 2022-2025, UN disability inclusion strategy, and UNFPA disability inclusion strategy, among others. Ensure that plans are informed by evidence that will protect and promote the rights of persons with disabilities in Mon state, such as the findings of this assessment.
   - Adopt a twin-track approach to disability inclusion and explicitly articulate this in strategies, policies, or plans of implementing partners. A twin-track approach to disability inclusion refers to systematically mainstreaming the interests and rights of persons with disabilities across all strategies, policies, and plans while focusing on targeted and monitored action explicitly aimed at persons with disabilities.[121]
   - Ensure that strategic plans have mainstreamed and targeted line budgets for disability-inclusion initiatives to respond to the needs of persons with disabilities.
   - Ensure that relevant stakeholders are consulted in developing these plans, including persons with disabilities, OPDs, parents and caregivers of persons with disabilities, where appropriate.
2. **Expand the availability of integrated SRHR, GBV, and MHPSS services within the state for persons with disabilities.** Based on the study's findings, there is only one WGF implementing partner in the state whose primary focus is providing services related to prevention and response to GBV cases. However, results also suggest a demand for SRHR and MHPSS services among persons with disabilities within the state. It is recommended to expand the integrated SRHR, GBV, and MHPSS services that provide essential packages identified in consultation with persons with disabilities, their parents and caregivers, and OPDs.

Accessibility

3. **Support the improvement of service facilities to increase access for persons with disabilities.** Physical features of service facilities within the state should be improved to accommodate the needs of persons with disabilities.
    - Ensure that the physical features of service facilities adhere to the international and national standards on physical accessibility, including universal design principles on accessibility.
    - Conduct a thorough physical accessibility audit to be led by representatives from OPDs. Work closely with persons with disabilities and OPDs to identify and address the challenges related to physical accessibility.
    - Collaborate with other stakeholders, such as development partners and the private sector, to invest in improving service facilities.

4. **Conduct regular outreach programmes and activities to accommodate the SRHR, GBV, and MHPSS needs of persons with disabilities.** Most of the participants shared that outreach programmes and activities are effective in improving their access to services. By conducting regular outreach programmes and activities within communities, persons with disabilities are no longer required to travel to avail of the services.

5. **In the absence of outreach programmes and activities, provide accessible transport for persons with disabilities, and their parents or caregivers, to and from the service facilities.** Another issue with physical accessibility is the route that persons with disabilities must take to and from service facilities.
    - Provide accessible transport services for persons with disabilities and their parents and caregivers who are availing of the services.
    - Consult with persons with disabilities and OPDs to improve the accessibility of transport services.
    - Work closely with stakeholders in the community, such as community leaders and parents or caregivers, to assist in transporting persons with disabilities to service facilities when necessary.

6. **Assist with costs associated with the availing of services.** The findings suggest that both persons with disabilities and persons without disabilities experience challenges in accessing the services because of the other costs associated with the services, such as transportation, food, and prescribed medicines or treatment after availing of the services. Hence, it is recommended to assist the beneficiaries, mainly persons with disabilities, with these additional costs to facilitate access to services.

7. **Increase the awareness of communities about the costs of the services.** While the costs of services are 100 per cent free of charge to all target populations, there is still a negative perception among the participants that availing of these services is costly from their end. It is recommended to include in the awareness-raising activities of implementing partners that the costs of services are accessible to all target beneficiaries.

8. **Increase community awareness of disability inclusion.** Mainstream disability inclusion in awareness-raising activities conducted by implementing partners within the state. This could contribute to addressing attitudinal barriers experienced by persons with disabilities, as reflected in the assessment findings. Involve persons with disabilities and OPDs in developing, implementing, monitoring and evaluating community awareness-raising activities.

9. **Provide reasonable accommodations, such as assistive devices, for persons with disabilities.** For persons with disabilities to fully access and participate in the services, it is necessary to provide the reasonable accommodation they need before availing of the services.
    - Identify the accommodation needs of persons with disabilities by working closely with them and their representative organisations.
    - Develop a policy on the provisions of a reasonable accommodation to persons with disabilities.
    - Include reasonable accommodation as line items in the organisation's annual budget forecasts to ensure that disability-related accommodations are considered in the total budget request.

10. Ensure that the designs for IEC materials are accessible and responsive to the needs of persons with disabilities.
    - Ensure that the formats of IEC materials are accessible to persons with disabilities.
    - Ensure that persons with disabilities are represented on IEC materials when needed.
    - Engage OPDs and disability-inclusion experts on the planning, implementation, monitoring and evaluation of the effectiveness of accessible IEC materials to persons with disabilities.

Acceptability

11. Examine the existing practices in obtaining informed consent from persons with disabilities.
    - In consultation with persons with disabilities and OPDs, review the current practices in obtaining informed consent from persons with disabilities.
    - Provide reasonable accommodation to persons with disabilities during the process of obtaining their informed consent.
12. Increase the involvement of persons with disabilities in the design, implementation, monitoring and evaluation of services.
    - Facilitate the active engagement of persons with disabilities at all stages of service delivery. If the fund allows, provide grants to OPDs to support the delivery of services.
    - Working closely with OPDs, facilitate the mobilisation of community-based groups for persons with disabilities.

Quality

13. Strengthen the capacity of relevant stakeholders in disability inclusion.
    - Improve human resource capacity of implementing partners in disability inclusion to accommodate the specific needs of persons with disabilities and address discrimination towards them.
    - Improve the capacity of community leaders in disability inclusion to respond to the needs of persons with disabilities within the community.
    - Improve the knowledge and skills of OPDs in SRHR, GBV, and MHPSS service delivery, which can be done by the UNFPA WGF team and implementing partners.
    - Engage OPDs in designing, implementing, monitoring and evaluating capacity-building programmes and activities on disability inclusion.
14. Strengthen the capacity of OPDs in SRHR, GBV, and MHPSS service delivery. Findings show that there is limited involvement of the OPD in Mon state in the delivery of services. Therefore, there is a need to provide capacity-building support related to these services to fulfil their roles in promoting the rights of persons with disabilities to accessible service delivery.
15. Improve collection and monitoring of access to services for persons with disabilities, including their satisfaction with services.
    - Ensure the inclusion of disability data and indicators in the results framework.
    - Improve the capacity of implementing partners in the monitoring and evaluation team in collecting and monitoring disability data.
    - Work with the UNFPA WGF programme and other implementing partners in the country to standardise the collection and monitoring of disability data.
    - Facilitate the active involvement of relevant stakeholders within the state in monitoring data, such as persons with disabilities, their parents or caregivers, their representative organisations, and community leaders.

Northern Shan

Located east of Myanmar, Shan State shares international borders with China, Laos, and Thailand and state borders with Kachin State, Sagaing Region and Mandalay Region.[122] It is the largest of the 14 administrative divisions in Myanmar and is often referred to using three regions: Northern Shan, Southern Shan, and Eastern Shan.[123]

Northern Shan covers 60,559 sq. km and is divided into 20 townships. The State has an estimated population of 1.82 million as of 2011,[124] the majority of which rely on the agricultural sector for livelihood, such as maise and paddy, strawberry, onion, and sugar cane.[125] Like the other States, Northern Shan is experiencing conflict, where attempts for bilateral and multilateral ceasefires have not been successful.[126]

Persons with disabilities in Northern Shan state

According to the 2019 Intercensal Survey, Shan State has 415,135 recorded persons with disabilities, 226,686 of which are women and 188,449 are men. [127] Similar to nationwide data, more women are recorded to have disabilities than men, with Shan State having a relatively low DPR of 8.6 per cent.[128] The common forms of disabilities in Shan State are presented in Figure 54.[129]

Types of disabilities and their prevalence rate

Type	Rate
Difficulty communicating	1.20%
Difficulty hearing	1.40%
Difficulty with Self-care	2.00%
Difficulty remembering/concentrating	2.90%
Difficulty walking/climbing stairs	3.60%
Difficulty seeing	3.60%

■ Disability prevalence rate
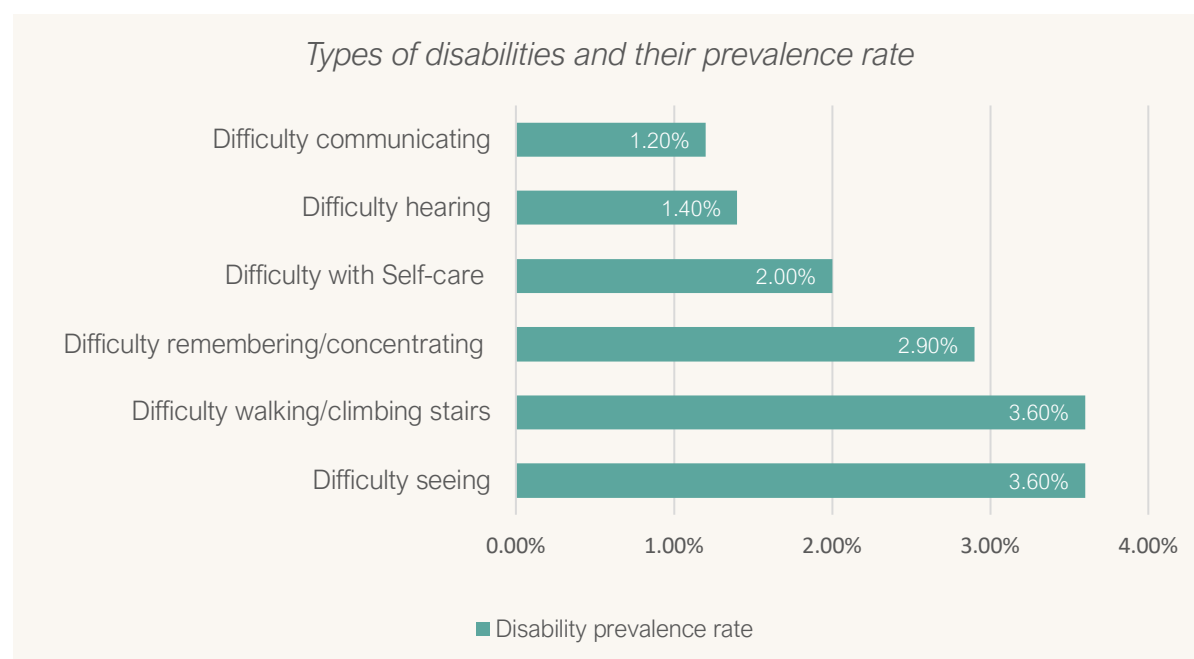
Figure 54. Types of disabilities and their prevalence rate in Shan State

Although there is support being given to persons with disabilities in the State, only 2.1 per cent of men with disabilities and 3.2 per cent of women with disabilities receive medical support from either household members (1.8 per cent of the total population of persons with disabilities) or non-household members/organisations (0.8 per cent).[130] From the 0.8 per cent receiving medical support from non-household members/organisations, men and women constitute 0.7 per cent and 1.0 per cent, respectively.[131] With the presence of institutions and OPDs such as Wensein Bawathit Arrman Blind School and Golden Future Persons with Disabilities' Development Organization, the majority, if not all, are expected to receive medical support. It is evident,

however, that this is not the case, and there is still an apparent need to gain insights into the medical support needed by persons with disabilities, including SRHR, GBV prevention and response, and MHPSS services to correctly deliver services that cater to all who are residing in Northern Shan.

Availability

Availability of CRPD-compliant strategic plans

Among the three implementing partners and two CSOs that participated in the KIIs, only two mentioned that their strategic plans comply with the provisions of CRPD. The responses of implementing partners and CSOs are presented in Table 14.

Table 14. Availability of CRPD-compliant strategic plans among implementing partners and CSOs			
Implementing partner	Services offered	Availability of CRPD-compliant strategic plans according to key informants	Remarks
Implementing partner 1	Integrated SRHR, GBV, and MHPSS services	Available	Respondent mentioned that their strategic plans comply with the provisions of CRPD. It is also noted that persons with disabilities are not included in the organisation's target population, but they are invited to participate in their activities and provided with services when they visit their service facilities.
Implementing partner 2	SRHR services	Available	The key informant explained that their strategic plan is inclusive of persons with disabilities. Principles of disability inclusion are also integrated into their policies on Diversity, Equity, and Inclusion (DEI). Their target population is youth ages 15 to 24, including persons with disabilities.
Implementing partner 3	Integrated SRHR, GBV, and MHPSS services	No information about the availability	Respondent explained that they have no knowledge of their organisation's strategic plans, particularly if they comply with the provisions of CRPD. Nevertheless, the organisation caters for persons with disabilities whenever they avail of its services.
Civil society organisation 1	Integrated SRHR, GBV, and MHPSS services	Not available	While the organisation accommodates persons with disabilities, the informant does not know if strategic plans comply with the provisions of CRPD.
Civil society organisation 2	Integrated SRHR, GBV, and MHPSS services	No information about the availability	The informant does not know if their organisation's strategic plans are compliant with the provisions of CRPD. Nevertheless, persons with disabilities are included in their target population.

While implementing partners and CSOs in Northern Shan ensure that persons with disabilities are accommodated whenever they visit the service facilities, it seems likely that there is a lack of a strong policy environment that can forward disability inclusion agenda within their organisations. It can also be gleaned from the responses that provisions of CRPD might not be integrated into their strategies, plans, or policies, which must be addressed accordingly.

In an interview with an OPD in Northern Shan, the informant shared that implementing partners and CSOs have not approached them yet to ask for their technical support in developing CRPD-compliant strategic plans or policies. However, the respondent noted that some organisations had already requested assistance for activities (e.g., SRHR awareness sessions) to ensure access and participation of persons with disabilities.

Availability of SRHR, GBV, and MHPSS services

Availability of services within the State

SRHR services

More than half of persons with disabilities (nine out of 17) surveyed shared that they know service providers within their communities offering SRHR services. Among those nine participants who answered yes, results show that the most availed services in the last five years are: (1) *testing and counselling services for HIV/STI* (four out of nine), (2) *post-exposure prophylaxis* (four out of nine), and (3) *health care response for GBV survivors* (three out of nine).
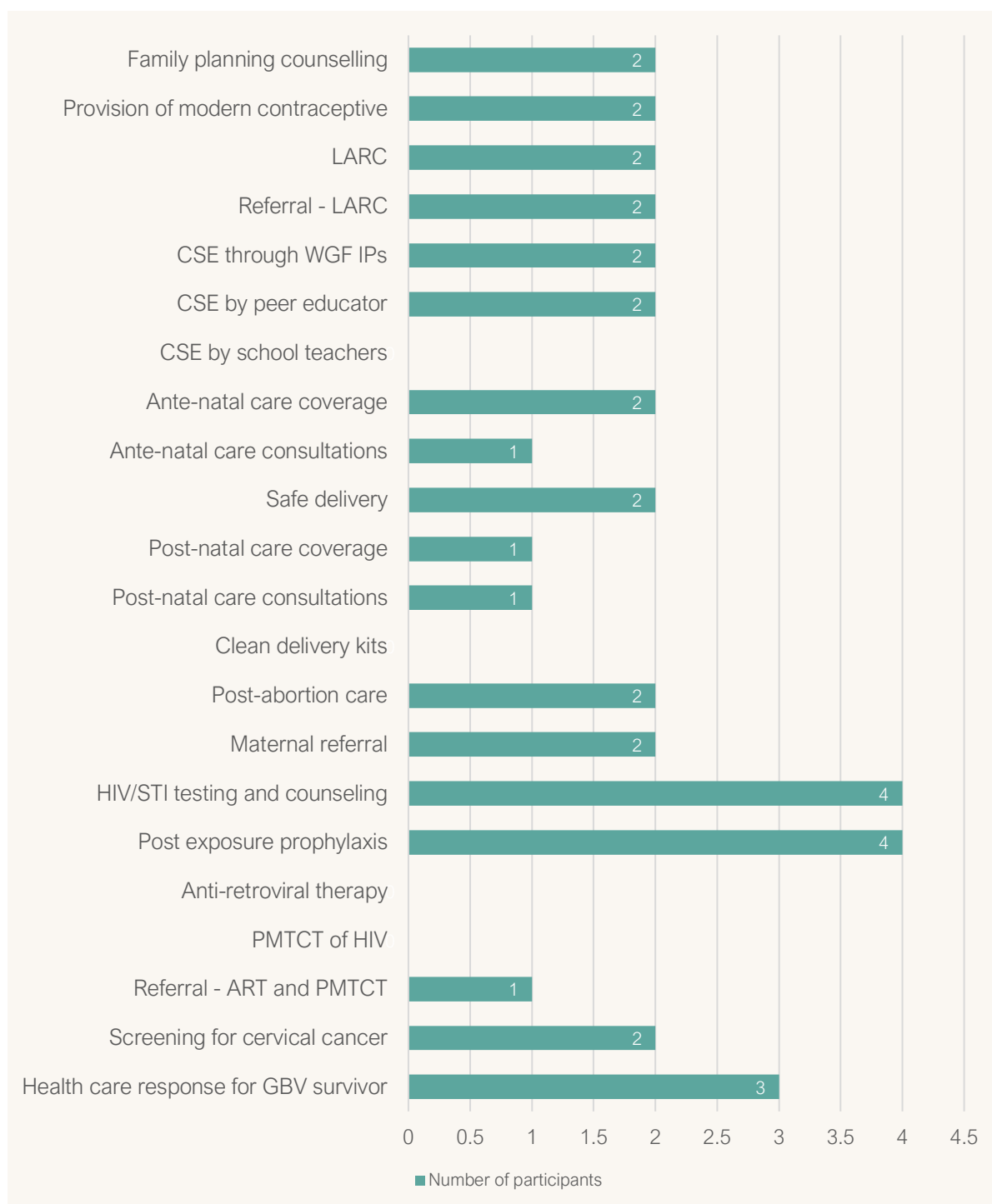
Figure 55. Results of the household surveys for persons with disabilities who availed of SRHR services in the last five years (n=9)

GBV prevention and response services

Nine out of 17 (50 per cent) persons with disabilities were aware that service providers within their communities provide GBV prevention and response services. Results revealed that the most availed services in the last five years are as follows: (1) *referral services – health and legal services* (three out of nine), (2) *case management* (two out of nine), (3) *distribution of dignity kit* (two out of nine), and (4) *life skills* (two out of nine), as shown in Figure 56.
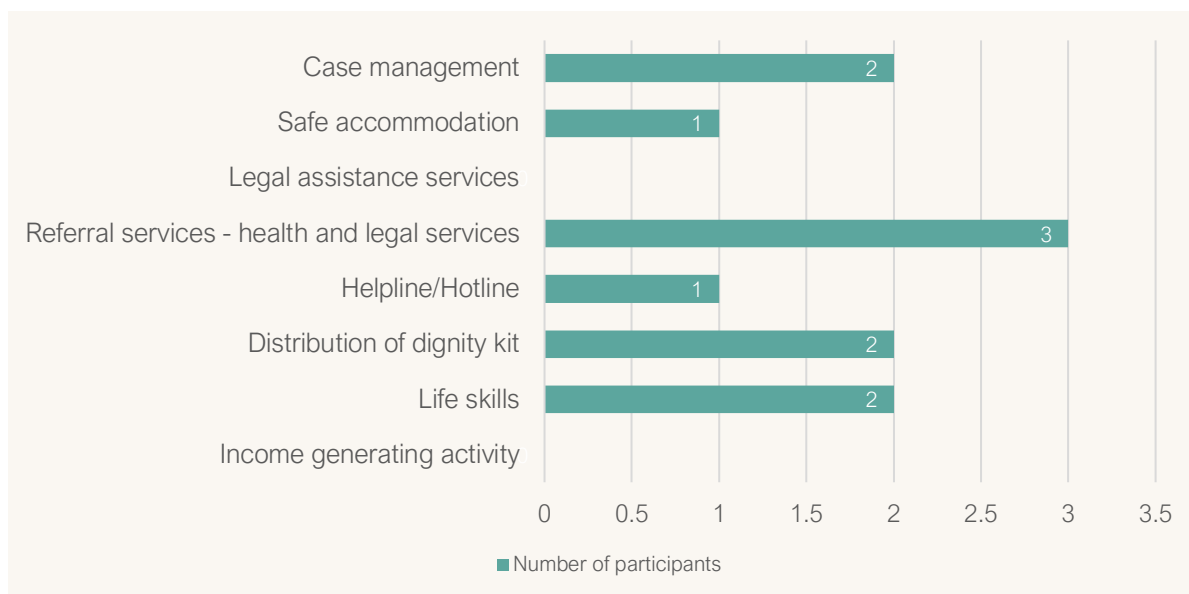
Figure 56. Results of the household surveys for persons with disabilities who availed of GBV services in the last five years (n=9)

MHPSS services

Almost half (eight out of 17) of persons with disabilities surveyed shared that they know service providers in their communities that offer MHPSS services. Out of these eight participants, it is revealed that *activity-based psychosocial support* (three out of eight) is the most availed service in the last five years, as shown in Figure 57.
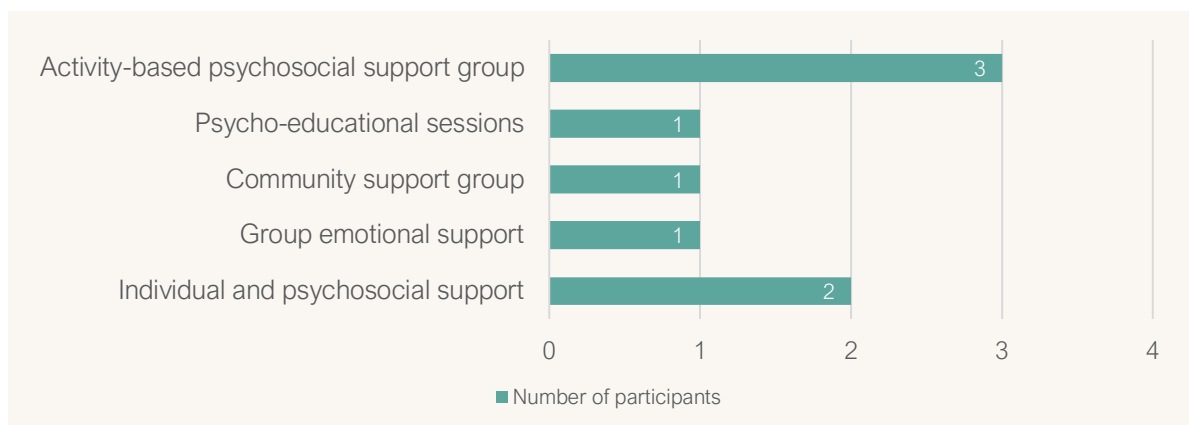
Figure 57. Results of the household surveys for persons with disabilities who availed of MHPSS services in the last five years (n=8)

Sufficiency of services within the State

SRHR services

Despite the results that most persons with disabilities interviewed were aware of the availability of SRHR services in their communities, almost half of them (eight out of 17) believed that they were not sufficient to accommodate the needs of persons with disabilities. Community leaders and the

representative of an OPD interviewed also agreed on the inadequacy of services, citing that they often received reports of persons with disabilities needing SRHR services within the state.

"မသန်စွမ်းသူများအနေနဲ့ ဝန်ဆောင်မှုတွေကို
လက်လှမ်းမီရှိဖို့နဲ့ ဝန်ဆောင်မှုလုပ်ငန်းစဉ်တွေမှာ
ပါဝင်လာနိုင်ဖို့ သူတို့အတွက်
အသိပညာပေးအစီအစဉ်တွေ လုပ်ဆောင်ပေးဖို့
လိုအပ်ပါတယ်။ သူတို့က
အပြင်သိပ်မထွက်နိုင်ကြတဲ့အတွက်
အိမ်တိုင်ယာရောက်ဝန်ဆောင်မှုပေးဖို့လဲ လိုပါတယ်"

(Persons with disabilities need more awareness sessions in order to access and participate in these services. They rarely go out, so they need to be provided with services near their homes.)

- A community leader in Northern Shan

GBV prevention and response services

Persons with disabilities also noted that GBV services offered in Northern Shan are inadequate to cover their needs. For instance, some adolescent girls with disabilities interviewed shared that no organisations offer safe accommodation in small villages. In addition, it is also difficult to use phone lines in hard-to-reach areas of the state, which could hinder them from using the helpline or hotline to report GBV cases. This is further affirmed by 55 per cent of persons with disabilities (n=17) who answered *disagree* and *strongly disagree* when asked if the GBV service facilities in their communities are sufficient to accommodate the needs of persons with disabilities. All community leaders interviewed also agreed that there is a need to set up GBV services within the communities to cater for the needs of persons with disabilities adequately.

MHPSS services

Findings suggest that the sufficiency of service providers offering MHPSS services in Northern Shan might be a concern for persons with disabilities. In the household survey conducted with respondents with disabilities (n=17), 15 or 88 per cent of participants shared that the MHPSS service facilities in their communities are inadequate to accommodate the needs of members of the disability sector. Community leaders interviewed also agreed with the existing situation in the state, noting that persons with disabilities are most likely to be left behind in the delivery of MHPSS services because of the lack of service providers available to meet the specific needs and requirements of the sector.

Services offered by WGF Programme

Awareness of the services provided by the UNFPA WGF programme through its implementing partners and sub-grantees was also revealed as a moderate challenge in Northern Shan. The household survey results among persons with disabilities revealed that nine out of 20 (53 per cent) answered *'no'* when asked if they were aware of services delivered through the WGF programme. On the contrary, most parents and caregivers of persons with disabilities are aware

of the WGF programme services, with seven out of 17 (41 per cent) answering affirmative when asked the same question. The same trend is reflected in the household survey results conducted among persons without disabilities, with seven out of eight (88 per cent) confirming that they are aware of the services.

Accessibility

Physical accessibility

Physical accessibility of service facilities

Table 15 shows the results of the physical accessibility checklist conducted with two service facilities in Northern Shan. It can be gleaned from the data that while one of the service facilities is able to meet the minimum requirements of some indicators, such as (1) *the entrance to the facility*, (2) *reception and waiting areas*, (3) *service facility*, and (4) *toilet and hygiene facilities*, the other service facilities experience issues on accessibility that need to be examined and addressed. Another finding that should be highlighted is the physical accessibility issues related to emergency evacuation, as both facilities did not meet some of the minimum requirements needed to accommodate persons with disabilities.

Table 15. Results of the physical accessibility checklist (n=2)					
Indicators	Questions	Yes	A little	No	Remarks
Entrance to facility	Is the facility entrance accessible for persons with mobility impairments?	2	-	-	Both service facilities exceed the minimum requirement.
	Does the facility have a ramp at the entrance?	1	-	1	One of the service facilities exceeds the minimum requirement for the ramps.
	Is the entrance door wide enough to fit a wheelchair?	1	-	1	One of the service facilities exceeds the minimum requirements for the entrance door width.
	Is the door handle at the entrance door a height that can be reached by persons who use wheelchairs?	2	-	-	Both service facilities adhere to the minimum standard of door handles.
	Can the entrance door be opened easily without much effort?	1	1	-	One of the respondents shared that the doors of the centre are always open. On the other hand, another respondent noted that the doors of their service facility take a little effort to open.
	Are service signages on the entrance door readable?	1	-	1	-
	Are there door staff/security staff who can assist persons with disabilities when needed?	1	1	-	One service facility has security personnel available to assist persons with disabilities. On the other hand, the other service facility has no day guard available, but staff can assist if needed.
Reception and waiting areas	Is the pathway from entrance to reception clear of obstacles?	1	-	1	One of the service facilities has a pathway from the entrance to the reception that is clear of obstacles. The other service facility has no

Indicators	Questions	Yes	A little	No	Remarks
					reception counter available, but the pathway is clear of obstacles.
	Is there a space for wheelchairs in the waiting areas?	1	-	1	-
Service facility	Are there steps inside the service facility?	2	-	-	Both service facilities have stairs, yet no ramps or elevators are available for persons with disabilities.
	Are there handrails along corridor walls?	1	-	1	One of the service facilities adhered to the minimum requirements for the handrails.
	Are corridors free from obstacles?	1	-	1	-
	Are floor coverings non-slip?	2	-	-	Both key informants noted that the floors of their service facilities are paved with concrete or floor tiles.
	Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?	2	-	-	Both service facilities are well-lit.
Examination/ Treatment rooms	Are doorways to examination/treatment /counselling rooms wide enough to fit a wheelchair?	1	-	-	One of the service facilities meets the minimum requirement. Note: This indicator does not apply to one of the service facilities.
	Is the examination table's height adjustable?	-	-	-	This indicator does not apply to both service facilities.
	Is the floor covering non-slip?	1	-	-	One of the service facilities has floors that are paved with concrete. Note: This indicator does not apply to one of the service facilities.
Toilet and hygiene facilities	Are there signages indicating that the toilet is accessible?	-	-	2	Both service facilities have no signages in the toilet and hygiene facilities indicating they are accessible.
	Is the doorway wide enough to fit a wheelchair?	-	1	1	One of the service facilities did not meet the minimum requirements.
	Are there grab rails near the toilet?	1	-	1	-
	Are bins available for the disposal of hygiene products?	2	-	-	-
	Are hand basins and soaps at a height that can be reached by persons using wheelchairs?	2	-	-	-
	Is there any adaptive seating device for toilet seats?	1	-	1	-
Emergency evacuation	Is there an emergency evacuation plan in place that is designed in consultation with persons with disabilities?	-	-	2	Both service facilities have no evacuation plan in place that is designed in consultation with persons with disabilities.
	Is information about what to do in an emergency accessible to all, including persons with disabilities?	-	-	2	Both service facilities have information about emergency evacuation protocols but are not accessible to persons with disabilities.

Indicators	Questions	Yes	A little	No	Remarks
	Are emergency evacuation routes clearly signed and in Braille for persons with vision impairments?	-	-	2	-
	Are emergency exits clear from obstacles?	1	-	1	-
	Are escape routes accessible for persons with mobility or vision impairments?	1	1	-	One service facility meets the minimum requirements.
	Are assembly points accessible for persons with disabilities?	1	-	1	-

Supporting the above findings are the results of the household surveys conducted with persons with disabilities (n=17), where most respondents consider the lack of accessibility features of water, sanitation, and hygiene (WASH) facilities as a specific challenge when accessing services, followed by the inaccessible door openings and lack of ramps in the service facilities (see Figure 58).
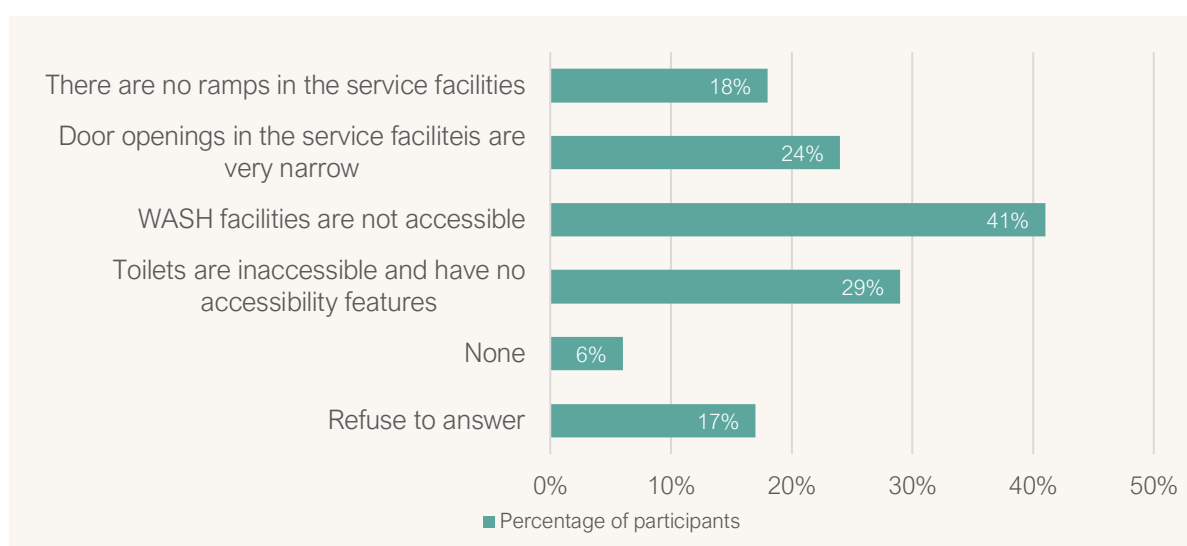
Figure 58. Results of the household surveys for persons with disabilities (n=17)

Further disaggregation of data on functional difficulties confirms the above findings and reveals that many participants surveyed, particularly those with multiple functional difficulties, expressed concerns on the inaccessible WASH infrastructure of service facilities, as shown in Table 16.

Table 16. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=17)			
Challenges	Seeing	Remembering/ Concentrating	Multiple functional difficulties
Number of participants (n)	1	2	14
There are no service facilities near my residence.	1	1	2
There are no ramps in the service facilities.	1	0	2
Door openings in the service facilities are very narrow.	0	0	4

Challenges	Seeing	Remembering/ Concentrating	Multiple functional difficulties
Number of participants (n)	1	2	14
WASH facilities (water, sanitation and hygiene) are not accessible.	1	1	5
Toilets are inaccessible and have no accessibility features.	1	1	3

Physical accessibility of route to and from the service facilities

Persons with disabilities in Northern Shan experienced difficulty in accessing SRHR, GBV, and MHPSS services due to the route they must take to and from the service facilities. Many women and adolescent girls with disabilities interviewed noted that the lack of accessible transportation is a significant barrier for persons with disabilities, especially if they need to travel outside their communities.

The same results were also reflected in the household survey conducted with persons with disabilities (n=17), as shown in Figure 59. The safety of the roads from and to the service facilities and the unavailability of accessible transportation services are the specific challenges some respondents experience when accessing SRHR, GBV, and MHPSS services.
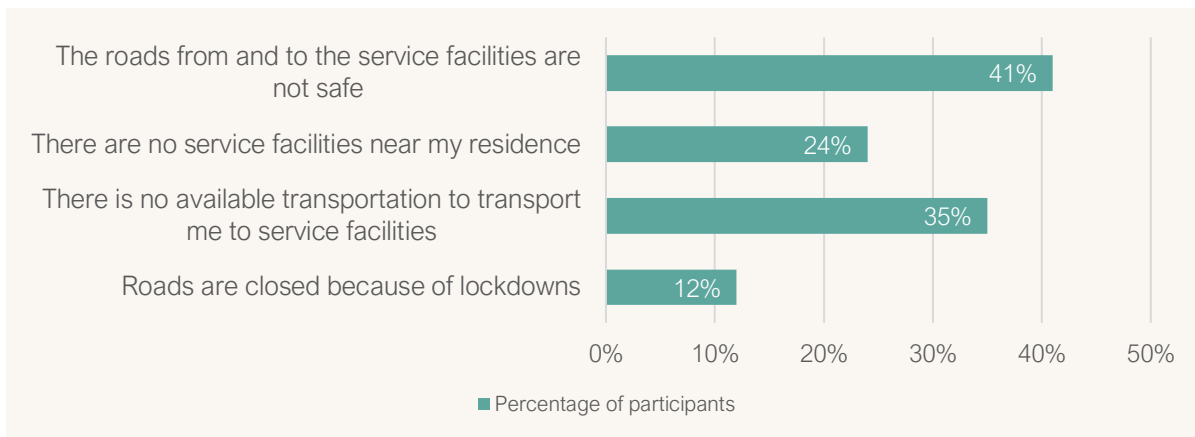
Figure 59. Results of the household surveys for persons with disabilities (n=17)

Interestingly, 63 per cent of persons without disabilities (n=8) surveyed also experience challenges accessing service facilities because of the unavailability of transportation services that can accommodate them. This could indicate that the limited (or lack thereof) transportation services are a concern for everyone, yet persons with disabilities are disproportionately affected, considering that Myanmar still faces challenges related to inaccessible transportation services for members of the disability sector.[132]

"ကျွန်မသမီးက လမ်းမလျှောက်နိုင်တဲ့
ပိုလီယိုမသန်စွမ်းသူတစ်ယောက်ဖြစ်နေတဲ့အတွက်
ကြောင့် ဝန်ဆောင်မှုတွေကို အိမ်တိုင်ယာရောက်
လုပ်ပေးနိုင်ရင် ပိုကောင်းပါတယ်"

Impact of the COVID-19 pandemic and military coup on physical accessibility

Most respondents highlighted the disruption in delivering essential health services, including SRHR, GBV, and MHPSS, due to the COVID-19 pandemic and the ongoing military coup in Myanmar.

On the one hand, community leaders interviewed shared that the lockdowns and physical distancing brought by the restrictions due to the pandemic have led persons with disabilities and their families to stay within their homes. This resulted in the limited access of persons with disabilities to essential health services offered outside their communities. These findings are further confirmed in the responses of implementing partners and CSOs who explained that their service facilities were closed during the height of the pandemic and everyone, including persons with disabilities, are afraid of visiting centres because of the fear of getting infected with the COVID-19 virus.

On the other hand, the military coup also restricted the movement of people in Northern Shan, further affecting access to services, especially for persons with disabilities. Key informants from implementing partners and CSOs explained that the security situation in the state is unreliable, and their clients with disabilities, usually accompanied by their parents or caregivers, do not dare to move outside their communities because of security concerns. Military checkpoints stationed within the state also hinder them from accessing the services, especially if they cannot answer the questions that military personnel ask.

Economic accessibility

Costs of services to persons with disabilities

The study findings revealed that most respondents are aware that availing of SRHR, GBV, and MHPSS services provided by implementing partners and CSOs is accessible to all clients, including persons with disabilities. The same result is echoed in the household survey conducted with parents and caregivers with disabilities (n=17), where 65 per cent agreed that services could be availed at no cost. It is also interesting to note that most persons with disabilities and persons without disabilities surveyed do not consider financial difficulties as a specific challenge to economic accessibility. This could be an indication that most participants understand that the services are free of charge for all.

Additional costs associated with the availing of services

Despite the services being offered free of charge to persons with disabilities, the findings showed that there are other costs they need to shoulder to avail of the services. Respondents from implementing partners and CSOs shared that the additional expenses associated with availing services include transportation costs, food, accommodation for some cases, medicines, and other miscellaneous items (i.e., printing and photocopying documents).

The study results also suggested that persons with disabilities and their families were disproportionately affected by the additional costs associated with the availing of services. Forty-

seven per cent of persons with disabilities (eight out of 17) surveyed did not attend school, and 59 per cent (ten out of 17) are unemployed; hence, they are more likely to experience challenges in accessing services because of financial constraints.

Non-discrimination

Attitudinal barriers within the community towards persons with disabilities

Attitudinal barriers are among the most common hindrances to the active participation of persons with disabilities. Most respondents revealed that persons with disabilities in Northern Shan continue to experience being discriminated against because of the negative attitudes they receive from some people in their communities.

More than half of persons without disabilities (n=8) surveyed for the study revealed that they feel sorry whenever they see persons with disabilities in their communities. This is also reflected in the results of the separate FGDs conducted with men and adolescent boys without disabilities and women and adolescent girls without disabilities, where most respondents shared that they know persons with disabilities in their communities. Participants also described members of the disability sector as dependent on their parents or caregivers, often discriminated against in the community, unemployed, and illiterate – an indication that there is the presence of stereotypes and stigma toward persons with disabilities.

Attitudinal barriers within the households

Another common theme in the responses of some persons with disabilities is the negative attitudes they received from their own households. The results of the FGDs conducted with both women and adolescent girls with disabilities and men and adolescent boys with disabilities showed experiences of not being able to access services, citing reasons such as (1) their families are not aware of their SRHR, GBV, and MHPSS needs, and (2) some families believe that the services do not apply to them because of their disabilities.

Nevertheless, parents and caregivers of persons with disabilities play a significant role in facilitating access to services. Out of the 17 parents and caregivers surveyed, 12 or 71 per cent confirmed that they are comfortable accompanying their family members with disabilities when availing of the services. This is essential to highlight, considering that persons with disabilities interviewed noted that they need support whenever they visit facilities to avail of services.

The internalisation of ableism among persons with disabilities

Another interesting finding in respondents' responses is the presence of internalised ableism among persons with disabilities in Northern Shan. For instance, some women and adolescent girls with disabilities who participated in FGDs noted that because of their disabilities, they often hide inside their homes and are afraid to go out because of the stigma. Some women with disabilities also believed that the services were not helpful, making them uncomfortable when accessing the services.

The findings suggested that internalised ableism could be a barrier for persons with disabilities to access SRHR, GBV, and MHPSS services. Internalising the beliefs that persons with disabilities are inferior and dependent compared to persons without disabilities may prevent them from accessing these essential health services and advocating for their own rights.

Box 2. Definition of internalised ableism

What is internalised ableism?

Internalised ableism refers to an individual with disabilities' internalisation of societal attitudes and beliefs regarding disability. This may result in persons with disabilities experiencing difficulties "to feel pride in many aspects of one's identity and to understand oneself as being equally entitled to all fundamental human rights, as well as inclusion in society and development."[133]

Access to services

The CRPD states that the denial of reasonable accommodation is a form of discrimination against persons with disabilities. It defines reasonable accommodation as "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."[134]

Common to the responses of some persons with disabilities is the failure of some service providers in the state to provide the reasonable accommodation needed to access and participate in different SRHR, GBV, and MHPSS services. For instance, 35 per cent of persons with disabilities surveyed consider the low level of awareness among service providers to accommodate their needs as a specific challenge when accessing services. Some FGD participants who have difficulty hearing also shared that they need to hire sign language interpreters to aid them in understanding the services.

"ဆေးရုံ၊ ဆေးခန်းတွေမှာ နားမကြားသူများအတွက် လက်သင်္ကေတပြဘာသာပြန်တွေစီစဉ် ဆောင်ရွက်ပေးထားမယ်ဆိုရင် ပိုကောင်းတာပေါ့"

(It would be good if hospitals and clinics would engage sign language interpreters for persons with hearing disabilities.)

- A parent of a girl with a disability in Northern Shan

A representative of an OPD concurred with these findings and added that by assessing the actual needs of persons with disabilities and working closely with their representative organisations, implementing partners and CSOs will be able to provide the appropriate reasonable accommodation for them.

A representative from an OPD shared that persons with disabilities are more vulnerable to abuse because of the current political situation in the country.

> "There are several armed organisations in the region. Deaf people were forced to stop at checkpoints, beaten, and tortured because they could not answer when questioned and investigated. Security staff do not understand the nature of persons with hearing impairment."
>
> - Key informant from an OPD in Northern Shan

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

Article 9 of the CRPD highlights the necessity to ensure that persons with disabilities have access to information, communications, and other services equally with others.[135] Analysing the responses of most respondents, it seems likely that access to information remains an issue for persons with disabilities. Nevertheless, there are initiatives to address this challenge, and key stakeholders are equipped to support service providers in this area of concern.

Designing information, education, and communication (IEC) materials
Key informants from implementing partners and CSOs explained that their IEC materials to promote and inform their target population about SRHR, GBV, and MHPSS services come in different formats. Common to these formats is the use of (1) printed materials, such as pamphlets and flip charts, that are often translated into local ethnic language and include images, and (2) animated videos and cartoons used to capture the interests of their audience.

However, it is essential to note that most key informants interviewed agreed that these formats are not specifically designed for persons with disabilities. Only one implementing partner shared that some printed materials are translated into Braille for persons with visual disabilities, and some of their video clips include sign language interpretation for persons with hearing disabilities.

Disability inclusion is not considered in the design of IEC materials
Most of the key informants from implementing partners and CSOs explained that their existing IEC materials are not designed for the utilisation of persons with disabilities. Nevertheless, they still perceived them as accessible to persons with disabilities based on their subjective assessment, as shown in Table 17.

Indicators	Not accessible	Somewhat accessible	Accessible	Very accessible	Extremely accessible	Remarks
Persons with difficulties seeing	-	2	3	-	-	Two key informants shared that the IEC materials are *accessible* to persons with difficulty seeing, citing various reasons, such as their use of large and bright colours and the inclusion of images in their materials. Meanwhile, two respondents shared that their IEC materials are *somewhat accessible* to those with difficulties, as they may need support from other persons when reading the materials. However, it is essential to note that only one implementing partner has translated their IEC materials into Braille, which is helpful for persons with severe difficulties seeing.
Persons with difficulties hearing	-	2	3	1	-	While key informants perceived the accessibility of their IEC materials in varying degrees, all of them noted that persons with difficulties hearing could see and read their materials. However, only one respondent shared that their organisation provides sign language interpretation in their animation videos, which could aid persons with difficulties hearing in understanding the information provided to them.
Persons with difficulties walking or climbing steps	-	1	1	2	1	Almost all respondents agreed that persons with difficulties walking or climbing steps could access their IEC materials since they could see, hear, and understand the information provided. However, the only concern is the need to distribute the materials within their communities to lessen the time they need to travel to service facilities.
Persons with difficulties remembering or concentrating	-	5	-	-	-	All respondents agreed that their IEC materials might be complex for persons with difficulties remembering or concentrating. Coordinating with their parents or caregivers when providing them with the materials is essential.
Persons with difficulties doing self-care	-	1	3	1	-	All respondents noted that persons with difficulties in self-care might access the IEC materials with support from their parents or caregivers accompanying them to service facilities.

Indicators	Not accessible	Somewhat accessible	Accessible	Very accessible	Extremely accessible	Remarks
Persons with difficulties communicating	1	-	3	1	-	One respondent shared that their IEC materials are *not accessible* to people with difficulties communicating, specifically when service providers need to explain the information. Meanwhile, the remaining key informants explained that their IEC materials could be provided to the parents or caregivers of persons with disabilities, who will be responsible for explaining the information to them.

Even though the above perceptions of implementing partners and CSOs suggest that their IEC materials generally accommodate persons with disabilities, the response of some respondents with disabilities revealed opposing results. Community leaders interviewed shared that the IEC materials provided to persons with disabilities in their communities are not accessible to persons with disabilities. This is also supported by the household survey results, which revealed that almost half of the respondents consider the formats and representation of persons with disabilities in the IEC materials as their specific challenges in information accessibility.

Communicating information on SRHR, GBV, and MHPSS services

The findings suggest that most respondents with disabilities have no knowledge of how the information on SRHR, GBV, and MHPSS services is disseminated to their communities. There is also a gap in the communication of information to parents and caregivers of persons with disabilities (n=17), as only five or 29 per cent of them agreed that the information materials are effectively disseminated to their communities.

On the other hand, all community leaders explained that the information provided by implementing partners and CSOs is usually handed to the communities through pamphlets and awareness-raising activities. Nevertheless, this information is more likely not to reach persons with disabilities because of its inaccessible format and design.

Addressing the challenges of information accessibility

Box 3 shows the responses of a representative from an OPD on some strategies that implementing partners and CSOs may adopt to address the challenges related to information accessibility.

Box 3. Strategies for addressing information accessibility challenges

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What strategies can implementing partners implement to ensure access of persons with disabilities to information about the services?

A representative from an OPD in Northern Shan state suggested the following strategies:

- For **persons with difficulties seeing**, it is recommended that implementing partners consult with OPDs representing persons with visual disabilities to identify the appropriate

measures applicable. For instance, printed information materials can be translated into audio or Braille.

- It is also recommended to consult with OPDs to identify the necessary measures to improve the IEC materials for **persons with hearing difficulties**.
- For **persons with mobility impairments** and **difficulties in self-care,** it is recommended to disseminate the information through door-to-door visits or community meetings.
- For **persons with difficulties in remembering or concentrating** and **with difficulties communicating**, it is recommended that service providers work closely with the parents or caregivers of persons with disabilities and ask for their assistance in sharing the information with them.

Acceptability

Informed consent and confidentiality

Obtaining informed consent of persons with disabilities

All key informants from implementing partners and CSOs shared that their organisations have existing mechanisms in place to ensure that the rights of persons with disabilities to informed consent are observed and protected. Most respondents pointed out that the informed consent of all clients, including persons with disabilities, is obtained before providing the services. They also ensure that the information about the services is thoroughly explained to their clients. Specific to persons with disabilities, some respondents shared that the contents of the informed consent form are also explained verbally to clients with disabilities and their parents or caregivers.

The above practices shared by implementing partners and CSOs were affirmed by the experiences of most respondents interviewed for this study. For example, the results of the separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities showed that service providers would verbally explain the services provided to them, including the potential consequences, and seek their approval before providing the services. The same experience is reflected in most persons with disabilities surveyed, as shown in Figure 60.

Service providers obtained informed consents when I visited service facilities

Response	Percentage
Refuse to answer	18%
Strongly agree	12%
Agree	35%
Neither	17%
Disagree	6%
Strongly disagree	12%
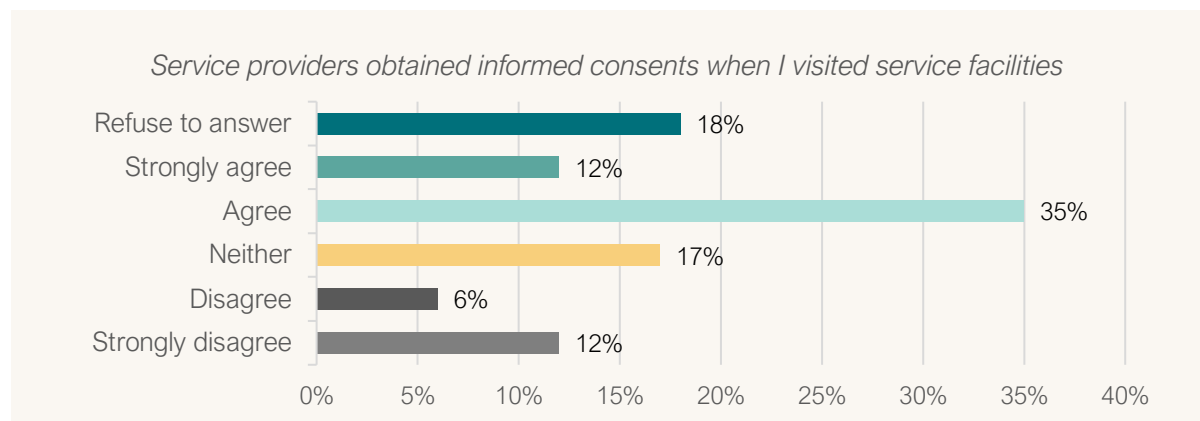
Figure 60. Responses of persons with disabilities (n=17) in the household survey

Respect on confidentiality

Article 22 of the CRPD states that persons with disabilities have the right to privacy. This includes protecting their personal, health and rehabilitation information equally with others.[136] The right to privacy of persons with disabilities has been observed by the implementing partners and CSOs in the delivery of their services, as revealed in the findings of this study. Key informants shared that their organisations have measures in place to protect the confidential information of all their clients, as follows:

- Personal information of their clients, including persons with disabilities, is systematically kept in password-protected documents. Printed documents containing confidential information are kept in secured storage cabinets.
- Only authorised persons within the organisation have access to confidential information. In some cases where clients' personal information needs to be shared with others, the organisation shall ask for their consent first.
- A coding system is implemented for clients/survivors availing of GBV services.
- Some respondents shared that their organisation has a policy in place about the confidentiality of data.

The above results were concurred by most persons with disabilities surveyed for this study. Figure 61 shows that more than half of the respondents *agreed* and *strongly agreed* that service providers respect the confidentiality of their personal information.

Service providers respect the confidentiality of all my personal information

Response	Percentage
Refuse to answer	12%
Strongly agree	18%
Agree	35%
Neither	23%
Disagree	6%
Strongly disagree	6%
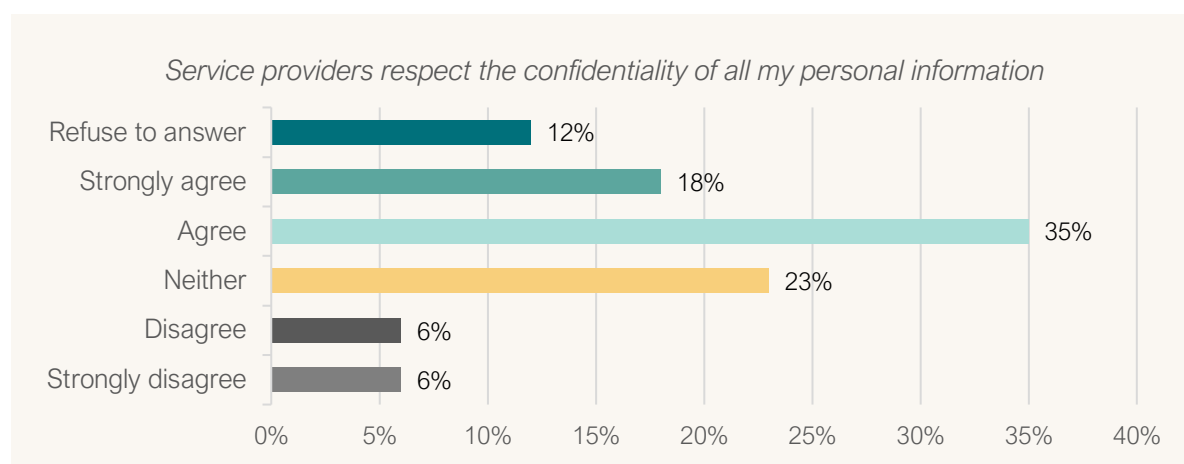
Figure 61. Responses of persons with disabilities (n=17) in the household survey

Participation

Active participation of persons with disabilities on an equal basis with others is promoted in the provisions of the CRPD. Specifically, the Convention states that persons with disabilities have the right to actively participate in decision-making processes within the community and society, including those matters that directly concern them.[137]

Based on the findings of this assessment, it seems likely that some persons with disabilities in Northern Shan continue to be excluded from decision-making activities in their communities and the state. The results of the household survey with persons with disabilities (n=17) revealed that 41 per cent do not actively participate in decision-making activities in their communities that involve persons with disabilities, while 59 per cent shared that they have not been involved with OPDs or other non-government organisations that promote the rights of persons with disabilities.

Similarly, the limited participation of persons with disabilities within their communities was also reflected in their limited involvement with the design, planning, implementation, monitoring and evaluation of services provided by implementing partners and CSOs in Northern Shan. Almost all respondents with disabilities in KII and FGD sessions shared that service providers have not consulted them in the past.

Meanwhile, the key informant from an OPD agreed about the limited participation of persons with disabilities. However, they also noted that some implementing partners have previously engaged them in several community programmes and activities, such as SRHR awareness-raising sessions.

Nevertheless, implementing partners and CSOs continue to build strong partnerships with OPDs in order to promote the active participation of persons with disabilities, albeit in varying degrees:

- Two organisations noted that they had consulted OPDs in the past to seek technical advice on integrating principles of disability inclusion into their activities (e.g., the Girl Shine programme). In addition, they are also actively seeking feedback from their clients with disabilities through feedback forms after providing the services.
- One implementing partner noted that their organisation has not consulted with OPDs when designing and implementing their programmes and activities. Nevertheless, the key informant believed that persons with disabilities should be included in the discussions concerning them, especially in accessing the services they provide for their target population.
- Lastly, one implementing partner noted that they partially involve persons with disabilities in their programmes and activities. The respondent noted that persons with disabilities are asked about their needs and the barriers they experience when accessing the services.

> **"[Consulting OPDs is a] win-win situation for both persons with disabilities and service providers, [as they will be able to] meet the real needs of persons with disabilities if they will consult their representative organisations."**
>
> - Key informant from an OPD in Northern Shan

Quality

Capacity development

Capacity-building on disability-inclusive service delivery

As one of the most vulnerable and socially excluded groups in society, most persons with disabilities face challenges in accessing and participating in services essential to their overall well-being. Hence, to effectively identify their needs and remove the barriers that place them at a substantial disadvantage compared to others, there is a need to ensure that service providers and other key stakeholders are capacitated to provide disability-inclusive service delivery.

The household survey results conducted with persons with disabilities (n=17) revealed that 71 per cent believe that service providers were not trained to accommodate the needs of persons with disabilities availing of their services. This could suggest the necessity to continuously improve the knowledge and skills of service providers on disability inclusion to ensure that no one will be left behind in the delivery of SRHR, GBV, and MHPSS services in the state.

Implementing partners and CSOs

Most of the key informants shared that their organisations have received training and capacity-building support on the concepts related to disability inclusion. The capacity development activities are provided by different development partners and organisations, such as UNFPA, UNOPS, and Humanity and Inclusion, among others. One of the implementing partners added that disability inclusion is mandatory training for all their staff to ensure they have the basic knowledge and skills to accommodate persons with disabilities.

However, one of the gaps noted in this study is that some respondents from implementing partners and CSOs shared that they have not received any training on disability inclusion, as only those involved in the WGF Programme were often invited to attend the activities. This could indicate that some organisations' staff are not trained to provide disability-inclusive services, which can affect their clients with disabilities.

Community leaders

All community leaders interviewed for this study stated that they have not received any form of training on disability or catering for the needs of persons with disabilities in their communities. It is also essential to note that respondents most likely have knowledge about persons with disabilities in their communities. They all concurred that providing them with the necessary capacity-building programmes and activities will ensure the appropriate support they can provide.

OPDs

The key informant from an OPD noted that their organisation is equipped to provide appropriate capacity development programmes and activities to implementing partners and CSOs. These include sessions on disability and human rights, training on accommodating the needs of persons with different types of disabilities, and disability-inclusive counselling, among others.

While the OPD in Northern Shan is ready to provide these capacity development activities, it is vital to note that they need support in building their knowledge and skills about SRHR, GBV, and MHPSS services. This will ensure that the technical support they provide to implementing partners and CSOs aligns with their services.

Non-discrimination

Measures to address discrimination

More than half of the persons with disabilities surveyed revealed that service providers ensured that they were not discriminated against before, during, and after the delivery of services. This is concurred by the key informants from implementing partners and CSOs, who explained that their organisations have mechanisms to prevent and address discrimination against persons with disabilities. For instance, one of the respondents noted that their organisation has an existing diversity, equity, and inclusion policy that prohibits discrimination against their staff and clients. Principles of non-discrimination towards persons with disabilities are also integrated into staff recruitment and induction programmes for new hires.

A representative from an OPD highlighted the need for implementing partners and CSOs to assess the needs of persons with disabilities in order to identify the appropriate interventions for them. It is also vital to provide reasonable accommodation for persons with disabilities to enable their active participation in the services. In addition, implementing partners and CSOs must ensure that their workforce is capacitated to provide inclusive and responsive services to the needs of persons with disabilities.

Monitoring

Mechanisms in place to monitor access

Monitoring access to services for persons with disabilities remains challenging for implementing partners and CSOs in Northern Shan. The findings revealed that organisations have no standardised mechanisms in place and utilise different tools to collect information about their clients, including those with disabilities. Some of the existing mechanisms shared by key informants are (1) assessing satisfaction with the services of clients using after-service satisfaction forms; (2) provision of suggestion boxes for feedback; and (3) weekly and monthly review of the centre's activities.

Another interesting finding revealed in the interviews with implementing partners and CSOs is their use of the WG-SS Questions as their primary tool in monitoring disability data. Some respondents also noted that data are disaggregated by age, sex, and disability for monitoring and evaluation purposes.

In terms of support for collecting and monitoring data on persons with disabilities, it is essential to note that community leaders interviewed mentioned that they can be tapped for this purpose. Respondents shared that information about persons with disabilities within their communities can be shared with service providers to ensure they can access the services. While this could

In addition, the representative of the OPD also noted that persons with disabilities must be consulted in the monitoring and evaluating disability data of implementing partners and CSOs. They should also be actively engaged in monitoring bodies/groups and can be tapped to facilitate learning sessions on disability-inclusive monitoring and evaluation.

Recommendations

Availability

1. Review existing strategies, policies or plans and align their provisions to the requirements of CRPD and other relevant key policies and documents. The findings suggest that most implementing partners and CSOs interviewed have incorporated principles of disability inclusion into their strategies and policies to varying degrees. Hence, it is highly recommended to examine and align them to the provisions of CRPD and other policy documents, such as the UNFPA strategic plan 2022-2025, UN disability inclusion strategy, and UNFPA disability inclusion strategy, among others, to ensure that the rights and needs of persons with disabilities availing the services are adequately addressed. In examining the organisations' strategies, policies, or plans, it is advisable that implementing partners and CSOs adopt the twin-track approach to disability inclusion and consult with key stakeholders promoting the rights of persons with disabilities, such as OPDs, in the state.
2. Conduct awareness-raising sessions for persons with disabilities about the SRHR, GBV, and MHPSS services offered by implementing partners and CSOs. By raising the awareness of

persons with disabilities on the availability of SRHR, GBV, and MHPSS services offered by implementing partners and CSOs, members of the disability sector are more likely to know where and how to access the assistance needed. It is recommended to conduct awareness-raising sessions in the communities and specifically target persons with disabilities as participants to improve their access to services. It is also recommended to consult with OPDs in designing and implementing these activities. When inviting persons with disabilities to attend the sessions, implementing partners and CSOs should work closely with community leaders and parents and caregivers of persons with disabilities.

3. **Ensure that integrated SRHR, GBV, and MHPSS services are adequate to cater for the needs of persons with disabilities.** The findings revealed that many participants felt that SRHR, GBV, and MHPSS services in Northern Shan were inadequate to respond to their needs, particularly those of persons with disabilities. To address this issue, it is suggested that the services be expanded within the state to reach more persons with disabilities.

Accessibility

4. **Undertake a thorough physical accessibility audit led by Organisations of Persons with Disabilities.** By conducting a comprehensive physical accessibility audit in partnership with OPDs in the state, implementing partners and CSOs will be able to identify and examine the barriers to access of persons with disabilities. The audit will also provide recommendations to improve existing facilities or construct new structures accessible to everyone, regardless of their ability status. The study's findings also show the need to examine and improve the WASH facilities and emergency evacuation plans to ensure that the needs of persons with disabilities are included.

5. **Provide safe and accessible transport services for persons with disabilities and persons without disabilities from and to the service facilities to facilitate access to services.** As one of the challenges experienced by both persons with disabilities and persons without disabilities in Northern Shan, it is suggested that the implementing partners and CSOs may provide transport services from and to the service facilities. This includes explicitly including such support in the budget and consultation with OPDs, community leaders, and parents and caregivers of persons with disabilities.

6. **Bring the services and information about SRHR, GBV, and MHPSS closer to the communities to address the challenges of availability and accessibility among persons with disabilities.** With the perception of most respondents that services and information provided by service providers are inadequate to cater for the needs of persons with disabilities in Northern Shan, it is suggested to conduct regular outreach programmes and activities to the communities. Findings show that bringing the services closer to the communities, not only benefits persons with disabilities, but also persons without disabilities who experience challenges accessing the services for various reasons. When planning and implementing outreach programmes and activities, it is vital to include OPDs in the discussion to ensure that the needs of persons with disabilities are considered and addressed. Implementing partners and CSOs should also partner with community leaders and parents or caregivers of persons with disabilities to raise awareness about the outreach programmes and activities and encourage the target population's participation.

7. **Develop strategies to address the challenges of persons with disabilities in dealing with other costs associated with availing services.** Findings show that persons with disabilities and their families are more likely to be affected by additional expenses when availing of the services. To address this, implementing partners and CSOs could assist clients with these expenses, especially persons with disabilities.

8. **Raise awareness of people in the communities about disability inclusion.** Attitudinal barriers towards persons with disabilities are still present in communities, as reflected in the findings of the study. As such, it is vital to strengthen the existing activities and initiatives of implementing partners and CSOs to raise awareness about disability to reduce the stigma and improve the understanding of people in the communities about persons with disabilities. When planning and implementing these activities, it is essential to work closely with OPDs and disability rights advocates to ensure that the awareness-raising sessions are culturally appropriate and responsive to the needs of persons with disabilities.

9. **Working closely with OPDs, organise community-based groups of persons with disabilities.** Empowering persons with disabilities to have a voice and take control of their lives is necessary to

advocate for their rights. Findings revealed that some women and adolescent girls with disabilities had internalised society's negative beliefs about disability. In order to address this, it is recommended to organise community-based peer support groups for persons with disabilities to give them an avenue to explore and challenge these negative beliefs in a safe and supportive environment. This can be a targeted activity for persons with disabilities or can be mainstreamed with existing activities of implementing partners and CSOs. Furthermore, implementing partners and CSOs are also recommended to collaborate with OPDs in planning, implementing, monitoring and evaluating these activities. In addition, targeted activities like this should be explicitly included in the organisation's budget.

10. Provide the reasonable accommodation needs of persons with disabilities. It is recommended that implementing partners and CSOs identify and provide the accommodation needs of their clients with disabilities to ensure they can access the services without difficulties. Examples of reasonable accommodations are sign language interpretations, audio descriptions, and alternative formats of materials. It is also necessary to consult with OPDs in planning, implementing, monitoring and evaluating reasonable accommodation for persons with disabilities. In addition, strengthen the enabling mechanisms relevant to reasonable accommodation provisions, such as developing policies and explicitly integrating reasonable accommodation into the activity budget.

11. Undertake a comprehensive review of the IEC materials and collaborate with persons with disabilities and OPDs to ensure that they are responsive to the needs of the members of the disability sector. It is advisable to examine the existing IEC materials in consultation with persons with disabilities to ensure that the design and formats are accessible to all.

12. Work closely with relevant stakeholders to effectively disseminate information about the services to communities. Maximise the roles of community leaders, parents, and caregivers of persons with disabilities to directly communicate SRHR, GBV, and MHPSS information to persons with disabilities.

Acceptability

13. Undertake a review of existing practices in obtaining informed consent and protecting the privacy of persons with disabilities. While the findings suggest that implementing partners and CSOs protect the privacy and seek the informed consent of all clients, including persons with disabilities, before providing the services, it is still recommended to consult OPDs to ensure that the practices are accommodating to the unique needs of persons with disabilities.

14. Ensure that persons with disabilities are actively involved in all services. Findings revealed limited participation of persons with disabilities in matters affecting them, specifically their access to services. Hence, persons with disabilities must be actively encouraged to participate in all activities. This can be done by making the activities accessible, providing them with reasonable accommodations, and involving them in the planning and decision-making process for activities. Furthermore, consider providing grants to OPDs to encourage their active participation in the delivery of services.

Quality

15. Strengthen the capacity of relevant stakeholders in providing disability-inclusive SRHR, GBV, and MHPSS services. Facilitate training to implementing partners and CSOs on disability inclusion, including disability rights, accessibility, and inclusive practices. Encourage first responders or those directly providing services to clients to participate in capacity development activities. Provide training on disability inclusion to community leaders who can be tapped to support community activities. Ensure that OPDs are involved in designing, implementing, monitoring and evaluating capacity development programmes and activities.

16. Improve the capacity of OPDs in SRHR, GBV, and MHPSS service delivery. Strengthen the knowledge and skills of OPDs in SRHR, GBV, and MHPSS service delivery for them to provide the appropriate technical support contextualised on the nature of the work of implementing partners and CSOs.

17. Examine the existing practices on monitoring access to services for persons with disabilities. It is recommended to review the existing practices of implementing partners and CSOs on collecting

and monitoring disability data and align them with the practices of other implementing partners to ensure that data is collected consistently and reliably, resulting in improved data quality. It is also advised that when collecting and monitoring data, implementing partners and CSOs should actively involve OPDs and other stakeholders, including local leaders and parents or caregivers of people with disabilities.

Rakhine State

Rakhine State is in the western part of Myanmar and shares international borders with Bangladesh and the States and regions of Chin, Magway, Bago, and Ayeyarwady.[138] It spans 36,778 sq. km and has a total of 17 townships.[139] Overall, there is an estimated population of 3,230,175, with men constituting 46.5 per cent and women constituting 53.5 per cent.[140]

In its capital, the primary livelihood sources are found in the wholesale and retail trade, accommodation and food services, education, manufacturing, and public administration sectors,[141] all of which are affected by the ongoing political armed tensions in the country.

Persons with disabilities in the Rakhine state

According to the 2019 Myanmar Intercensal Survey, there are 505,503 recorded persons with disabilities in Rakhine State.[142] Within the population, men and women constitute 211,534 and 293,969, respectively, which shows that women are more prone to disabilities than men. Rakhine State is among the states with the highest DPR with 17.3 per cent, with the following specific percentages of persons with disabilities with the listed types of disabilities, as shown in Figure 62:[143]
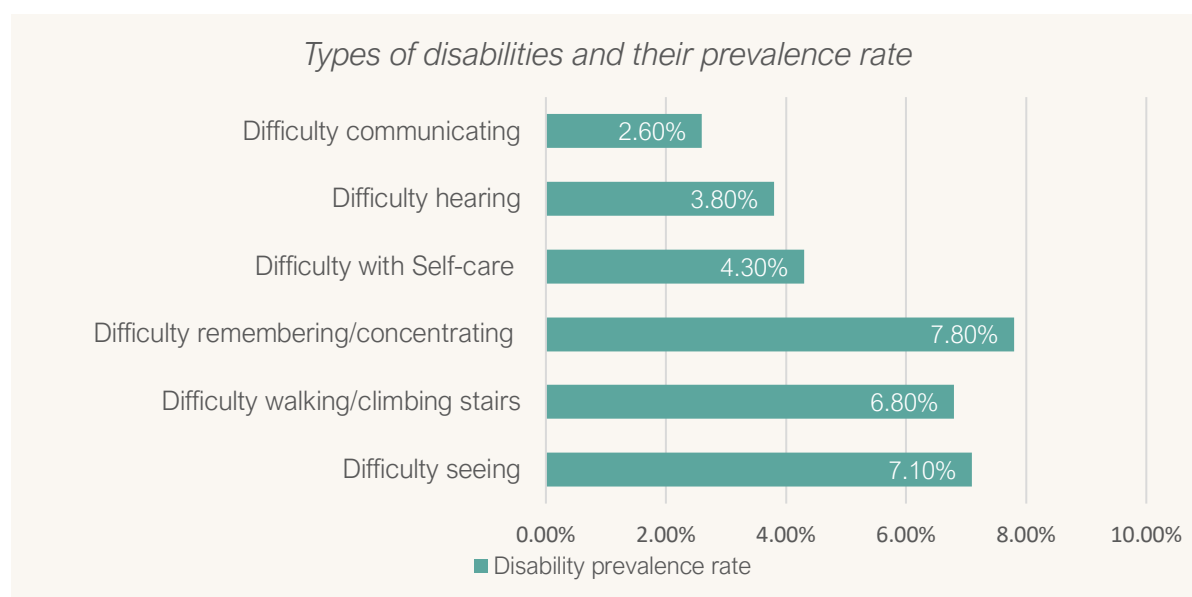
Figure 62. Types of disabilities and their prevalence rate in Rakhine

Institutions and OPDs such as but not limited to Myitta Wati Blind School, Myanmar Independent Living Initiative, Shwe Minn Tha Foundation, and Rakhine State Association of Persons with Disabilities – Minbya are present in the State which enable persons with disabilities to receive the support they need. However, while support is available for them, only 2.2 per cent of men with disabilities and 2.1 per cent of women with disabilities receive medical support from non-household members/organisations (0.2 per cent of men and 0.6 per cent of women).[144] That being said, there arises the need for medical support such as SRHR, GBV prevention and response, and MHPSS services to have a wider reach and to mainstream disability inclusion in order to accommodate more persons with disabilities and, ultimately, everyone living in Rakhine State.

Availability

Availability of CRPD-compliant strategic plans

The results of separate KIIs with implementing partners and CSOs in Rakhine show the varying degrees of availability of strategic plans and policies that comply with the provisions of CRPD. Their responses are presented in Figure 63.
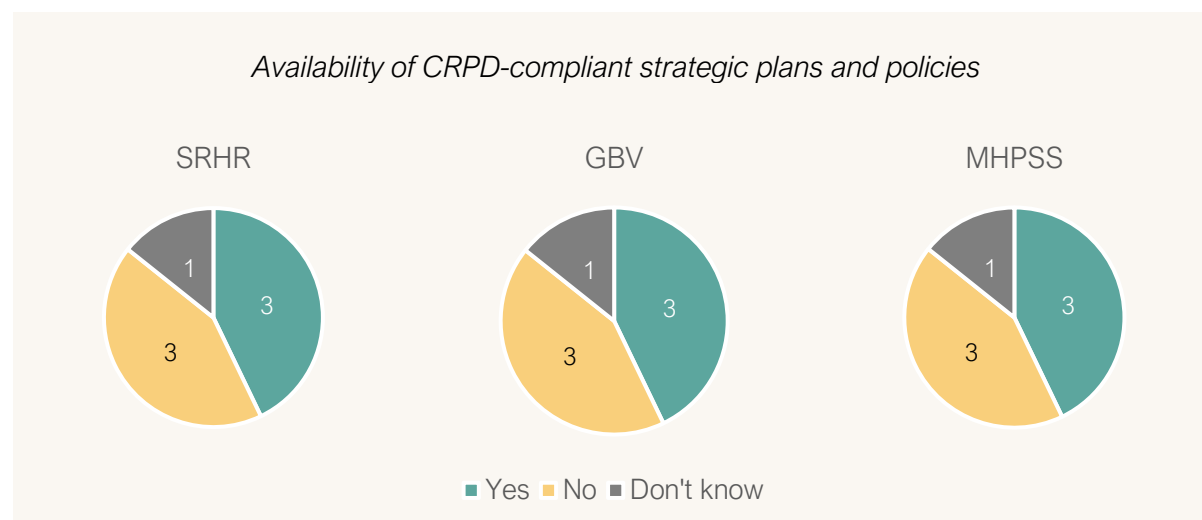
Figure 63. Respondents of KII with representatives of implementing partners (n=7)

Following the above results, it seems likely that only half of the key informants interviewed assessed their strategic plans and policies in place as compliant with CRPD. Some key informants also reported that although persons with disabilities are not included in their target population, they still accommodate them whenever they visit the facilities.

There was consensus among respondents that their service facilities have seen an increase in the number of clients with disabilities over the past five years, making it more necessary for service providers to ensure that their plans and policies are responsive to their needs. However, an interview with a key informant from an OPD in Rakhine revealed that they had not been consulted by implementing partners and CSOs of the WGF Programme regarding their strategic plans and policies on the delivery of their services. The apparent lack of consultation with OPDs in Rakhine may indicate a missed opportunity for implementing partners and CSOs to integrate the insights and experiences of persons with disabilities into developing plans and policies. This may potentially result in approaches and practices in service delivery that are not inclusive to members of the disability sector.

Availability of SRHR, GBV, and MHPSS services

Availability and sufficiency of services within the State

SRHR services
The household survey results conducted with persons with disabilities (n=82) show that 57 (70 per cent) respondents are aware of SRHR service providers within their communities and

townships. This could indicate that persons with disabilities surveyed have a considerable level of awareness of SRHR services available to them in their townships.

Out of the 57 respondents who answered yes, the survey revealed that the most availed services in the last five years are as follows (see Figure 64): (1) *family planning counselling* (25 out of 57); (2) *comprehensive sexuality education through WGF implementing partners* (19 out of 57); (3) *health care response for GBV survivors* (16 out of 57); (4) *maternal referral* (15 out of 57); (5) *comprehensive sexuality education by peer educators* (14 out of 57); and (6) *ante-natal consultations* (12 out of 57).

Figure 64. Results of the household surveys for persons with disabilities who availed of SRHR services in the last five years (n=57)

The separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities provided interesting findings about the SRHR services needed in their communities. Most women and adolescent girls with disabilities reported needing SRHR services, especially those related to safety, early marriage, and starting their own families. Likewise, men and adolescent boys with disabilities reported needing access to SRHR services. Most respondents showed interest in building their knowledge about their SRHR needs as males and preventing unwanted pregnancy through contraceptives.

A similar outlook was gleaned from the FGD results conducted with respondents who do not have disabilities. One female respondent shared that if women and girls knew more about SRHR services, they, in turn, could also help other women and girls. A male respondent shared that they also need access to SRHR services as they can assist others and use the knowledge for themselves if necessary.

Nevertheless, despite the considerable level of awareness of persons with disabilities in available SRHR services in their communities, there is still an emerging concern about the sufficiency of these services to accommodate them. Out of 82 persons with disabilities surveyed, only 28 (34 per cent) agreed that the SRHR services are adequate to cater to their specific needs. Most community leaders interviewed also reported the same sentiments, citing that the services are insufficient to respond to the SRHR needs of persons with disabilities.

> **"SRHR needs of persons with disabilities are not always considered, and the services are not always disability-inclusive. As [a] result, persons with disabilities, especially women and girls with disabilities, are marginalised from accessing the services."**
>
> - A key informant from an OPD in Rakhine
>
> "မိမိတို့တွင်မလိုအပ်လျှင်လည်းအခြားသူများကိုကူညီ ပေးနိုင်သည့်အတွက်ဖြစ်သည်။ - လိုအပ်လျှင်မိမိတို့ကိုယ်တိုင်အသုံးချနိုင်သောကြောင့်ဖြ စ်သည်။"
>
> (Because we can help others even if we do not need [SRHR services] and use it for ourselves if necessary.)
>
> - Focus group with men and boys without disabilities regarding access to SRHR services

GBV prevention and response services

More than half of persons with disabilities surveyed (55 out of 82) reported that they know service providers within their communities and townships offering GBV prevention and response services. The most availed services of persons with disabilities in the last five years are *case management* (24 respondents); *distribution of dignity kit* (23 respondents); *safe accommodation* (22 respondents), *GBV helpline/hotline* (15 respondents), and *life skills* (13 respondents), as presented in Figure 65.
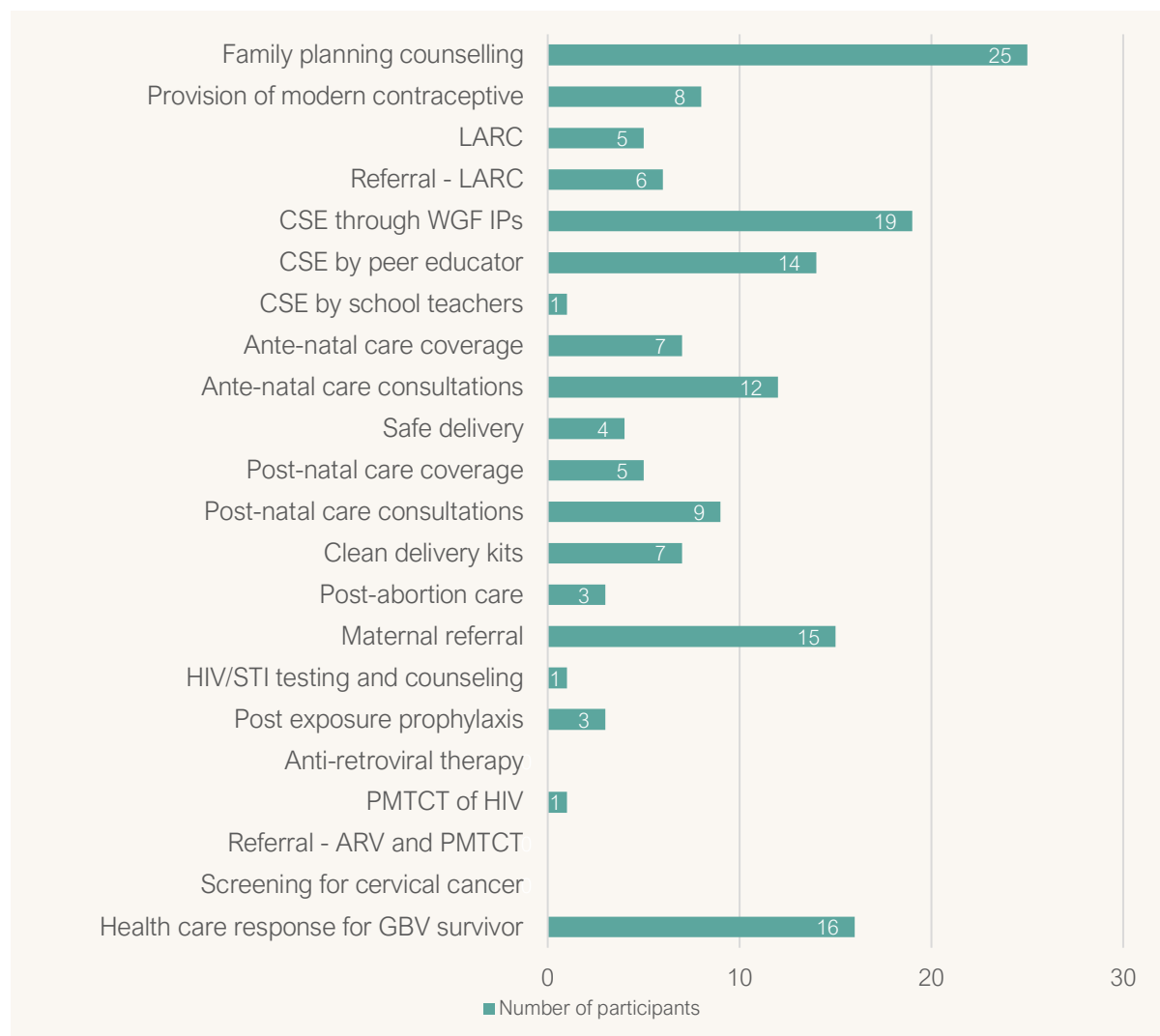
Figure 65. Results of the household surveys for persons with disabilities who availed of GBV services in the last five years (n=55)

Most women and adolescent girls with disabilities who participated in the FGDs also affirmed the importance of accessing GBV prevention and response services to their lives, citing that they have the right to receive the same services provided to women and girls without disabilities without discrimination. In addition, respondents from the FGD on women ang adolescent girls without disabilities believe that women and girls have higher risks of experiencing GBV, adding that one way to reduce instances of gender-related violence is to raise awareness and understanding within the community.

It is also interesting to note that men and adolescent boys with disabilities who participated in FGDs expressed their interest in being involved in GBV prevention and response services. Some stated that GBV cases among persons with disabilities are a significant concern; hence, equipping themselves with the necessary knowledge about preventing and responding to GBV incidents in their communities should be considered a priority.

"(ပတ်ဝန်းကျင်တွင်)
ကျား/မအခြေပြုအကြမ်းဖက်မှုကို (အထူးသဖြင့်)
နားလည်လက်ခံလာအောင်
အသိပညာမြှင့်တင်ပေးမှုသာလျှင်
ထိခိုက်လွယ်ဖြစ်သော မသန်စွမ်းသူများအပေါ်တွင်
အကြမ်းဖက်မှုများ လျော့ကျလာနိုင်မှာဖြစ်ပါတယ်။"

(Only by raising awareness, [especially] the acceptance and understanding of gender-based violence in the [community], [can] violence against [persons] with disabilities, who are vulnerable, be reduced.)

- Focus group with women and girls with disabilities

The findings also revealed that GBV prevention and response services in Rakhine are relatively adequate, according to most respondents. For instance, 43 per cent of persons with disabilities (n=82) reported that GBV services in the state are sufficient to accommodate their needs. Most community leaders also noted that regular GBV awareness-raising sessions are being conducted in the communities, and there are enough WGCs in the State.

MHPSS services

More than half (49 out of 82) of persons with disabilities surveyed reported being aware of service providers offering MHPSS services in their communities and townships. Among those who answered *yes*, results revealed that the most availed services in the last five years are: *psycho-educational sessions* (23 out of 49), *activity-based psychosocial support groups* (21 out of 49), and *individual and psychosocial support* (11 out of 49), as shown in Figure 66. Most respondents from the FGDs on women and adolescent girls with disabilities and men and adolescent boys with disabilities believe they need access to MHPSS services. One female respondent with a disability shared that persons with disabilities can be more emotionally vulnerable due to their impairment.
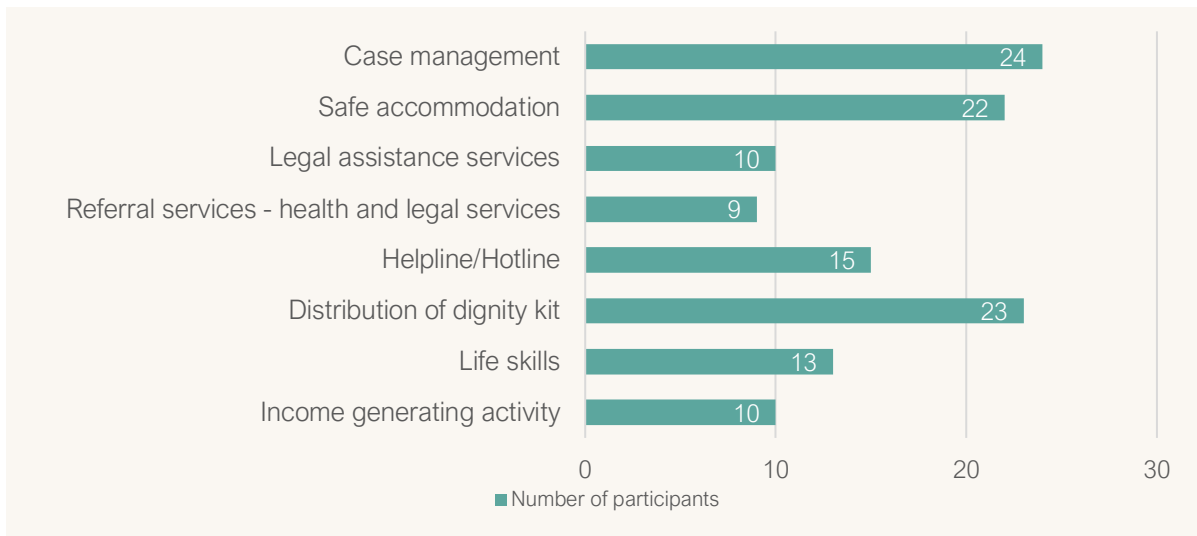

Figure 66. Results of the household surveys for persons with disabilities who availed of MHPSS services in the last five years (n=49)

Although many persons with disabilities were aware of the services, some respondents thought that MHPSS services were insufficient to cater to the needs of persons with disabilities. In the household survey conducted with respondents with disabilities (n=82), 41 or 50 per cent reported that service facilities in their communities and townships are insufficient to respond to their MHPSS needs. This is also reflected in the responses of some community leaders interviewed, citing that there are persons with disabilities who do not know where to go when they need MHPSS services.

Services offered by the UNFPA WGF Programme

According to KIIs with implementing partners and CSOs, most organisations funded by the UNFPA WGF Programme provide SRHR, GBV, and MHPSS services within their respective communities, see Figure 67. In addition, community leaders were aware of the services offered by the implementing partners, see Figure 68.
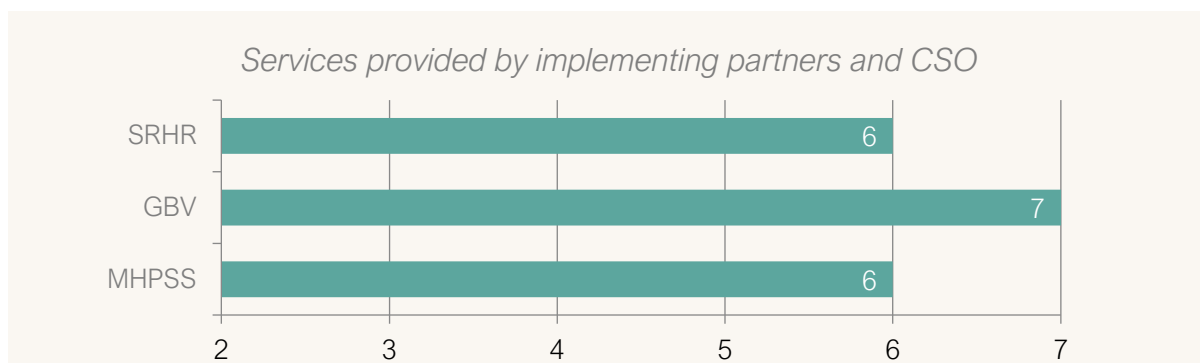
Figure 67. Services provided by implementing partners and CSOs funded by the UNFPA WGF Programme
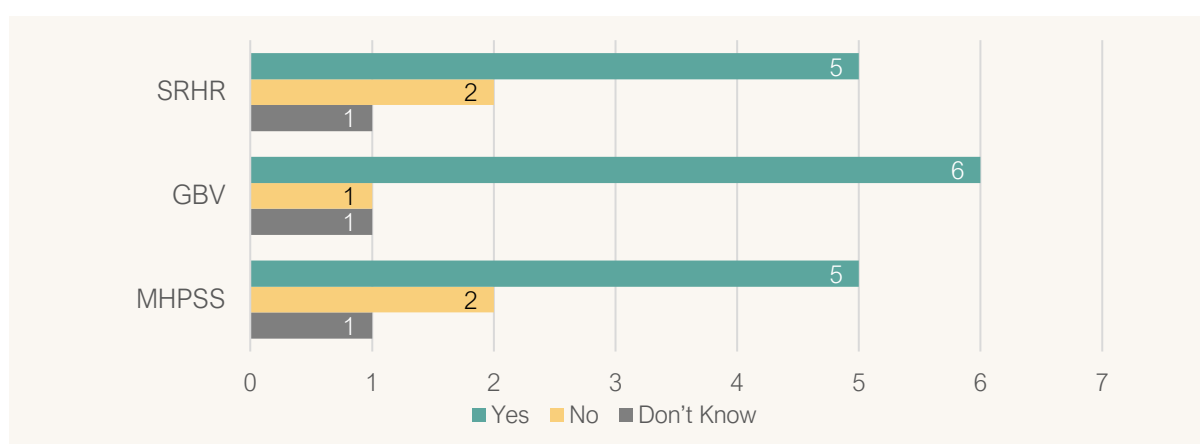
Figure 68. Results of the key informant interviews on community leaders on their awareness of services offered by the UNFPA WGF Programme and its implementing partners (n=8)

The respondents from the KII on women and adolescent girls with disabilities offered varying observations, especially on SRHR-related services. Of the 21 SRHR services carried out by UNFPA WGF Programme-funded service providers, only 15 were identified by respondents, although six implementing partners provide these services, as shown in Figure 69. However, the KII respondents were much more aware of GBV and MHPSS services provided by UNFPA and its implementing partners, as shown in Figure 70-71. Comparing the results from the household surveys on persons with disabilities from the previous section on availability, the data showed similar observations as more respondents could avail of GBV and MHPSS services (see Figures 64-66). This may indicate that the UNFPA WGF Programme and its implementing partners in Rakhine State need to intensify information campaigns for all available services, focusing on SRHR-related services.
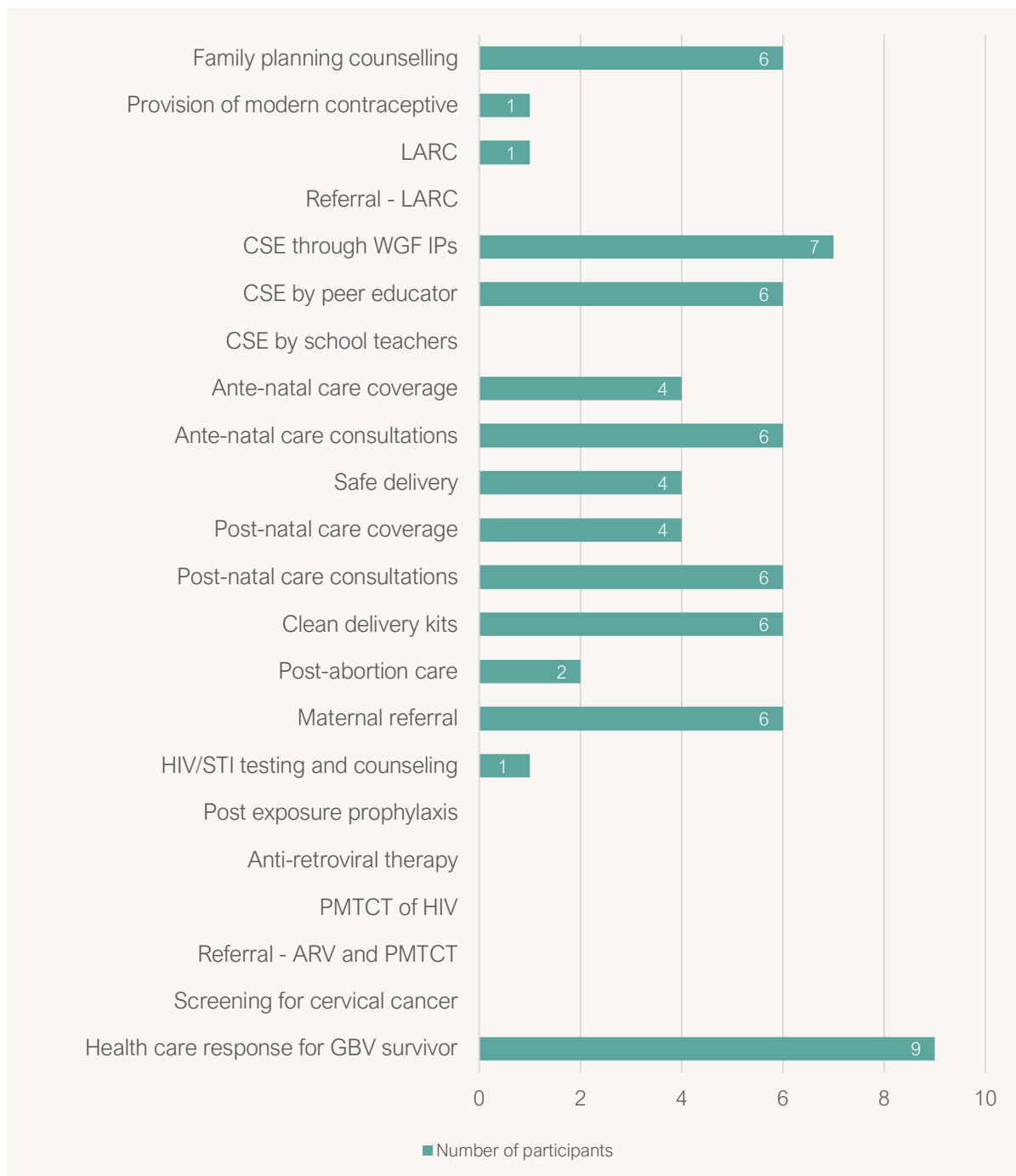
Figure 69. Results of the KII on women and adolescent girls with disabilities on their awareness of the SRHR services offered by the UNPFA WGF Programme and its implementing partners (n=14)
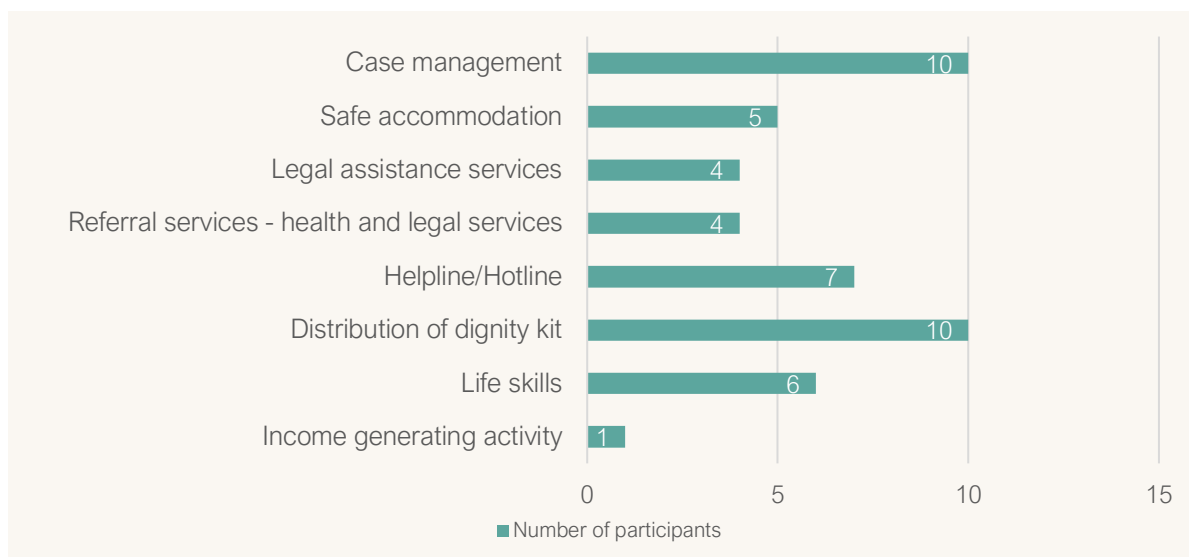
Figure 70. Results of the KII on women and adolescent girls with disabilities on their awareness of the GBV services offered by the UNPFA WGF Programme and its implementing partners (n=14).
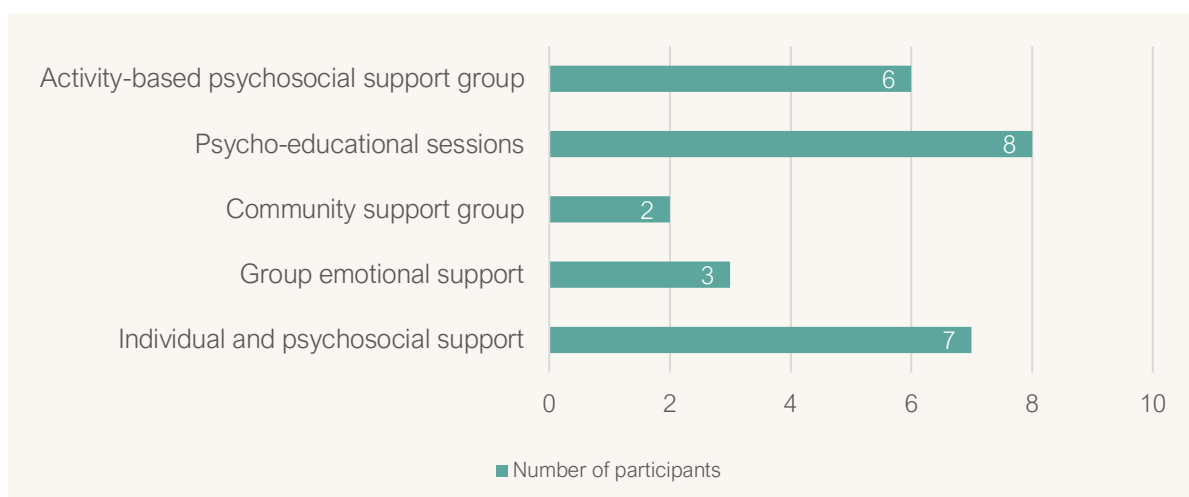
Figure 71. Results of the KII on women and adolescent girls with disabilities on their awareness of the MHPSS services offered by the UNPFA WGF Programme and its implementing partners (n=14).

Accessibility

Physical accessibility

Physical accessibility of service facilities

Findings suggest that the physical infrastructure of most service facilities in Rakhine continue to present significant challenges for persons with disabilities (see Table 18). The physical accessibility assessment conducted by WGF's implementing partners found that most of these

facilities do not meet the minimum requirements necessary to adequately cater to the needs of members of the disability sector. In addition, the findings revealed that these facilities' evacuation plans do not sufficiently consider the needs of persons with disabilities. Nevertheless, it is essential to note that these findings must be followed up with a more comprehensive audit led by OPDs to fully understand the extent of the issue and determine effective solutions to address the challenges.

Table 18. Results of the physical accessibility checklist (n=11)					
Indicators	Questions	Yes	A little	No	Remarks
Entrance to facility	Is the facility entrance accessible for persons with mobility impairments?	4	4	3	Key informants who answered *yes* noted that the entrance to their facilities is accessible to persons with mobility impairments, noting that they have standby wheelchairs and clinic staff ready to support them. Some respondents who answered *a little* reported that the width of their entrance doors did not meet the minimum standard width of 120 cm. Meanwhile, those who answered *no* affirmed that their facility entrances are not accessible for persons with mobility impairments.
	Does the facility have a ramp at the entrance?	7	1	3	Most key informants shared that the service facilities have a ramp supporting persons with mobility impairments.
	Is the entrance door wide enough to fit a wheelchair?	5	5	1	Key informants who answered *yes* reported that their entrance doors meet the minimum standard width and height of 90x200 cm. Those who answered *a little* were unable to meet the minimum standard requirements; hence, persons using wheelchairs may experience challenges when entering the service facilities.
	Is the door handle at the entrance door a height that can be reached by persons who use wheelchairs?	6	2	3	More than half of the key informants reported that the door handles at the entrance doors are placed at a height that can be reached by persons who use wheelchairs.
	Can the entrance door be opened easily without much effort?	10	0	1	Most respondents shared that the facility entrance doors can be opened easily without much effort.
	Are service signages on the entrance door readable?	1	6	4	More than half of key informants answered *a little,* citing that while the service signages on the entrance doors are readable and in large print, they are still not accessible to persons with severe difficulties seeing.
	Are there door staff/security staff who can assist persons with disabilities when needed?	4	0	7	Most key informants answered *no* because no door staff/security staff was available at the entrance. However, they pointed out that their service staff are always ready to assist persons with disabilities when they visit the service facilities.
Reception and waiting areas	Is the pathway from entrance to reception clear of obstacles?	1	0	10	Almost all answered *no*, citing that some centres have no waiting areas.

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Indicators	Questions	Yes	A little	No	Remarks
	Is there a space for wheelchairs in the waiting areas?	3	0	8	Most service facilities have no waiting areas. However, some key informants noted that their service facilities have available space for wheelchairs.
Service facility	Are there steps inside the service facility?	5	2	4	Half of the service facilities have stairs inside, but no ramps are available to accommodate persons using wheelchairs. Those who answered *no* cited that there are ramps available in their facilities.
	Are there handrails along corridor walls?	2	0	9	-
	Are corridors free from obstacles?	1	0	10	-
	Are floor coverings non-slip?	9	1	1	Most service facilities have non-slip floor coverings.
	Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?	7	4	0	More than half of the service facilities reported that
Examination/ Treatment rooms	Are doorways to examination/treatment /counselling rooms wide enough to fit a wheelchair?	4	5	2	Some service facilities meet the minimum standard requirements of 90x200 cm. width and height of the doorways.
	Is the examination table's height adjustable?	0	0	1*	Only one service facility has an examination table in the facility. The table's height is not adjustable and is currently being requested for purchase. *The ten service facilities have no examination tables in their facilities.
	Is the floor covering non-slip?	9	2	0	Most service facilities have non-slipped floor coverings.
Toilet and hygiene facilities	Are there signages indicating that the toilet is accessible?	2	0	9	Only two service facilities have signages indicating that toilets are accessible to persons with disabilities.
	Is the doorway wide enough to fit a wheelchair?	2	6	3	Only a few respondents reported that the doorway to the toilet and hygiene facilities are accessible to persons using wheelchairs.
	Are there grab rails near the toilet?	1	0	10	Most respondents reported that there are no grab rails near the toilets.
	Are bins available for the disposal of hygiene products?	11	0	0	All service facilities have trash bins inside their toilets and hygiene facilities for the disposal of hygiene products.
	Are hand basins and soaps at a height that can be reached by persons using wheelchairs?	2	0	9	Most service facilities are not able to meet the minimum requirements for the height of the hand basins inside the toilet and hygiene facilities.
	Is there any adaptive seating device for toilet seats?	1	0	10	The majority of service facilities have no adaptive seating device for toilet seats.
Emergency evacuation	Is there an emergency evacuation plan in place that is designed in consultation with persons with disabilities?	1	1	9	Almost all service facilities have no emergency evacuation plan in place that is designed in collaboration with persons with disabilities and their representative organisations.

Indicators	Questions	Yes	A little	No	Remarks
	Is information about what to do in an emergency accessible to all, including persons with disabilities?	1	0	10	Most service facilities have no information about what to do in an emergency that is designed based on the needs of persons with disabilities.
	Are emergency evacuation routes clearly signed and in Braille for persons with vision impairments?	1	0	10	-
	Are emergency exits clear from obstacles?	1	1	9	Most emergency exits of service facilities are not clear from obstacles.
	Are escape routes accessible for persons with mobility or vision impairments?	2	0	9	Most escape routes are not accessible to persons with mobility and vision impairments.
	Are assembly points accessible for persons with disabilities?	1	2	8	Assembly points in times of emergency in most service facilities are not accessible to persons with disabilities.

The findings of the physical accessibility assessment were further affirmed in the results of KIIs and FGDs conducted with persons with disabilities. The experiences of women and adolescent girls with disabilities highlighted the significant barriers posed by the physical features of service facilities. They reported that the infrastructures are not adequately equipped to meet the needs of persons with disabilities and that stairs and toilets in some facilities pose a safety risk, particularly to those with mobility impairments.

Physical accessibility of route to and from the service facilities

Most respondents reported that the route to and from the service facilities is a significant challenge to access SRHR, GBV, and MHPSS services provided by implementing partners and CSOs in Rakhine. Some of the cited reasons were (1) the perceived harm that persons with disabilities may experience when travelling, causing them not to leave their homes, (2) the inaccessible road, (3) the unavailability of accessible transport services, and (4) the unavailability of service facilities near their residences. Concerning the fourth reason, respondents from the FGD on women and adolescent girls with disabilities cannot access services because there were instances when their caretakers could not accompany them to the services facilities. In addition, community leaders shared that some community members were not familiar with the location of the service providers.

"လမ်းပန်းသွားလာရေးခက်ခဲခြင်းကြောင့် ဝန်ဆောင်မှုများကိုရယူရာမှာ နှောင့်နှေးကြန့်ကြာခြင်းတွေဖြစ်စေပါတယ်"

(Difficult roads lead to delays in accessing the services.)

- A woman with a disability in Rakhine

"[Accessible] transportation is the main challenge [for] persons with disabilities in our community."

The same sentiments were gathered from the persons with disabilities surveyed (n=82), as shown in Figure 72.
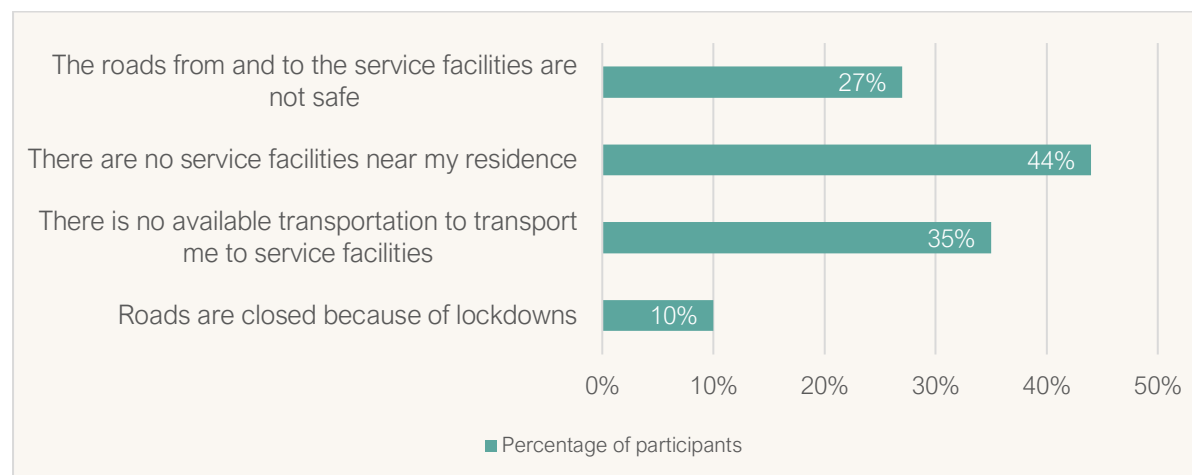
Figure 72. Results of the household surveys for persons with disabilities (n=82)

On the contrary, more than half of the persons without disabilities surveyed (n=27) reported that they had not experienced any challenges related to the physical accessibility of the route to and from the service facilities. This could indicate that persons with disabilities are disproportionately affected by these issues, making them more vulnerable to delays in receiving essential health services.

Addressing the challenges of physical accessibility

A representative from an OPD forwarded some strategies for addressing the difficulties of persons with disabilities when accessing service facilities, as detailed in Box 4.

Box 4. Strategies for addressing physical accessibility challenges.

What strategies can implementing partners implement to ensure access to service facilities for persons with disabilities?

- For **persons with difficulties seeing**, it is recommended that service facilities provide accessible pathways within the service centre compound, accessible transport services, and reasonable accommodation when visiting the service facilities.
- For **persons with difficulties in hearing**, it is recommended that implementing partners and CSOs provide hearing aids or sign language interpreters inside the facilities.
- Adhering to universal design guidelines is necessary to accommodate **persons with mobility impairments.** It is also advised that all services be provided on the ground floors to accommodate persons using wheelchairs and arrange rental services in the facilities for service users who do not have wheelchairs.
- For **persons with difficulties in remembering or concentrating**, **self-care, and communicating**, it is recommended that service providers offer accessible transport services to them and their personal assistants.

The COVID-19 pandemic and ongoing military coup have disrupted the delivery of essential services to the people of Myanmar, especially to members of marginalised groups such as persons with disabilities.

Most community leaders interviewed shared that the lockdowns and physical distancing brought by the COVID-19 pandemic have resulted in delays in receiving SRHR, GBV, and MHPSS services to persons with disabilities in Rakhine. Implementing partners and CSOs experienced difficulties bringing the services to the communities due to restrictions and service facilities implemented limited operating hours, which further placed members of the disability sector in a more disadvantaged position. This is affirmed by the representative from an OPD, citing that persons with disabilities are not encouraged by their families to leave their homes because of the fear of contracting the virus due to person-to-person contact.

Meanwhile, the military coup also restricted the movement of all people in Rakhine. Some key informants reported that the Myanmar Army had blocked some of the roads in the state, heavily affecting those individuals receiving SRHR, GBV, and MHPSS services outside their communities. There were also reports of experiencing challenges passing through military checkpoints, which further contributed to the delays in delivering the services to communities.

> **"There were a lot of armed conflicts and shootings in Rakhine. Persons with disabilities are not allowed by their families to go out and receive the services or engage in government and non-government organisations activities."**
>
> - A key informant from an OPD

Economic accessibility

Costs of services

The findings showed that the costs of services offered by WGF's implementing partners and CSOs in Rakhine are 100 per cent free to all their clients, including persons with disabilities. This was confirmed by some women and adolescent girls with disabilities interviewed. In addition, 79 per cent (65 out of 82) of parents and caregivers of persons with disabilities affirmed that the SRHR, GBV, and MHPSS services offered by WGF's implementing partners and CSOs are free to avail.

However, there were still some respondents who were unaware that the services offered were accessible to them, indicating that there is a gap in raising awareness about the free services. For example, out of 82 persons with disabilities surveyed, 37 per cent cited having no money to pay for the services. Financial difficulty was also a common theme in the results of separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities, indicating that some participants experience challenges in accessing the services because of economic challenges.

Additional costs associated with the availing of services

Although the services offered by implementing partners and CSOs are free-of-charge to all their clients, some persons with disabilities reported that they also need to consider other costs incurred when availing of the services. These expenses include transportation costs, accommodation and meal costs, prescribed medicines, and treatment after availing of the services (see Figure 73). While some key informants from implementing partners and CSOs pointed out that there were efforts to cover these expenses, the findings still show that these costs have a disproportionate impact on persons with disabilities compared to those without disabilities, as more than half (74 per cent) of the latter group reported no challenges related to economic accessibility (see Figure 74).
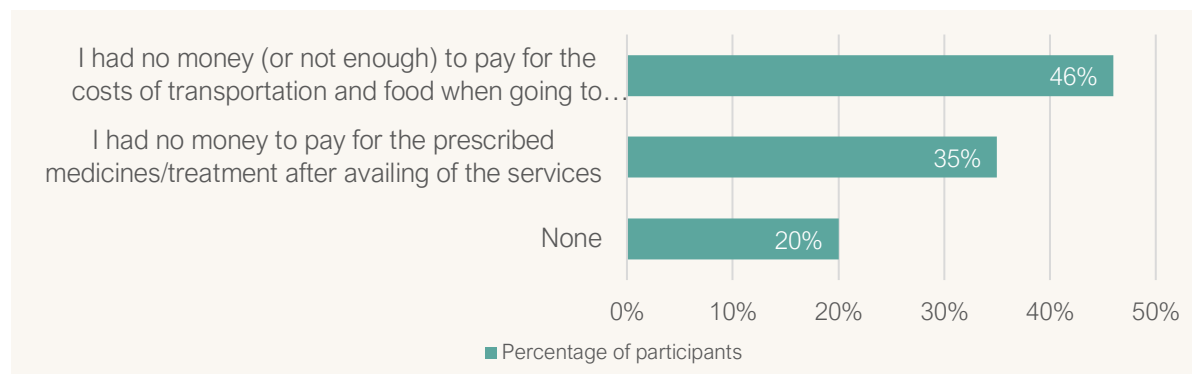
Figure 73. Results of the household surveys for persons with disabilities (n=82)
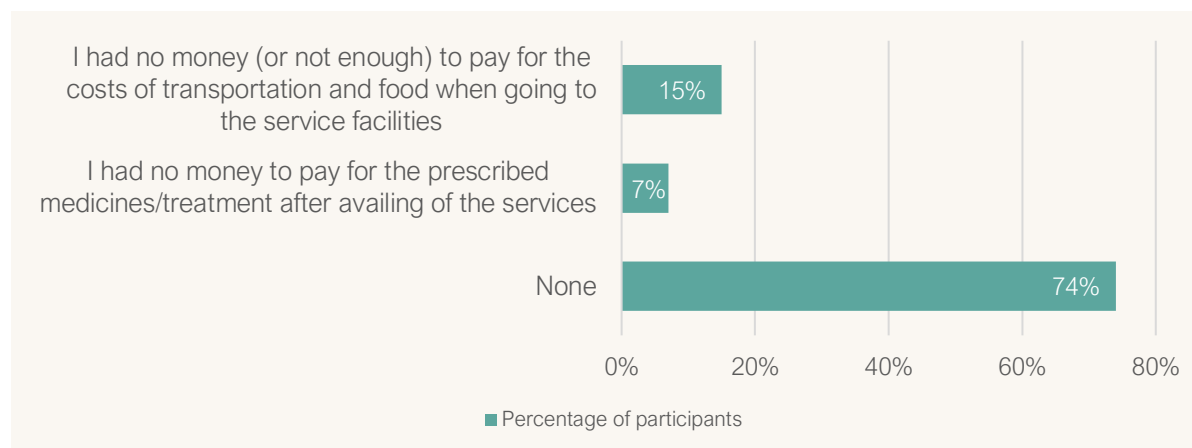
Figure 74. Results of the household surveys for persons without disabilities (n=27)

Addressing the challenges of economic accessibility

A key informant from an OPD highlighted several strategies that WGF's implementing partners and CSOs could employ to mitigate the financial burden of persons with disabilities when accessing services. These strategies include:
1 Offering transportation allowances to persons with disabilities and their personal assistants to facilitate travel to service facilities;
2 Incorporating a budget for reasonable accommodation; and

3   Providing additional financial support in the form of cash assistance for fees (e.g., lawyer fees for legal aid), supporting income-generating activities, and offering vocational and life skills training.

Non-discrimination

Attitudinal barriers within the community towards persons with disabilities

Attitudinal barriers toward persons with disabilities in Rakhine remain a significant challenge. Most respondents consistently reported that members of the disability sector continue to face discrimination and stigma in their communities.

Most women and adolescent girls with disabilities interviewed reported that the negative attitudes toward their disability have contributed to their exclusion from activities within their communities, resulting in them staying inside of their homes instead. The same findings were revealed in the separate FGDs conducted with women and adolescent girls with disabilities and men and adolescent boys with disabilities, citing that negative attitudes toward members of the disability sector hinder them from fully participating in their communities.

> "မသန်စွမ်းသူတွေလာရင် သူတို့အတွက် အနှောက်အယှက်ဖြစ်တယ်လို့ ထင်ကြတယ်"
>
> *(If persons with disabilities come, they always think we are a nuisance.)*
>
> - A woman with a disability in Rakhine

Gender discrimination against women and adolescent girls with disabilities

On top of the attitudinal barriers received by persons with disabilities in the community, the assessment findings also suggest that some women and adolescent girls with disabilities experience further discrimination on the basis of their gender.

Some women with disabilities reported that they often experience a disparity in how they are treated within their communities compared to their male counterparts. They reported that while men with disabilities are respected, women with disabilities are subjected to demeaning and insulting remarks, leading to increased social isolation and reluctance to engage in community activities, including availing of essential health services.

This was further affirmed by a key informant from an OPD, noting that families and community members often thought that it was not safe for women and adolescent girls with disabilities to leave their houses. This negatively affected their access to SRHR, GBV, and MHPSS services, considering that most service facilities are located outside their communities.

Provisions of reasonable accommodation

Persons with disabilities have the right to be provided with reasonable accommodation to fully access and participate in all essential services, including SRHR, GBV, and MHPSS services.

Box 5. Definition of reasonable accommodation

What is a reasonable accommodation?

A reasonable accommodation is the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."[145]

A small percentage of persons with disabilities surveyed (n=82) reported that they experienced challenges accessing the services of implementing partners and CSOs because of the absence of reasonable accommodation. There were also some women and adolescent girls with disabilities interviewed who shared that some service providers have no reasonable accommodation provided for persons with disabilities.

12%
of persons with disabilities (n=82) affirmed that the staff in service facilities do not know about accommodating persons with disabilities.

20%
of persons with disabilities (n=82) affirmed that they were not provided with the reasonable accommodation they requested when they visited the service facilities.

Attitudes of family members of persons with disabilities

Another recurring theme in the responses of most participants is the vital role that family members play in enabling persons with disabilities to access essential services, including SRHR, GBV, and MHPSS services. Community leaders, key informants from implementing partners and CSOs, and FGDs with persons with disabilities all concurred that the presence of family members when seeking services could facilitate the access to services of persons with disabilities.

Despite the crucial role of family members in creating an enabling environment for persons with disabilities, there were still reported instances of negative attitudes towards them. According to the survey results, 23 per cent (19 out of 82) of persons with disabilities noted the lack of available support from their households as a barrier to accessing services. Some implementing partners and CSOs also confirmed that unsupportive family members could further delay the delivery of services to members of the disability sector.

> **"Persons with disabilities are often confined to their homes by their families. They believe that having a disability reduces their worth as a person."**
>
> - Focus group with women and girls with disabilities

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

The findings show that most information, education, and communication (IEC) materials about SRHR, GBV, and MHPSS services of implementing partners and CSOs were not responsive to the needs of persons with disabilities. Although there were initiatives from the service providers' side, there is still a need to address the challenges of information accessibility in Rakhine.

Respondents from implementing partners and CSOs noted that their organisations utilised different resources when designing and developing IEC materials. These included printed materials, such as flip charts, pamphlets, posters, and print vinyl, that were often translated into Burmese. Most respondents also pointed out that these materials were designed for the public, and alternate formats were unavailable to respond to the distinct needs of persons with disabilities.

Table 19 shows the responses of key informants from implementing partners and CSOs on their subjective assessment of their IEC materials. It is important to note that there is still a need to conduct a thorough audit of these IEC materials, which should be led by persons with disabilities and their representative organisations.

Table 19. Accessibility of IEC materials (n=7)						
Indicators	Not accessible	Somewhat accessible	Accessible	Very accessible	Extremely accessible	Remarks
Persons with difficulties seeing	-	4	3	-	-	Key informants who answered *accessible* cited various reasons to justify their response in relation to persons with difficulties seeing. Most of them mentioned that their printed materials are produced in large fonts and bright colours. Staff may verbally explain the services and information to those who cannot see at all. Meanwhile, those key informants who answered *somewhat accessible* pointed out that their materials are visible for those with some difficulties, but there is a need for their staff to explain the information to them and their personal assistants.
Persons with difficulties hearing	-	1	6	-	-	Almost all key informants noted that their IEC materials are *accessible* to persons with difficulty hearing since they can see and read them. Nevertheless, they acknowledge the need for sign language interpreters to fully explain the information to them.
Persons with difficulties walking or climbing steps	-	-	3	4	-	Half of the key informants shared that their materials are *very accessible* to persons with difficulties walking or climbing steps since they can easily read and understand their printed materials. Some organisations

Indicators	Not accessible	Somewhat accessible	Accessible	Very accessible	Extremely accessible	Remarks
						also contacted this group of people in their communities to avoid travelling to service facilities.
Persons with difficulties remembering or concentrating	1	4	2	-	-	Half of the key informants pointed out that their IEC materials are *accessible* and *somewhat accessible* to persons with difficulties remembering or concentrating only if their personal assistants accompany them.
Persons with difficulties doing self-care	1	-	5	1	-	Most respondents agreed that their IEC materials are *accessible* to this group of people only if their personal assistants support them. One key informant shared that their materials are *very accessible,* citing that their staff can conduct household visitations to accommodate persons with difficulties doing self-care. One respondent reported that their materials are *not accessible* and highlighted the need for personal assistants when accessing the services and information.
Persons with difficulties communicating	1	2	4	-	-	Most respondents reported that their IEC materials are *accessible* and *somewhat accessible* to persons with difficulties communicating only if they are accompanied by their personal assistants who can explain the information and services.

Despite the overall perceptions of most implementing partners and CSOs that their IEC materials are responsive to the needs of persons with disabilities, the responses of most persons with disabilities interviewed suggested contradicting results. Out of 82 persons with disabilities surveyed, 38 (46 per cent) reported that the formats of IEC materials about SRHR, GBV, and MHPSS were not readable, 23 (28 per cent) noted that the information about the services had not reached them in their communities, and 10 (12 per cent) stated that persons with disabilities were not represented in the IEC materials.

The same sentiments were gathered from the parents and caregivers of persons with disabilities (n=82), where 45 per cent of the respondents shared that the information materials about the services were not readable and could not be easily understood. Almost all community leaders also noted that information provided by service providers is not accessible to persons with disabilities.

"သတင်းအချက်အလက်တွေကို မသန်စွမ်းသူများ နားလည်နိုင်တဲ့ပုံစံတွေနဲ့ ဖြန့်ဝေပေးဖို့ လိုအပ်ပါတယ်။

> ## ဝန်ဆောင်မှုများကို လွယ်ကူချောမွေ့စွာ ရယူနိုင်ဖို့ အထောက်အကူပြုပစ္စည်းများ ပံ့ပိုးပေးရန်လည်း လိုအပ်ပါတယ်။"
>
> *(Information needs to be presented in ways that persons with disabilities can understand. Assistive devices are needed to facilitate the services.)*
>
> - A woman with a disability in Rakhine

Communicating information on SRHR, GBV, and MHPSS services

Implementing partners and CSOs in Rakhine employed different methods to disseminate information on SRHR, GBV, and MHPSS services to different townships within the state. Some key informants reported implementing house-to-house visits, conducting awareness-raising sessions, and distributing pamphlets to their target communities. This is further affirmed in the responses of community leaders, noting that information about the services is often communicated to the communities through peer educators, home visits, and printed materials.

Nevertheless, there is a need for service providers to strengthen the dissemination of information to communities further in order to reach persons with disabilities effectively. Some parents and caregivers of persons with disabilities surveyed (24 out of 82) reported that the IEC materials about SRHR, GBV, and MHPSS services were not effectively disseminated to their communities. This was also reflected in the responses of some persons with disabilities and persons without disabilities surveyed.

24%
of persons with disabilities (n=82) affirmed that they were not sufficiently provided with IEC materials about SRHR, GBV, and MHPSS services.

33%
of persons without disabilities (n=27) agreed they were not adequately provided with IEC materials about the services.

Responding to the challenges of information accessibility

A key informant from an OPD forwarded some strategies that service providers may adopt to ensure that the issues related to information accessibility be addressed as follows:

1. Work closely with persons with disabilities and their representative organisations within Rakhine to ensure that their specific needs are considered when designing and disseminating information about the services.
2. Service providers may also deliver the information through home visits so persons with disabilities can receive it within their communities.
3. Work closely with family members of persons with disabilities when disseminating information about the services. Collaborating and obtaining their assistance is necessary to communicate the information to persons with disabilities.

Acceptability

Informed consent and confidentiality

Obtaining informed consent of persons with disabilities

The obligation of health professionals to provide quality care to persons with disabilities based on their free and informed consent is stated in Article 25 of the CRPD.[146] The findings of this assessment showed that most respondents agreed that service providers in Rakhine acquired their informed consent before providing the SRHR, GBV, and MHPSS services.

Key informants from implementing partners and CSOs reported that their organisations had established mechanisms to safeguard the right to free and informed consent for all their clients, including persons with disabilities. Service providers ensured that informed consent was obtained before service provision and that all clients received a thorough explanation of the services offered.

Women and adolescent girls with disabilities who participated in FGDs confirmed the presence of these free and informed consent mechanisms. Clients who could not provide their signatures were asked to use their fingerprints or have their caregivers assist them. Men and adolescent boys with disabilities reported similar procedures, including a verbal explanation of services and assurance of privacy for their personal information. The same results are reflected in the responses of persons with disabilities surveyed for this assessment. More than half of the respondents (47 out of 82) agreed that service providers obtained informed consent before receiving the SRHR, GBV, and MHPSS services.

> "ဆွေးနွေးမှုတွေ ပြုလုပ်ပေးကြတယ်၊ သူတို့ရဲ့ဝန်ဆောင်မှုတွေအကြောင်း အသေးစိတ် ဂရုတစိုက် ရှင်းပြပေးကြတယ်၊ လက်မှတ်များ လက်ဗွေရာများရယူတဲ့ စာရွက်စာတမ်းတွေကိုလည်း လျှို့ဝှက်သိမ်းဆည်းထားပေးကြပါတယ်။"
>
> (Discussions are held, the details of their services are carefully explained, (and) the documents with signatures and fingerprints are kept confidential.)
>
> - Focus group with women and adolescent girls with disabilities

Protecting the privacy of persons with disabilities availing of the services

The right to privacy is one of the fundamental rights of persons with disabilities provided by CRPD. Their right to privacy includes protecting their personal, health, and rehabilitation information equally with others.[147]

Considering that the personal information of clients availing of SRHR, GBV, and MHPSS services must be treated with high confidentiality, implementing partners and CSOs in Rakhine ensured

that all personal information collected is kept systematically in both physical and online storage. This information can only be accessed by authorised personnel. Some key informants also noted that they obtain their clients' consent whenever they need to share the latter's information with others.

The confidentiality of clients' information was ensured whenever they availed of counselling services. A key informant shared that their service facilities have separate counselling rooms where they can accommodate their clients to protect their privacy.

Following the above practices of implementing partners and CSOs in Rakhine, it can be gleaned that the right to privacy of all their clients who are availing services is protected and respected. This finding is affirmed by persons with disabilities and persons without disabilities surveyed in this assessment. More than half of the respondents *agreed* and *strongly agreed* that service providers respect the confidentiality of their personal information.

66%

of persons with disabilities (n=82) *agreed* and *strongly agreed* that service providers on SRHR, GBV, and MHPSS services respect the confidentiality of their personal information.

74%

of persons without disabilities (n=27) *strongly agreed* and *agreed* that service providers on SRHR, GBV, and MHPSS services respect the confidentiality of their personal information.

Participation

The CRPD promotes the equal and active participation of persons with disabilities in decision-making processes on matters concerning them.[148] The findings of this assessment revealed that challenges remain even though there were initiatives of implementing partners and CSOs to ensure the participation of persons with disabilities in all stages of service delivery.

Limited participation of persons with disabilities in the community

The assessment findings suggest that persons with disabilities were less likely to participate in the design, planning, implementation, monitoring and evaluation of SRHR, GBV, and MHPSS services provided by implementing partners and CSOs in Rakhine. This was reflected in the results of separate FGDs with women and adolescent girls with disabilities and men and adolescent boys with disabilities. Some respondents noted that their involvement was often as passive recipients of services and activities, while the majority said they had never been involved in any decision-making processes.

An OPD key informant stressed the need to consult with persons with disabilities in the delivery of services, adding that implementing partners and CSOs should work closely with OPDs who are knowledgeable in responding to the distinct needs of persons with disabilities. Some community leaders interviewed further affirmed these findings, citing that OPDs are in the most advantaged position to provide technical advice on disability inclusion, considering that they advocate and protect the rights of members of the disability sector.

> "[Consulting OPDs will] improve the mutual understanding between service providers and

> **persons with disabilities. Through this, we can all work together to make services disability-inclusive and build an inclusive society."**
>
> - Key informant from an OPD in Rakhine

Initiatives in promoting active involvement of persons with disabilities

Some key informants from implementing partners and CSOs shared that persons with disabilities were previously consulted in delivering their services, albeit to varying degrees. For instance, one implementing partner shared that the organisation consulted OPDs whenever they designed and conducted activities to ensure that persons with disabilities could access and participate. Some key informants noted that they conduct safety audits and disability assessments in consultations with persons with disabilities.

Nevertheless, there were still some implementing partners and CSOs who noted that they had not consulted persons with disabilities and their representative organisations at any stage of service delivery, an indication that there is a need to implement interventions that will strengthen the collaboration among service providers, persons with disabilities, and OPDs in the state.

Quality

Capacity development

Building capacity of community leaders on disability inclusion

Most of the community leaders interviewed said they have not received any training on fundamental principles of disability inclusion, including assisting persons with disabilities in their communities, as shown in Figure 75.

Have you received any training about assisting persons with disabilities in your community to access the following services?

SRHR	GBV	MHPSS
100%	87%	87%

■ Yes ■ No ■ Don't know

Figure 75. Responses of the community leaders (n=8) in KIIs

With the lack of capacity development activities for community leaders about disability inclusion, most key informants said that there is a need to provide them with the necessary training to support persons with disabilities in their communities in accessing SRHR, GBV, and MHPSS services delivered by implementing partners and CSOs in Rakhine.

Strengthening the capacity of implementing partners and CSOs on disability inclusion

All key informants from implementing partners and CSOs interviewed confirmed their participation in various capacity-building activities on disability inclusion organised by organisations such as the UNFPA and Humanity and Inclusion. One informant pointed out that implementing partners and CSOs often send representatives to attend these activities, who will facilitate knowledge sharing among their peers upon returning from the training.

Nevertheless, most respondents expressed their further need to strengthen their present knowledge and skills about disability, particularly the necessary actions they must undertake to accommodate the distinct needs of persons with disabilities availing of their services.

55%
of persons with disabilities (n=82) agreed that service providers on SRHR, GBV, and MHPSS services are trained to accommodate the needs of persons with disabilities.

59%
of persons without disabilities (n=27) agreed that service providers on SRHR/GBV/and MHPSS services are skilful in responding to the needs of persons without disabilities.

Collaborating with OPDs on implementing capacity development activities

A key informant from an OPD in Rakhine pointed out that their organisation can provide support in building and strengthening the knowledge and skills of relevant stakeholders in delivering essential services to persons with disabilities. For instance, the respondent highlighted that they could provide training on disability awareness, on how to respond to barriers faced by persons with disabilities to access services, and on the importance of the country's disability rights law which complies with the provisions of the CRPD.

Non-discrimination

Addressing discrimination against persons with disabilities

Respondents from implementing partners and CSOs pointed out that discrimination against persons with disabilities is prohibited in delivering their services. Although some do not include persons with disabilities as their target population, they ensure they are not discriminated against whenever they need services. A key informant added that their organisation provides disability awareness sessions to their staff to prevent and respond to discriminatory acts that target members of the disability sector.

More than half of the persons with disabilities surveyed (n=82) also concurred that service providers ensure they were not discriminated against before, during, and after the delivery of SRHR, GBV, and MHPSS services. Some women and adolescent girls with disabilities interviewed also noted that they were treated respectfully when visiting the service facilities.

Monitoring

Measures for ensuring access for persons with disabilities

Article 25 of the CRPD recognises the right of persons with disabilities to access the highest attainable standard of health without discrimination on the basis of disability.[149] In order to safeguard this right, monitoring access and participation of persons with disabilities in various essential health services, such as SRHR, GBV, and MHPSS services, is imperative.

The findings showed that organisations working with WGF in Rakhine use different methods to keep track of the access to services of people with disabilities. Most of them collect information from their clients, including those with disabilities, using different forms such as feedback forms, exit interviews, and satisfaction surveys. They also create reports regularly, including monthly safety audits, weekly and monthly reports, and quarterly reports from the field offices. Some organisations even use suggestion boxes and online tools like Facebook Messenger to monitor the access of persons with disabilities to their services.

> **"After events, campaigns, or activities in the centre, [the] team review[s] and the arrangement whether persons with disabilities could access well during the sessions and discusses lessons learned to provide better services for [our] next events."**
>
> - Key informant from an implementing partner in Rakhine

Affirming these results, more than half of persons with disabilities and persons without disabilities surveyed reported that implementing partners and CSOs ensured the collection of their personal information whenever they avail of their services.

61%
of persons with disabilities (n=82) reported that their personal information is collected before availing of SRHR, GBV, and MHPSS services.

78%
of persons without disabilities (n=27) agreed that service providers collected their personal information before they received the services.

Methods for monitoring access

The results of the KIIs with implementing partners and CSOs indicate that many do not utilise specific tools for collecting disability data, such as the WG-SS. Most respondents noted that they

relied on general "yes or no questions" about disability. While such questions are easy to administer, these questions may not always provide the most accurate information, as the concept of disability can vary per individual and context. Some respondents also reported that they identify a client's disability through observation, disregarding disabilities that cannot be seen by the naked eye or those that require further testing by a health professional.

Resources available to monitor access to services of persons with disabilities

A key informant from an OPD said that their organisation offers disability-inclusion training to monitoring and evaluation teams of implementing partners and CSOs to enhance their understanding of integrating disability-inclusion principles in their monitoring and evaluation plans and frameworks. It is also necessary for service providers to work closely with persons with disabilities when monitoring their access to essential services based on the provisions of the CRPD.

Community leaders interviewed said they were willing to assist in collecting data on persons with disabilities in their communities, citing that they were trusted by persons with disabilities and their families due to their local leadership roles.

Recommendations

Availability

1. Align strategies, policies, or plans with the provisions of CRPD and other relevant key policies and documents.
   - For implementing partners and CSOs with existing strategies, policies or plans that are CRPD compliant, it is recommended to undergo a thorough review in consultation with OPDs to ensure alignment with the provisions of the Convention. On a similar note, for implementing partners and CSOs with strategies, policies, or plans that are not compliant with the provisions of CRPD, it is recommended to work closely with OPDs to ensure that principles of disability inclusion are integrated into the organisation's policy environment.
   - It is also recommended to align strategies, policies, and plans to other key documents such as the UNFPA strategic plan 2022-2025, UN disability inclusion strategy, and UNFPA disability inclusion strategy, among others, to ensure that the rights and needs of persons with disabilities availing the services are adequately addressed.
   - When examining or developing the organisations' strategies, policies, or plans, it is advisable that implementing partners and CSOs adopt the twin-track approach to disability inclusion and consult with key stakeholders promoting the rights of persons with disabilities, such as OPDs, in the state.
2. Increase the availability of disability-inclusive SRHR, GBV and MHPSS services in different townships.
   - Findings revealed that while many respondents surveyed are aware of the SRHR, GBV, and MHPSS services available, there is still a need to increase the availability of these services to accommodate persons with disabilities sufficiently.

Accessibility

3. Conduct an in-depth physical accessibility audit to be spearheaded by persons with disabilities and their representative organisations.
   - It is recommended that implementing partners and CSOs should work closely with OPDs to undertake a comprehensive physical accessibility audit. The assessment aims to identify the barriers related to the physical infrastructure of service facilities that prevent persons with disabilities from accessing the services. Likewise, it seeks to provide

recommendations for improvements that WGF's implementing partners and CSOs can utilise.

- It is also essential to assess the WASH facilities and emergency evacuation plans in service facilities to ensure that the needs of persons with disabilities are considered.

4. Promote accessibility by providing safe and disability-inclusive transport services for persons with disabilities to and from the service facilities.

- It is recommended that implementing partners and CSOs provide safe and accessible transport services for persons with disabilities to facilitate their access to service facilities. To accomplish this, service providers must seek guidance and collaborate with OPDs, local authorities, and family members of persons with disabilities. Furthermore, accessible transport services should be explicitly included in the organisation's annual budget to ensure that necessary resources will be available.
- By providing safe and accessible transport services for persons with disabilities, implementing partners and CSOs will be able to meet the needs of members of the disability sector.

5. Regularly deliver SRHR, GBV, and MHPSS services within communities through outreach activities.

- Bringing the services closer to communities will facilitate access to many persons with disabilities who experience challenges travelling because of various barriers. It is recommended that implementing partners and CSOs will work closely with OPDs to gain a better understanding of the unique needs and preferences of persons with disabilities and design outreach activities as tailored to these needs.

6. Increase awareness of persons with disabilities in Rakhine state about the free SRHR, GBV, and MHPSS services provided by implementing partners and CSOs.

- To facilitate access to services, it is recommended that implementing partners and CSOs strengthen awareness-raising activities in the communities about the services that can be availed by all clients, including persons with disabilities, especially on SRHR-related services. In addition, implementing partners and CSOs must explicitly state that these services are free of charge for everyone.
- Persons with disabilities and their representative organisations must be actively consulted in the conduct of awareness-raising sessions.

7. Assist all clients, especially persons with disabilities, with the other costs of availing SRHR, GBV, and MHPSS services.

- It can be gleaned from the findings that persons with disabilities and their families are more likely to face additional expenses when accessing services. To address this concern, it is recommended that implementing partners and CSOs provide financial support to their clients to help defray these costs (i.e., provision of subsidies, grants, or vouchers).
- It is also recommended that implementing partners and CSOs collaborate with other relevant stakeholders in the state to provide persons with disabilities and their families with income-generating activities and vocational and life skills training that can empower them financially.

8. Raise awareness of people in the communities about disability inclusion.

- Themes about the attitudinal barriers towards persons with disabilities are still common in the assessment findings. To address this, it is recommended that the awareness-raising activities of implementing partners and CSOs in communities be integrated with disability-awareness sessions to reduce the stigma about persons with disabilities. It is also necessary to strengthen the knowledge of family members of persons with disabilities about disability inclusion and to highlight their vital roles in facilitating access to services.
- In addition, ensure that the intersection of gender and disability and how it further marginalises women and girls with disabilities must be integrated into awareness-raising sessions. This would address the assessment findings about the gender discrimination against women and girls with disabilities in some townships.
- It is also recommended that OPDs are consulted at all stages of activity management to ensure that the activities are designed for all target audiences, especially persons with disabilities.

9. Provide the reasonable accommodation needs of persons with disabilities.
   - In consultation with OPDs, ensure that persons with disabilities are provided with reasonable accommodation to facilitate their access and participation in services without difficulties. Examples of reasonable accommodations are sign language interpretations, audio descriptions, and alternative formats of materials.
   - In addition, strengthen the enabling mechanisms relevant to reasonable accommodation provisions, such as developing policies and explicitly integrating reasonable accommodation into the activity budget.
10. Examine the IEC materials in consultation with persons with disabilities and their representative organisations.
    - To promote the inclusion of persons with disabilities in the IEC materials about SRHR, GBV, and MHPSS services, it is recommended that implementing partners and CSOs undertake a thorough review in collaboration with OPDs. The review will focus on ensuring that IEC materials are designed to be responsive to the needs of members of the disability sector.
11. Ensure that the information about the services is disseminated effectively to persons with disabilities in the communities.
    - Working closely with key stakeholders (e.g., OPDs, community leaders, family members of persons with disabilities), implementing partners, and CSOs must ensure that the information about the services they offer will reach persons with disabilities, especially SRHR-related services. Some forwarded strategies include delivering the information through home visits, collaborating with family members, and obtaining support in communicating the information to persons with disabilities.

Acceptability

12. Ensure that persons with disabilities are actively involved in all services.
    - The assessment findings indicate limited participation of persons with disabilities in decision-making processes that affect their access to SRHR, GBV, and MHPSS services. To address this issue, it is recommended that implementing partners and CSOs take proactive steps to facilitate their active involvement in all relevant activities. This can be done by making the activities accessible, providing them with reasonable accommodations, and involving them in the planning and decision-making process for activities.
    - In addition, the study's findings suggest that men and boys with disabilities are interested in GBV prevention and response services. To this end, it is recommended that implementing partners ensure the participation of male community members by emphasising the knowledge that can be obtained in these programmes and services.
    - Furthermore, it is also recommended that the WGF programme consider providing grants to OPDs to encourage their active participation in the delivery of services. This approach will empower OPDs to actively promote the rights of persons with disabilities and enable them to be involved in the design and implementation of service delivery.

Quality

13. Strengthen the capacity of relevant stakeholders in providing disability-inclusive SRHR, GBV, and MHPSS services
    - Building the capacity of key stakeholders in disability inclusion is essential to promoting the rights of persons with disabilities. Hence, it is recommended to facilitate comprehensive training on disability rights, accessibility, and inclusive practices to implementing partners and CSOs of the WGF programme to ensure they have the skills and knowledge needed to deliver quality services to persons with disabilities. In addition, it is also recommended to build the capacity of community leaders on disability inclusion.
    - To ensure that the capacity development activities are responsive to the needs of the disability sector, it is crucial to involve OPDs in the design, implementation, monitoring, and evaluation of the activities.

14. Improve the capacity of OPDs in SRHR, GBV, and MHPSS service delivery.
    - It is also recommended that implementing partners and CSOs support the strengthening of knowledge and skills of OPDs in SRHR, GBV, and MHPSS service delivery. By providing OPDs with appropriate training and technical support, they can provide contextualised and appropriate advice on disability inclusion.
15. Strengthen mechanisms in monitoring access to services for persons with disabilities
    - It is recommended that implementing partners and CSOs review their existing practices related to monitoring disability data. The review should be done closely with relevant stakeholders, such as OPDs, community leaders, and family members of persons with disabilities.

Southern Shan

Southern Shan, located in the east of Myanmar, is one of the three regions of Shan State and the largest of the country's administrative divisions.[150] It borders Mandalay Region to the west, Nay Pyi Taw Union Territory to the southwest, and Kahay State to the south. It covers 57,806 sq. km and has a total of 21 townships.[151] The State has an estimated population of 2.04 million per the 2011 Health Management Information System data, with 77 per cent living in rural areas.[152] Citizens of Southern Shan mostly rely on agriculture and forestry. However, they have a difficult time accessing services due to the State's geographical remoteness.[153]

Persons with disabilities in Southern Shan state

There are 415,135 persons with disabilities in Shan State, with men and women constituting 188,449 and 226,686, respectively.[154] The state has a DPR of 8.6 per cent, with the following figure being the specific percentages of prevalence by type of disability: [155]

Types of disabilities and their prevalence rate

Type	Prevalence
Difficulty communicating	1.20%
Difficulty hearing	1.40%
Difficulty with Self-care	2.00%
Difficulty remembering/concentrating	2.90%
Difficulty walking/climbing stairs	3.60%
Difficulty seeing	3.60%

■ Disability prevalence rate
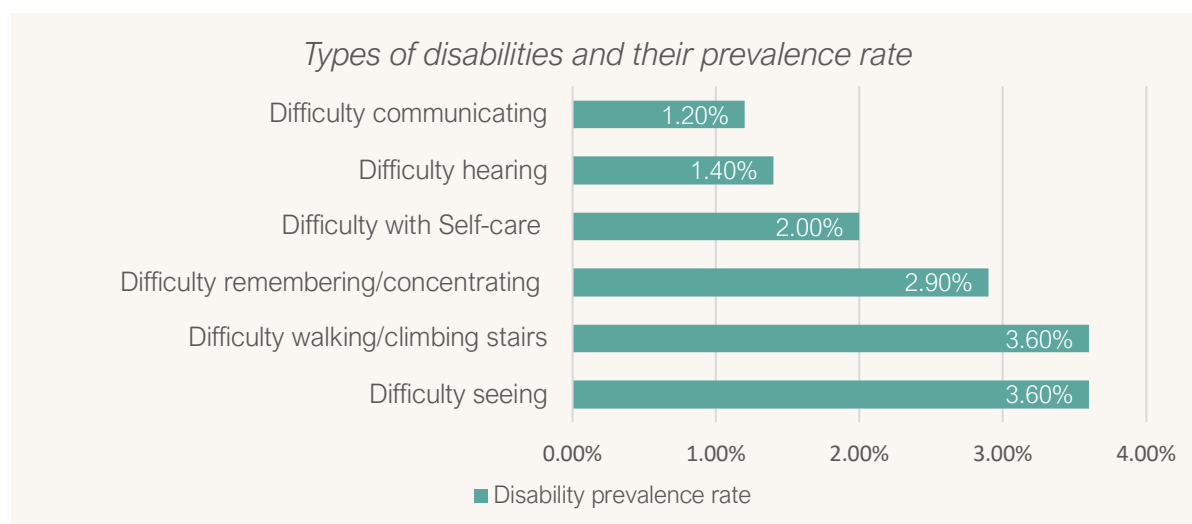
Figure 76. Types of disabilities and their prevalence rate in Southern Shan

Organisations such as the Myanmar Independent Living Initiative and Morning Star Intellectual Disability Group are present in Southern Shan to ensure that the rights of persons with disabilities are upheld. Unfortunately, only 2.1 per cent of men with disabilities and 3.2 per cent of women with disabilities in Shan State receive medical support from either household members (1.8 per cent of the total population of persons with disabilities) or non-household members/organisations (0.8 per cent).[156] From the 0.8 per cent receiving medical support from non-household members/organisations, men and women constitute 0.7 per cent and 1.0 per cent, respectively. [157] Although Shan State has a relatively low DPR, it can still be deduced that only a few can access medical support, including SRHR, GBV prevention and response, and MHPSS services, hence the need to collate data on the situation of persons with disabilities as well as the barriers that prohibit them from accessing services in order to appropriately deliver these services to the majority of, if not all, persons with disabilities in Southern Shan State.

Availability

Availability of CRPD-compliant strategic plans

The Law on the Rights of Persons with Disabilities was enacted in 2015 as the Government of Myanmar's commitment to upholding the rights of persons with disabilities[158] based on the CRPD.[159]

Based on the key informant interview with representatives of implementing partners (n=18), more than half of the respondents shared that disability-inclusions plans are not in compliance with the CRPD (see Figure 77). In addition, a representative from an OPD noted that their organisation had not been consulted by UNFPA WGF and its implementing partners in developing CRPD-compliant strategic plans for Southern Shan state.

Availability of CRPD-compliant strategic plans and policies

SRHR: 3 Yes, 13 No, 2 Don't know
GBV: 2 Yes, 14 No, 2 Don't know
MHPSS: 3 Yes, 13 No, 2 Don't know

■ Yes ■ No ■ Don't know
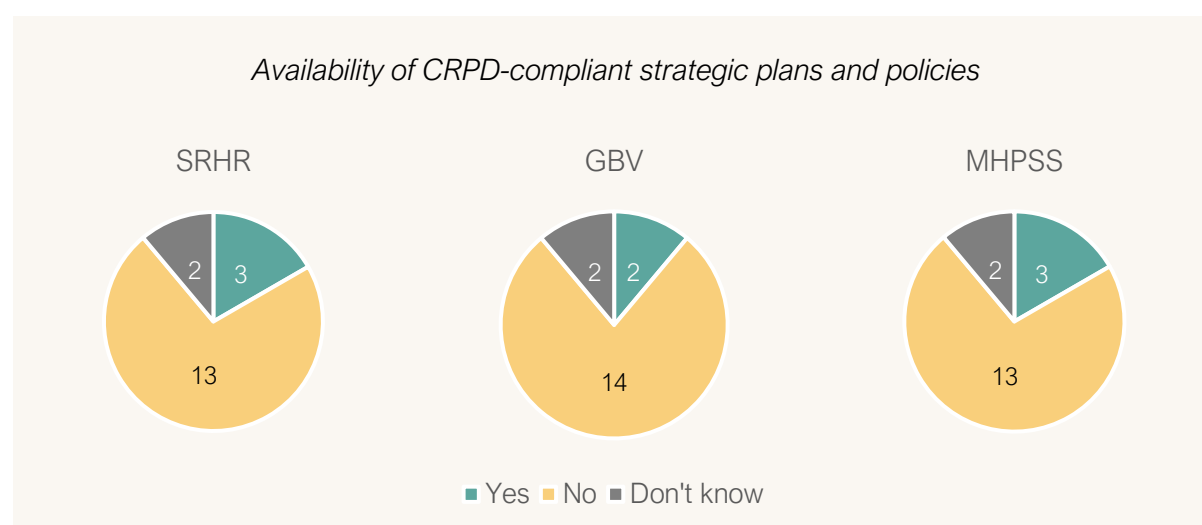
Figure 77. Respondents of KII with representatives of implementing partners (n=18)

Nevertheless, despite the absence of CRPD-compliant strategic plans, findings from the interviews revealed that implementing partners and CSOs provide services to persons with disabilities, such as community awareness sessions on SRHR and GBV, psychosocial support, vocational training, and GBV case management. Most implementing partners (10 out of 18) indicated that persons with disabilities are included in their organisation's target population. The other implementing partners (five out of 18) noted that they do not have a specific target population but provide services to persons with disabilities when necessary. Although persons with disabilities are included as the target beneficiaries of implementing partners, it is still vital to ensure that the implementation of all programmes complies with the provisions of the CRPD.

Availability of SRHR, GBV, and MHPSS services

Availability of services within the State

SRHR services

Results of the household surveys conducted with persons with disabilities (n=83) in Southern Shan State revealed that 63.86 per cent of the sample population answered *'no'* when asked if they are aware of any SRHR services within their community. The lack of awareness of the available SRHR services is a contributing factor that hinders persons with disabilities from accessing the existing services intended for them. This suggests the need for creating more awareness-raising activities at the community level to educate persons with disabilities on the types of SRHR services they can avail of.

Among the respondents who answered that they know the SRHR services in Southern Shan State, *ante-natal care consultations* (six out 23) and *provision of modern contraceptives* (six out 23) are the most availed SRHR services in the last five years. These are followed by *family planning counselling* (five out of 23), LARC (five out of 23), *post-natal coverage* (five out of 23), and *safe delivery* (five out of 23). Figure 78 shows the number of respondents in the household survey and the SRHR services they availed in the last five years.

Figure 78. Results of the household surveys for persons with disabilities who availed of SRHR services in the last five years (n=23)

GBV prevention and response services

Most respondents of the household survey with persons with disabilities (53 out of 83) answered *'no'* when asked if they knew any of the GBV prevention and response services within their community. Among the participants who answered that they know the GBV services in their community (10 out 83), three have not availed of any of the services in the last five years. *Case management* (one out 10) and *life skills* (one out of 10) were the only GBV prevention and response services that respondents availed of in the last five years (see Figure 79).
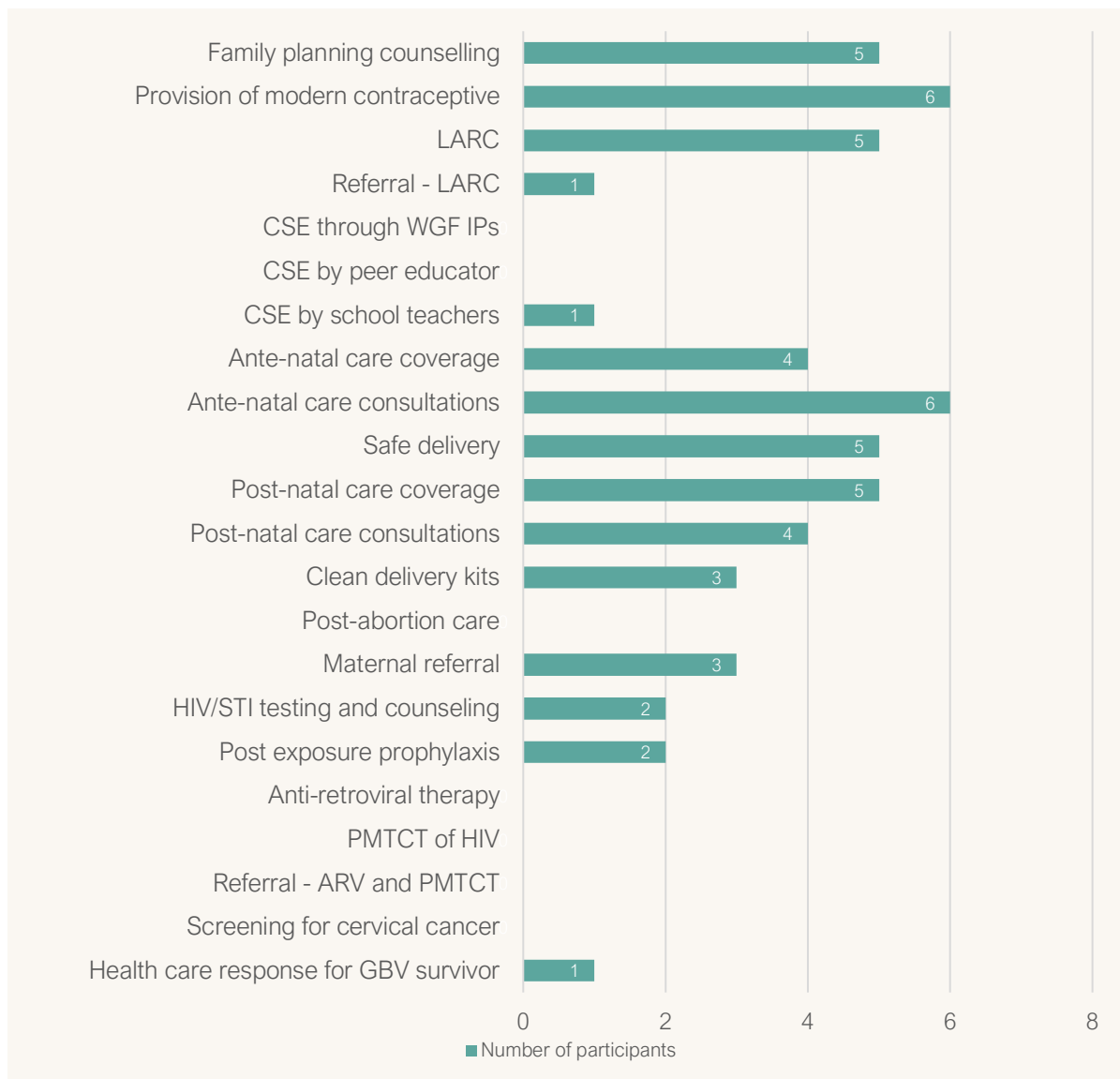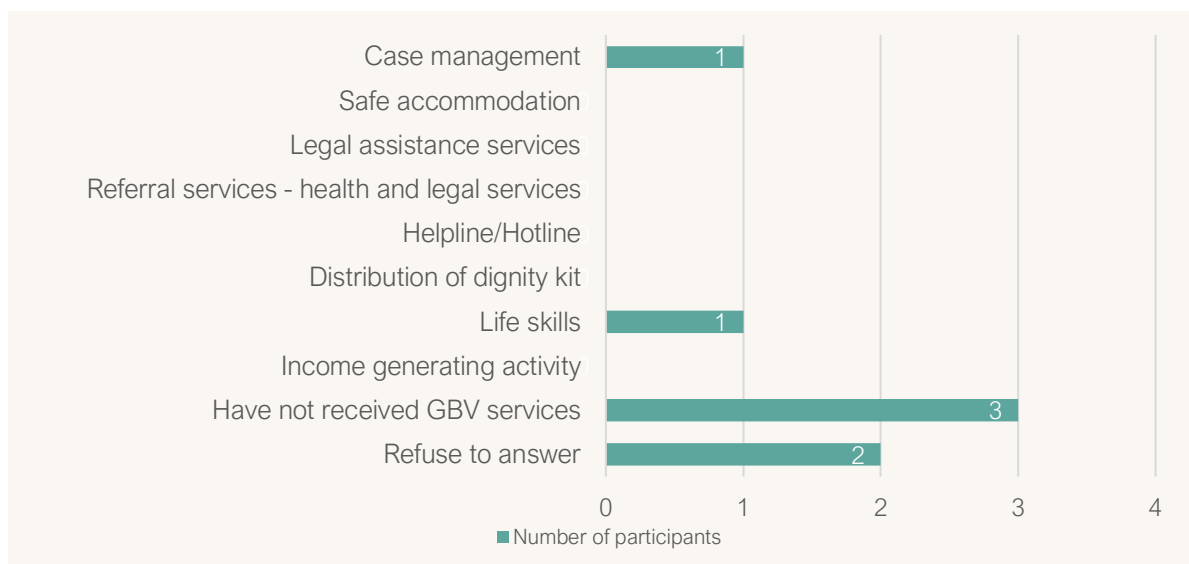
Figure 79. Results of the household surveys for persons with disabilities who availed the GBV services in the last five years (n=10)

MHPSS services

Most of the household survey respondents with persons with disabilities (70 out of 83) answered *'no'* when asked if they were knowledgeable of the MHPSS services being provided within their community. Only three of the 83 respondents confirmed they knew the available MHPSS services in Southern Shan State. These three respondents also shared that they availed of the *community support group service* in the last five years.

Services offered by the UNFPA WGF Programme

Results of the KII with women and adolescent girls with disabilities (n=18) and household survey on persons with disabilities (n=83) indicated that most of the respondents are unaware of the available services from UNFPA WGF Programme and its implementing partners. Meanwhile, the household survey on persons without disabilities (n=40) revealed similar findings. Results showed that 52.50 per cent of respondents were unaware of the services offered by the UNFPA WGF Programme and its implementing partners, while 47.50 per cent indicated that they were aware of the available services. These suggest that respondents were not provided with enough information on the available services offered by WGF implementing partners and CSOs in the community (see Figure 80).

Are you aware of the UNFPA WGF programme and its implementing partners and the services they offer to your community?

Persons with disabilities (n=83)   Persons without disabilities (n=40)
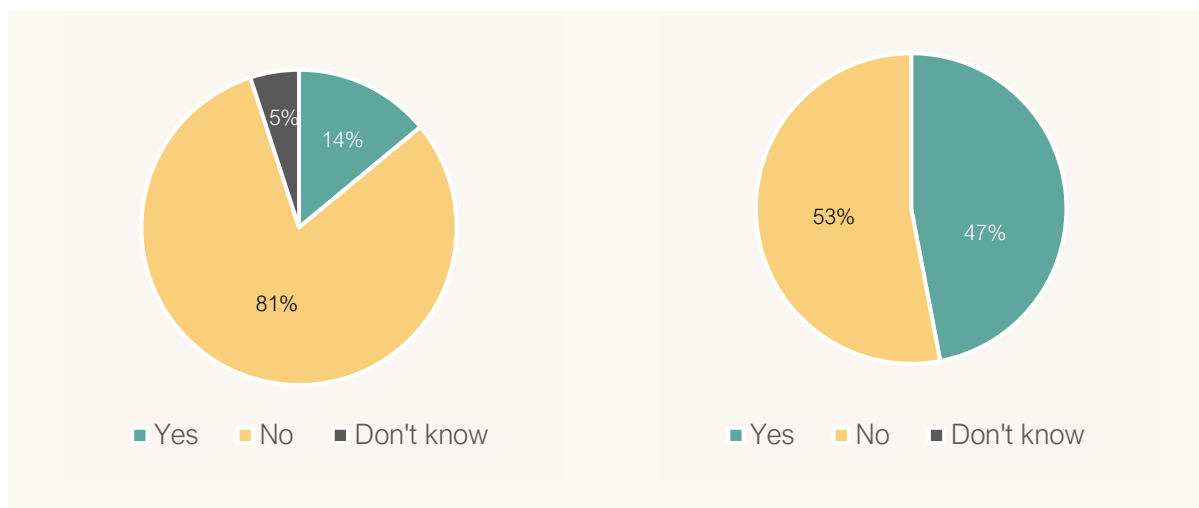
Figure 80. Results of the household survey on persons with disabilities (n=83) and persons without disabilities (n=40) on their awareness of the UNFPA WGF Programme, its implementing partners, and the services they offer

Persons without disabilities were also asked about their awareness of implementing partners' SRHR, GBV, and MHPSS services. The household survey findings revealed that most respondents were unfamiliar with the available services (see Figure 81). Although, it is also important to note that almost half of them were aware of the GBV (43 per cent) and SRHR services (45 per cent) offered by WGF implementing partners and CSOs within the state. This implies that some respondents were able to access the different services offered in the last five years.

Figure 81. Results of the household survey on persons without disabilities on their awareness of the types of services offered by implementing partners (n=40)

Sufficiency of services within the State

SRHR Services
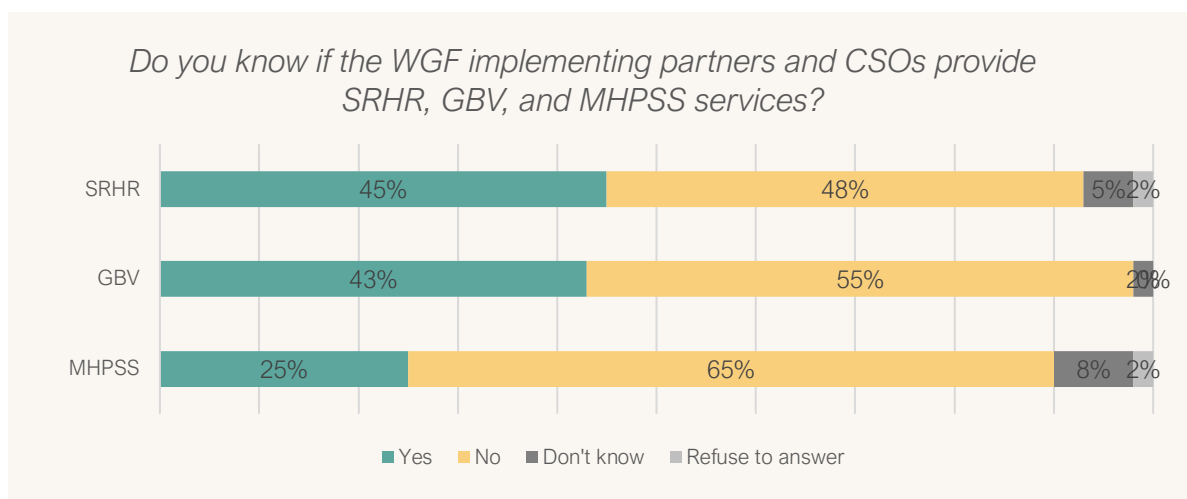This study also examined the sufficiency of SRHR services in Southern Shan State. The findings of the household survey on persons with disabilities (n=83) and persons without disabilities (n=40)

revealed that both groups disagreed that SRHR services in Southern Shan state are sufficient to accommodate persons with disabilities and persons without disabilities in the SRHR service facilities, which is at 25 per cent and 38 per cent, respectively. Results also showed that 25 per cent of the persons with disabilities and 23 per cent of persons without disabilities refused to answer when asked about the sufficiency of SRHR services.

In addition, findings from the KIIs with women and adolescent girls with disabilities indicated that most respondents were unaware of the various SRHR services offered within the Southern Shan State, as shown in Figure 82.

Do you think the following services provided in your twonship/village/camp are sufficient to affress your needs as a woman/girl with disability?

Service	Yes	No	Don't know
Family planning counselling	1.11%	27.78%	61.11%
Provision of modern contraceptive	22.22%	33.33%	44.44%
LARC	16.67%	38.89%	44.44%
Referral - LARC	16.67%	27.78%	55.56%
CSE through WGF IPs	1.11%	38.89%	50%
CSE by peer educator	1.11%	33.33%	55.56%
CSE by school teachers	1.11%	33.33%	55.56%
Ante-natal care coverage	1.11%	44.44%	44.44%
Ante-natal care consultations	1.11%	33.33%	55.56%
Safe delivery	1.11%	38.89%	50.00%
Post-natal care coverage	16.67%	33.33%	50.00%
Post-natal care consultations	1.11%	22.22%	66.67%
Clean delivery kits	1.11%	22.22%	66.67%
Post-abortion care	1.11%	22.22%	66.67%
Maternal referral	22.22%	16.67%	61.11%
HIV/STI testing and counseling	16.67%	27.78%	55.56%
Post exposure prophylaxis	22.22%	22.22%	55.56%
Anti-retroviral therapy	22.22%	22.22%	55.56%
PMTCT of HIV	27.78%	16.67%	55.56%
Referral - ARV and PMTCT	16.67%	16.67%	66.87%
Screening for cervical cancer	5.56%	33.33%	61.11%
Health care response for GBV survivor	5.56%	22.22%	72.22%

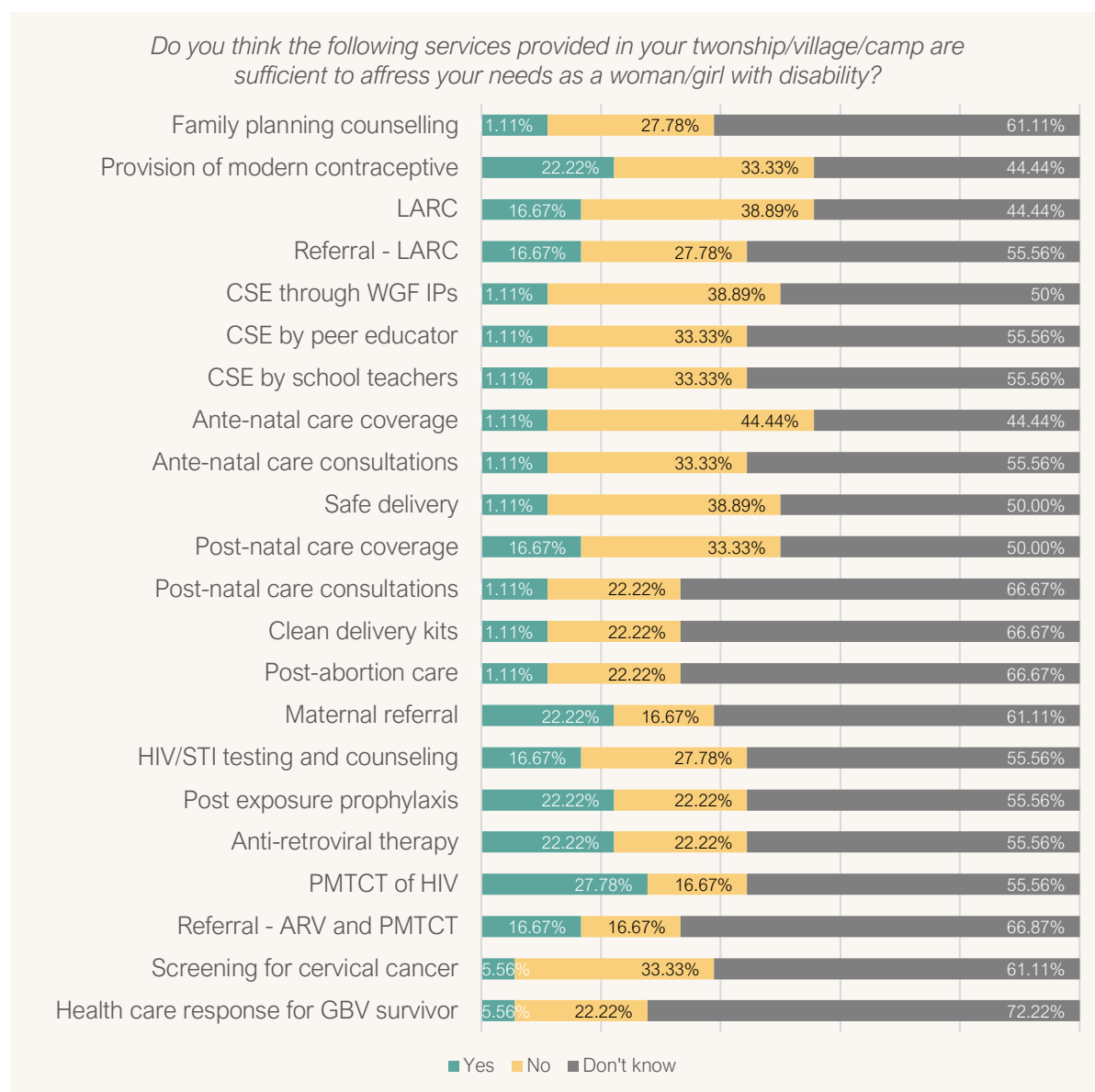Figure 82. Results of the KII on women and adolescent girls with disabilities on the sufficiency of SRHR services within Southern Shan state (n=18)

Overall, the results can be linked to many respondents not being aware of the available SRHR services being provided at the community level. In addition, these findings may also indicate the lack of adequate services for persons with disabilities within the community.

> **"[There is a] lack of access [to comprehensive sexuality education] for persons with disabilities."**
>
> - A woman with a disability

GBV prevention and response services

Findings from the household survey on persons with disabilities showed that 25.30 per cent (21 out of 83) of the respondents *disagreed* when asked if the GBV services in their communities are sufficient to cater for their needs. About 40 per cent (16 out of 40) of persons without disabilities *disagreed* when asked if the GBV services provided are sufficient.

In addition, the results of the KIIs on women and adolescent girls with disabilities indicated that most respondents were unaware of the available GBV services offered in the community (see Figure 83). These suggest the lack of access to GBV services within the community and the lack of awareness of the types of services they can avail of.

Do you think the following services provided in your twonship/village/camp are sufficient to affress your needs as a woman/girl with disability?

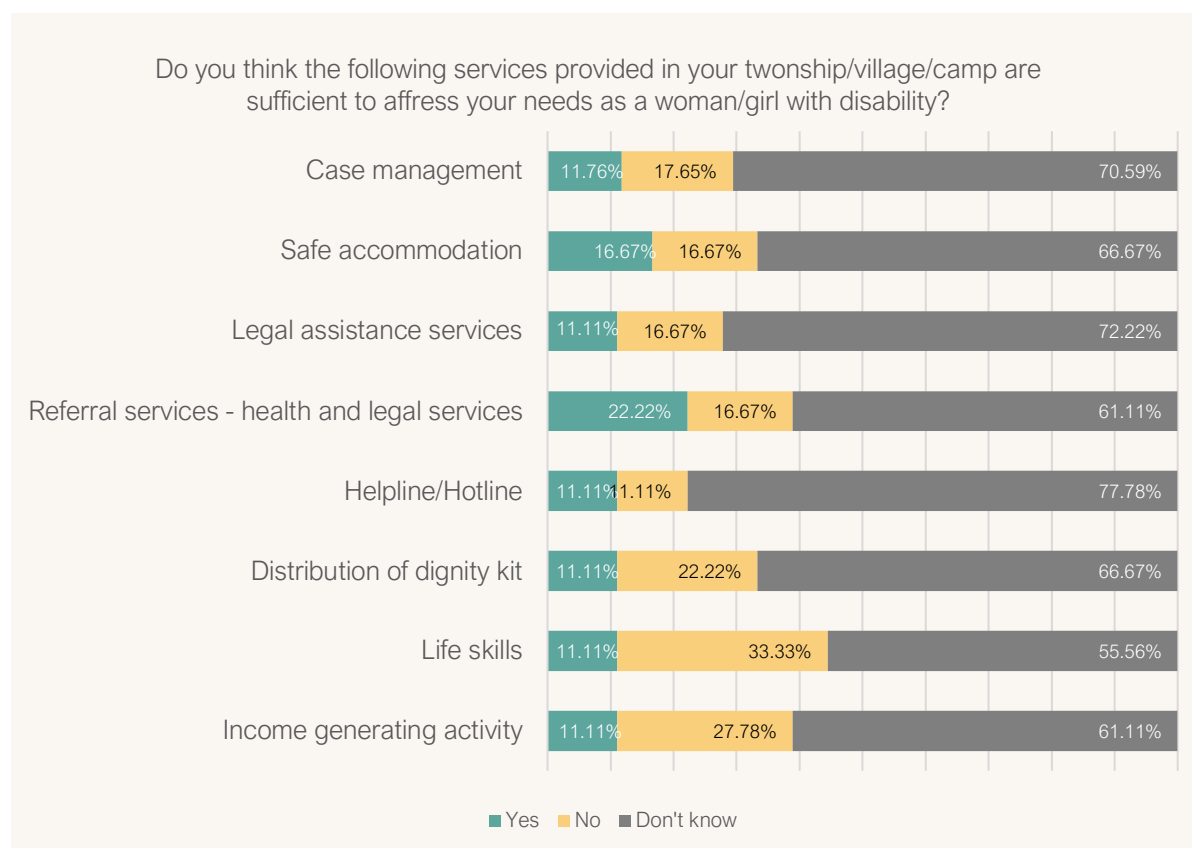| Service	Yes	No	Don't know
Case management	11.76%	17.65%	70.59%
Safe accommodation	16.67%	16.67%	66.67%
Legal assistance services	11.11%	16.67%	72.22%
Referral services - health and legal services	22.22%	16.67%	61.11%
Helpline/Hotline	11.11%	11.11%	77.78%
Distribution of dignity kit	11.11%	22.22%	66.67%
Life skills	11.11%	33.33%	55.56%
Income generating activity	11.11%	27.78%	61.11%

■ Yes ■ No ■ Don't know

Figure 83. Results of the KII on women and adolescent girls with disabilities on the sufficiency of GBV services within Southern Shan state (n=18)

Findings from the KII with an OPD revealed the need to build GBV services in Southern Shan State. This also suggests that strengthening the GBV services will support access of persons with disabilities to such services.

MHPSS Services

Findings from the household survey with persons with disabilities showed that 25.30 per cent (21 out of 83) *disagreed* that MHPSS services are sufficient to accommodate persons with disabilities, while 28.92 per cent of the respondents refused to provide their answers. About 35.50 per cent of persons without disabilities *disagreed* on the sufficiency of MHPSS services available within the community. In addition, the results of the KII with women and adolescent girls with disabilities revealed the lack of knowledge on the available MHPSS services within Southern Shan state, as shown in Figure 84.
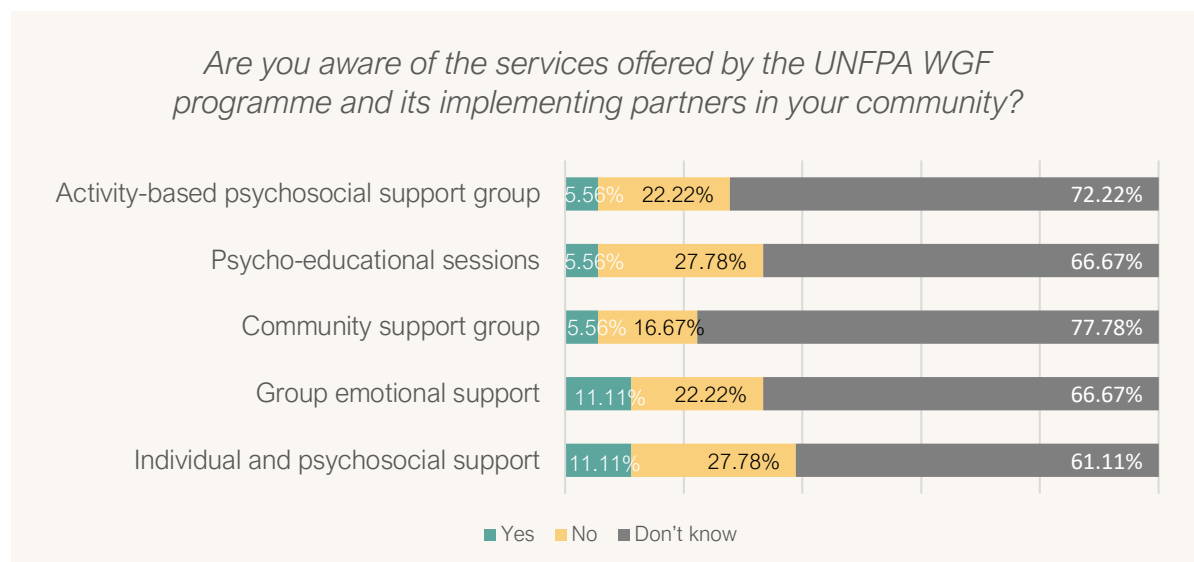

Figure 84. Results of the KII on women and adolescent girls with disabilities on the sufficiency of MHPSS services within Southern Shan state (n=18)

Overall, the survey results indicated that most respondents were unaware of the available MHPSS services within the community. This can also be linked to limited MHPSS service facilities that provide services for persons with disabilities.

Accessibility

Physical accessibility

Physical accessibility of service facility

The physical environment should be flexible and can accommodate the needs of all individuals, including persons with disabilities.[160] Article 9 of the CRPD obligates the State Parties to provide appropriate measures to guarantee equal access of persons with disabilities to the physical environment, transportation, information and communications, and other facilities and services.[161] This includes ensuring barriers to physical accessibility are identified and removed.[162]

Results of the household survey conducted with persons with disabilities (n=83) revealed the following challenges encountered: (1) *no service facilities near the residence* (28.92 per cent); (2) *lack of available transportation to and from service facilities* (19.28 per cent); (3) *roads are closed because of lockdowns (8.43 per cent), and unsafe roads to and from service facilities*

(6.02 per cent). Furthermore, the disaggregated data per type of functional difficulty also showed that across all types of functional difficulties, the lack of service facilities near the respondent's residence was the main challenge encountered by persons with a lot of difficulty and those who cannot do at all (see Table 20).

Table 20. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=83)							
Challenges	Seeing	Hearing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communic ating	Multiple functional difficulties
Number of participants (N=83)	3	3	13	6	1	3	54
There are no service facilities near my residence.	1	0	2	2	0	0	19
There are no ramps in the service facilities.	0	0	1	0	0	0	3
Door openings in the service facilities are very narrow.	0	0	0	0	0	0	0
WASH facilities (water, sanitation and hygiene) are not accessible.	0	0	2	0	0	0	1
Toilets are inaccessible and have no accessibility features.	0	0	3	0	0	0	2

Notably, 37.35 per cent of persons with disabilities responded that they do not experience barriers to physical accessibility when availing of SRHR, GBV, and MHPSS services. Further to this, 30.12 per cent of parents of persons with disabilities *agreed* that SRHR, GBV, and MHPSS service facilities are physically accessible.

Representatives from implementing partners and CSOs were also interviewed to determine the physical accessibility of their services for persons with disabilities. Results showed that 50 per cent of respondents *agreed* that their services are physically accessible for persons with difficulty seeing; 33.33 per cent for persons with difficulty hearing; 61.11 per cent for persons with difficulty walking or climbing; 27.78 per cent for persons with difficulty remembering or concentrating; 27.78 per cent for persons with difficulty with self-care; and 38.89 per cent for persons with difficulty communicating.

Table 21 presents the results of the physical accessibility assessment conducted by implementing partners following the five indicators: (1) *entrance to the facility;* (2) *reception and waiting areas;* (3) *service facility;* (4) *examination/treatment rooms;* (5) *toilet and hygiene facilities*.

Table 21. Results of the physical accessibility checklist (n=5)					
Indicators	Questions	Yes	A Little	No	Remarks
Entrance to facility	Is the facility entrance accessible for persons with mobility impairments?	1	3	1	Yes ▪ The entrance is 7'x2'8". Persons with disabilities can easily come in A Little ▪ Need to move better ▪ The facility entrance is 108 cm wide
	Does the facility have a ramp at the entrance?	1	1	3	Yes ▪ A ramp is 5 inches high; the slope is 1 foot and 7 inches long and 2 feet and 3 inches wide. No

Indicators	Questions	Yes	A Little	No	Remarks
					▪ Most buildings do not have a ramp at the entrance ▪ Still planning to [provide ramps]
	Is the entrance door wide enough to fit a wheelchair?	4	1	-	Yes ▪ Regular entrance [door]; can enter wheelchair for people with disabilities ▪ There is a wide range of freedom of movement ▪ The door [is] 108 cm in width and 157.5 cm in height
	Is the door handle at the entrance door a height that can be reached by persons who use wheelchairs?	3	1	1	Yes ▪ The door handle [is] 99 cm in height above the floor, and the distance between the door frame and the handle is 8 cm ▪ There is a height that is easy to reach and use (85 cm) No ▪ They have a standard height of the door handle
	Can the entrance door be opened easily without much effort?	4	-	1	Yes ▪ They always open the door ▪ Easy to use ON/OFF ▪ The door can be easily opened without much effort
	Are service signages on the entrance door readable?	1	-	4	Yes ▪ The entrance door signage is readable because the vinyl size is 6x4 feet. There is no braille and understandable symbols yet No ▪ There [are] no signboards ▪ Still planning to do it
	Are there door staff/security staff who can assist persons with disabilities when needed?	3	-	2	Yes ▪ They have a day guard for security ▪ A full 24 hours ▪ Some staff can assist persons with disabilities when needed No ▪ Staff from the clinic can help. However, there is not enough staff.
Reception and waiting areas	Is the pathway from entrance to reception clear of obstacles?	2	1	2	Yes ▪ They have no disturbance ▪ The pathway from the entrance to the reception area has 169 cm in width No ▪ You can move freely ▪ The clinic does not have a separate reception desk
	Is there a space for wheelchairs in the waiting areas?	1	3	1	Yes ▪ The waiting area is wide A Little ▪ More freedom of movement is still needed ▪ Yes, it has enough space for wheelchairs in the waiting area in the office compound

Indicators	Questions	Yes	A Little	No	Remarks
					No ▪ The current clinic building does not yet have a waiting area or wheelchair area for receiving services
Service facility	Are there steps inside the service facility?	2	-	3	Yes ▪ Not for disabled people No ▪ The office is situated [on] the ground floor
	Are there handrails along corridor walls?	1	3	3	No ▪ Still planning to do it ▪ The office has not [developed] the handrails along the corridors yet
	Are corridors free from obstacles?	-	-	5	-
	Are floor coverings non-slip?	4	-	1	Yes ▪ It is in good condition
	Are service areas well-lit to support people with low vision to see visual cues and people who are hard of hearing to lip read?	4	-	1	There is enough light everywhere
Examination/ Treatment rooms	Are doorways to examination/treatment/counselling rooms wide enough to fit a wheelchair?	1	2	2	A Little ▪ More freedom of movement is still needed No ▪ The door has 75 cm in width and 184 cm in height ▪ There is no examination room yet
	Is the examination table's height adjustable?	-	-	5	▪ The examination table is normal ▪ There are only tables of perfect size, low and high
	Is the floor covering non-slip?	2	2	1	Yes ▪ It is in good condition A Little ▪ Most of the floors are concrete
Toilet and hygiene facilities	Are there signages indicating that the toilet is accessible?	-	-	5	Still planning to do it
	Is the doorway wide enough to fit a wheelchair?	2	2	1	Yes ▪ There is enough space
	Are there grab rails near the toilet?	1		4	▪ There [are] no grab rails in the toilet ▪ Still planning to do it
	Are bins available for the disposal of hygiene products?	3	1	1	Yes ▪ Arranged for disposal
	Are hand basins and soaps at a height that can be reached by persons using wheelchairs?	2	1	2	Yes ▪ There is a suitable height No ▪ The basins' height is 3 feet
	Is there any adaptive seating	1	-	4	No ▪ There is no facility for people with disabilities to use toilet seats

Indicators	Questions	Yes	A Little	No	Remarks
	device for toilet seats?				▪ Still planning to do it

Findings also show that emergency evacuation within the service facility remains challenging for persons with disabilities (see Table 22). These concerns should be addressed to guarantee the safety of persons with disabilities during emergencies.

Table 22. Results of the physical accessibility checklist on emergency evacuation (n=5)					
Indicators	Questions	Yes	A Little	No	Remarks
Emergency evacuation	Is there an emergency evacuation plan in place that is designed in consultation with persons with disabilities?	-	1	4	No ▪ They have no guidelines or policies for disabilities A Little ▪ Not yet perfect
	Are emergency evacuation routes clearly signed and in Braille for persons with vision impairments?	-	-	5	▪ There [are] no signboards for [people] with visual disabilities ▪ Still planning to do it
	Are emergency exits clear from obstacles?	2	-	3	No ▪ Emergency exits are obstructed
	Are escape routes accessible for persons with mobility or vision impairments?	-	2	3	No ▪ The building has many steps A Little ▪ Not perfect yet
	Are assembly points accessible for persons with disabilities?	2	2	1	Yes ▪ It can be convenient

Overall, there were still gaps in the physical accessibility of service facilities, especially emergency evacuation. Infrastructures and facilities are still not at par with the international and national standards on accessibility and the universal design principles on accessibility.

Physical accessibility of route to and from the service facilities

Results showed that most of the respondents of KII with women and adolescent girls with disabilities (n=18) did not know if the routes to and from the service facilities were physically accessible. One respondent shared that she has never used any of the service facilities. This indicated that most of the participants of the KIIs with women and girls with disabilities had not accessed any of the services. In addition, the results of the KIIs also suggest that SRHR, GBV, and MHPSS services are insufficient in Southern Shan.

Some respondents noting that the roads to and from service facilities *are* physically accessible shared the following reasons: *convenience in going to and from the service facilities due to assistance from family members*, and the *service facilities are located near the respondent's home*. It should be noted that this does not necessarily mean that the roads are physically accessible but that other factors enable access beyond the physical accessibility of roads or facilities. This is reinforced by the findings that a few persons with disabilities (n=83) surveyed

raised issues on the physical accessibility of routes to and from the service facilities. Results showed that 6.02 per cent (five out of 83) of the sample population raised their concern about the *unavailability of transportation to and from service facilities,* and 19.28 per cent of the respondents (16 out of 83) pointed out that *roads to and from the service facilities are unsafe.*

> **"Difficulty in [accessing] transportation to the service facilities [is one of the barriers encountered in availing of services]"**
>
> - One of the women with disabilities interviewed for FGD

Impact of the COVID-19 pandemic and military coup on physical accessibility

Challenges to physical accessibility among persons with disabilities were further exacerbated due to the lockdowns brought on by the COVID-19 pandemic and the negative impact of the military coup in the country. Some community leaders and representatives from implementing partners and CSOs shared that travel restrictions were implemented during lockdowns, and checkpoints were put up during the military coup, making it more challenging to go out and avail of essential health services, including SRHR, GBV, and MHPSS, needed. In addition, one representative from implementing partners shared that clinics were temporarily closed during lockdowns. Nevertheless, home visits were conducted by implementing partners to try to ensure that persons with disabilities had access to services.

> **"[It was] difficult to go outside [during the COVID-19 pandemic]. Persons with disabilities are more susceptible to infection than others, so they do not go outside [of their homes]. Therefore, [it was] difficult [for them] to access the service[s] during these times. [There were] travel restrictions."**
>
> - Key informant from an implementing partner in Southern Shan

Addressing the challenges of physical accessibility

A representative from an OPD suggested several strategies for addressing the challenges of persons with disabilities when accessing service facilities within the community. Among the strategies is providing guides within the service facilities, which can be through walking marks and visible and simple signs. Box 6 provides an overview of the specific strategies per area of functional difficulty.

Box 6. Strategies for addressing physical accessibility challenges.

What strategies can implementing partners implement to ensure access to service facilities for persons with disabilities?

A representative from an OPD in Southern Shan state suggested the following:

- For **persons with difficulty seeing,** providing guides or walking marks within the service area compound is recommended. The provision of affordable transport to and from service centres should also be considered.
- For **persons with difficulty hearing,** it is suggested to provide readable sign marks and maps to guide them inside the service compound.
- For **persons with difficulty walking or climbing steps**, it is recommended to provide accessible wheelchair ramps, handrails, and accessible toilets.
- For **persons with difficulty remembering or concentrating,** it suggested providing visible and simple signs and pictures within the service facilities.

Economic accessibility

Cost of services to persons with disabilities

Implementing partners in Southern Shan state shared that they offer free services for their target beneficiaries, including persons with disabilities. One of the representatives from implementing partners mentioned that although services are free of charge, their organisation also accepts donations if their clients decide to donate. However, it is interesting to note that only 26.51 per cent of parents/caregivers of persons with disabilities (n=83) *agreed* that SRHR, GBV, and MHPSS services are free. In addition, some of the respondents of the FGD with women and adolescent girls with disabilities shared that financial difficulties are one of the reasons why persons with disabilities decided not to avail of the services. This suggests a lack of awareness of the affordable services available within the community.

> "[One of the barriers to access to services is the] high cost of childbirth and tubal ligation, [including] high cost of travelling to the service area [car fare]."
>
> - A woman with a disability in Southern Shan

Additional costs associated with the availing of services

Persons with disabilities and persons without disabilities encounter additional costs when availing of services. These include transportation fees, food, and prescribed medicines that are not directly related to the services. Figures 85 and 86 show the responses of persons with disabilities and persons without disabilities in the household survey.
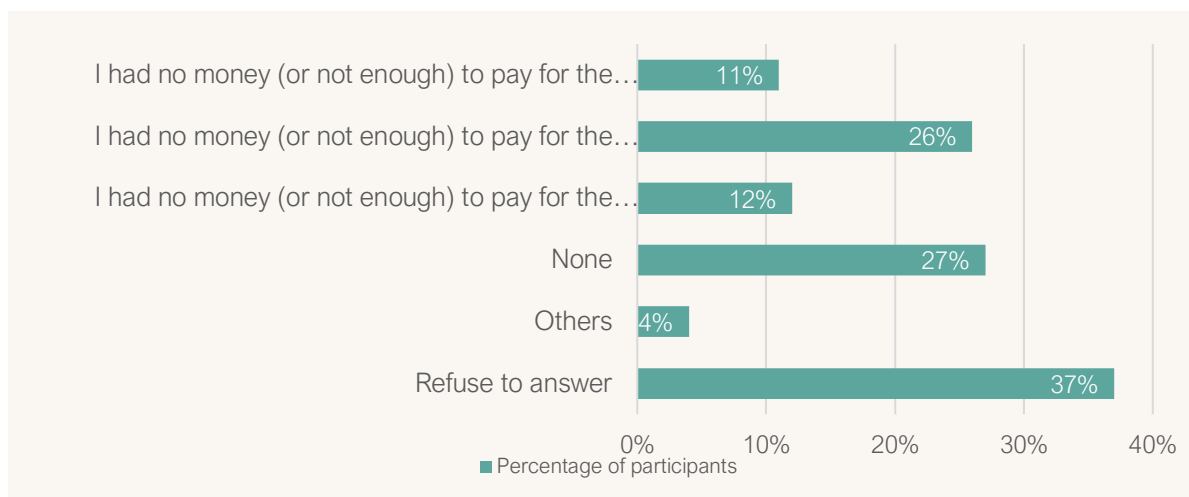
Figure 85. Results of the household survey for persons with disabilities (n=83)
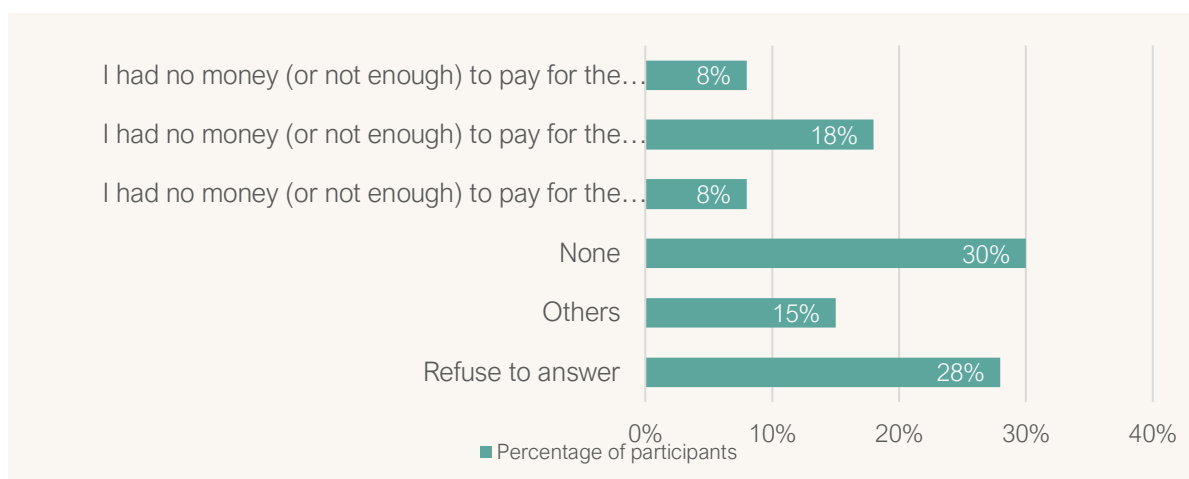

Figure 86. Results of the household survey for persons without disabilities (n=40)

While results of the surveys indicated that most persons with disabilities (27 per cent) and persons without disabilities (30 per cent) do not experience challenges concerning the additional cost of availing of services, it can still be gleaned that persons with disabilities are more likely to be disproportionately affected by the additional costs they need to pay since most respondents with disabilities surveyed are unemployed (61 out of 83 respondents).

Furthermore, results of the household survey with persons with disabilities revealed that across all types of functional difficulties, the lack of money to pay for the services is the main challenge encountered by persons with disabilities. Table 23 shows the disaggregated data on economic challenges experienced by persons with disabilities.

Challenges	Seeing	Hearing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communic ating	Multiple functional difficulties
Number of participants (N=83)	3	3	13	6	1	3	54
I had no money (or not enough) to pay for the services	2	0	4	2	0	1	13
I had no money (or not enough to pay for the cost of transportation and food when going to the service facilities	2	0	2	0	0	0	5
I had no money to pay for the prescribed medicines/treatment after availing of the services	2	0	3	0	0	1	4

Impact of the COVID-19 pandemic and military coup on economic accessibility

The COVID-19 pandemic and military coup aggravated the situation of persons with disabilities, especially in accessing services within the community. A representative from an OPD shared that COVID-19 and the ongoing military coup negatively impacted the businesses of families of persons with disabilities. This resulted in financial difficulties since their livelihood became unstable. Some community leaders also acknowledged that financial problems were experienced during the pandemic and the military coup, especially those from lower socio-economic status.

> **"Persons with disabilities have difficulties during [the] COVID-19 pandemic period due to their socio-economic problems [.] They have financial difficulties when going to health centres."**
>
> - A community leader from Mawkmai

Non-discrimination

Attitudinal barriers

Negative attitudes towards persons with disabilities can hinder them from accessing SRHR, GBV, and MHPSS services within their communities. Twelve per cent of persons with disabilities shared that no one assisted them in going to service facilities, and 6.02 per cent responded that the people within the community have a negative attitude towards them. Seventeen per cent of parents/caregivers of persons with disabilities (n=83) also stated that the community is not accommodating and respectful towards persons with disabilities.

However, it is essential to note that findings from the household survey with persons with disabilities (n=83) suggested that some respondents did not experience attitudinal barriers when availing of SRHR, GBV, and MHPSS services (37.35 per cent). Similar findings were also reflected in the interviews with parents/caregivers of persons with disabilities (n=83), where 29.27 per cent of respondents *agreed* that the community is accommodating and respectful towards persons with disabilities. However, another 29.27 per cent of the parents/caregivers responded that they *neither disagreed nor agreed* with the statement. This suggests that several respondents do not

have a strong opinion concerning attitudinal barriers experienced when availing of services. In addition, this could indicate that there is evidence of attitudinal discrimination, but the experience of it is variable.

Results of the household survey with persons with disabilities that a few of the respondents mentioned that the negative attitude of people within their community is a challenge when availing of SRHR, GBV, and MHPSS services.

Attitude of service providers towards persons with disabilities

Attitude of service providers towards persons with disabilities may hinder or facilitate persons with disabilities' access to services. The household survey results with persons with disabilities (n=83) indicated that 38.55 per cent of the respondents *agreed* that service providers ensure that persons with disabilities are not discriminated against before, during, and after service delivery. This is aligned with the responses of parents/caregivers of persons with disabilities, in which 37.35 per cent of the respondents *agreed* that service providers respect the needs of persons with disabilities. Although it is also important to note that 32.53 per cent of parents/caregivers *neither disagreed nor agreed* with the statement. This suggests that parents and caregivers are not aware of the attitude of service providers towards persons with disabilities. Overall, many persons with disabilities and their parents/caregivers perceived that service providers have a positive attitude towards persons with disabilities. This suggests that most, if not all, service providers provide equal treatment to their clients, regardless of their background.

Information accessibility

Designing accessible information on SRHR, GBV, and MHPSS services

Accessible health-related information about the different services available within the community is vital for persons with disabilities to access health services.[163] The results of interviews with the representatives of implementing partners and CSOs revealed that many of them do not have information, education, and communication (IEC) materials that are accessible for use by persons with disabilities. One of the reasons cited for this is the lack of capacity of implementing partners to produce accessible IEC materials. Only one respondent shared that they provide IEC materials in Braille for persons with difficulty seeing and video clips with sign language for persons with difficulty hearing.

Understanding the information can also be challenging for some persons with disabilities due to the lack of access to accessible IEC materials. One respondent from the women and adolescent girls with disabilities group shared the difficulty in acquiring complete information about the services available in the community.

> "[There is a] lack of access to information due to [the] absence [of] widespread awareness [about the services] being provided."
>
> - A woman with a disability in Southern Shan

The design of IEC materials, as well as the accessibility of information, remains a challenge both for persons with disabilities and persons without disabilities. Figures 87 and 88 illustrate the challenges perceived by persons with disabilities and persons without disabilities concerning

information accessibility. Findings from the household surveys showed that 45 per cent of persons without disabilities and 31.33 per cent of persons with disabilities are unaware of the services available within their community. This suggests that both persons with disabilities and persons with disabilities lack awareness of the types of services they can avail of.
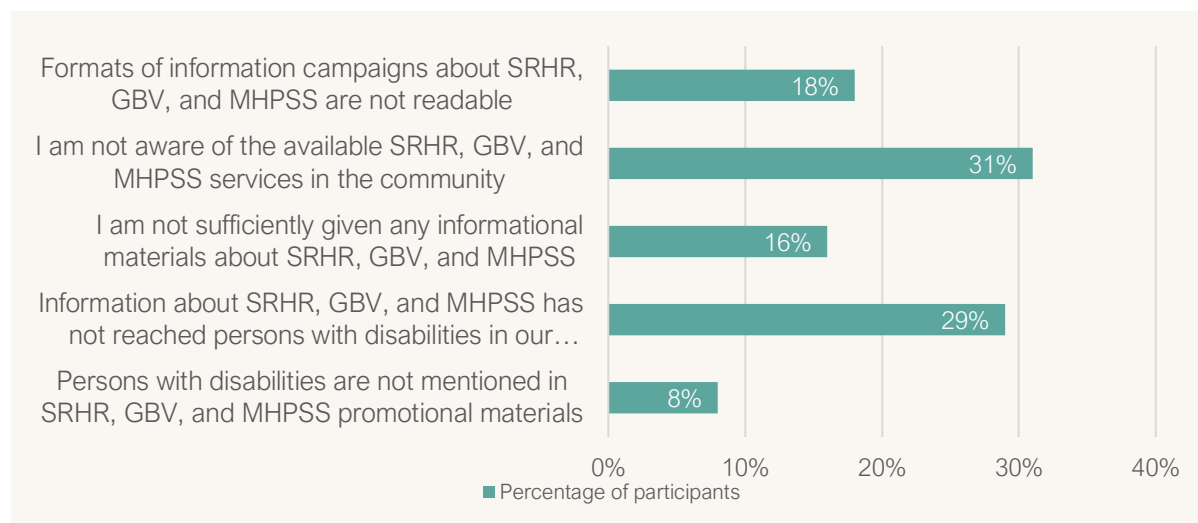

Figure 87. The household survey results for persons with disabilities (n=83)
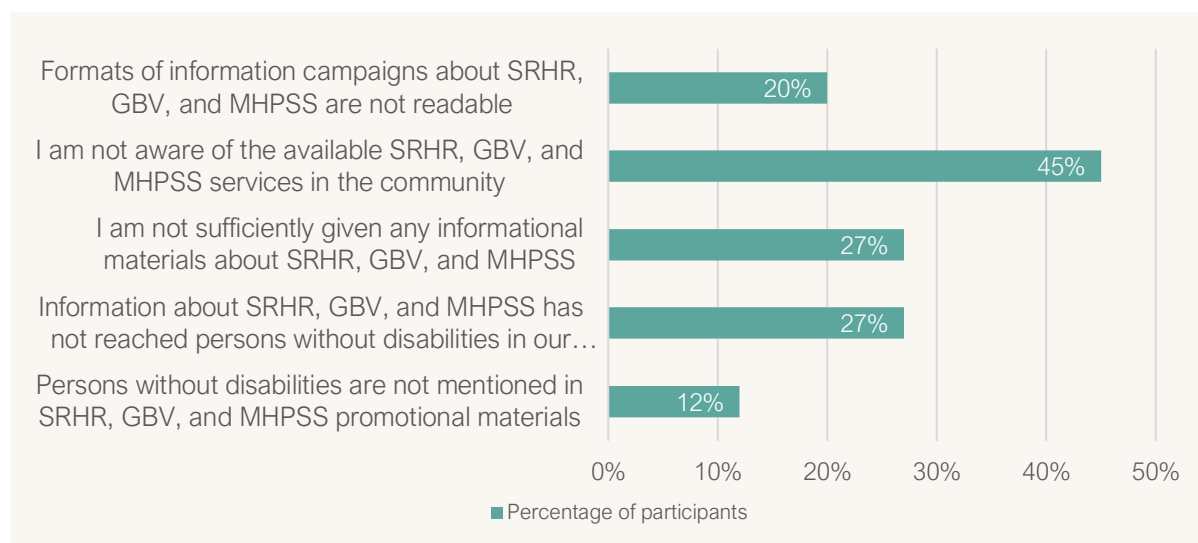

Figure 88. The household survey results for persons without disabilities (n=40)

The results of the household survey with persons with disabilities revealed that challenges to informational accessibility vary based on functional difficulty. Lack of awareness on the available SRHR, GBV, and MHPSS services is the main challenge for persons with difficulty in walking or climbing steps, persons with difficulty in hearing, and persons with difficulty in self-care. Further, persons with difficulty in seeing and persons with difficulty in communicating, identified information on the different types of services not reaching their communities as their main challenge. Table 24 shows the disaggregated data on the challenges encountered per type of functional difficulty.

Table 24. Disaggregated data based on functional difficulties related to challenges on physical accessibility (n=83)							
Challenges	Seeing	Hearing	Walking/ Climbing	Remembering/ Concentrating	Self-care	Communicating	Multiple functional difficulties
Number of participants (N=83)	3	3	13	6	1	3	54
Formats of informational campaigns about SRHR, GBV, and MHPSS are not readable	0	0	4	0	0	1	10
Persons with disabilities are not mentioned in SRHR, GBV, and MHPSS promotion materials	1	0	2	0	0	1	3

Disseminating information on SRHR, GBV, and MHPSS services

Information on SRHR, GBV, and MHPSS services in Southern Shan state is communicated using a variety of communication channels. Some community leaders shared that information is disseminated through (1) community awareness-raising sessions; (2) distribution of pamphlets; (3) community meetings; and (4) house visits.

However, although some community leaders shared that the information is disseminated in the communities through different means, the interviews with women and adolescent girls with disabilities indicated that information about the services is often not communicated directly to them. Out of the 12 women and adolescent girls with disabilities interviewed, only two provided examples of how information is disseminated. A woman with a disability shared that through SRHR services, pregnant mothers received notification from the service provider regarding referrals for hospital delivery. A girl with a disability also shared that information was obtained through her father and aunt, who had attended the training related to GBV.

Addressing the challenges of information accessibility

Challenges to information accessibility need to be addressed to safeguard the right of all individuals, including persons with disabilities, to information. A representative from an OPD recommended the following strategies for different functional difficulties, as shown in Box 7. Two refer specifically to visual difficulty and blindness, and the third is more general. Clearly, there should be additional strategies to address the requirements of other groups of persons with disabilities.

Box 7. Strategies to address challenges in information accessibility

To your knowledge, what measures do the WGF programme and its implementing partners need to consider to ensure that persons with functional difficulties can access the information related to SRHR, GBV, and MHPSS services?

A representative from an OPD in Southern Shan state suggested the following:
- Collaborate with associations for the blind to create an accessible reader application for persons with difficulty seeing
- Produce IEC materials in Braille, large print, and simple signs and easily understood pictures/graphics format

Acceptability

Informed consent and confidentiality

Obtaining informed consent of persons with disabilities

The CRPD obliges health professionals to deliver the same equal healthcare services to persons with disabilities, including obtaining free and informed consent.[164] In the KIIs conducted with representatives from implementing partners and CSOs, respondents shared that they ensure obtaining informed consent from all their clients or the client's guardian. Most of them shared that usually informed consent is obtained verbally.

The results of household surveys showed that some persons with disabilities and persons without disabilities *agreed* that service providers obtained informed consent when they visited service facilities (43 per cent and 45 per cent, respectively). However, it is interesting that results of the FGDs with women and adolescent girls with disabilities and men and adolescent boys with disabilities indicate otherwise. Most respondents were unaware of how the service providers obtained informed consent. This is also confirmed by respondents of the KII for women and adolescent girls with disabilities.

> **"Consent is obtained by filling out attendance lists [during] the training. When we talk about personal matters, they encourage us to talk [and they implement safeguarding measures to prevent information] from leaking out."**
>
> - One of the respondents of FGD with women and girls with disabilities

Respect on confidentiality

Results of the household surveys indicated that about half of persons with disabilities and persons without disabilities agreed that service providers respect the confidentiality of their personal information (45.78 per cent and 47.50 per cent, respectively). Meanwhile, some of the respondents from the KIIs with women and adolescent girls with disabilities were unaware of how service providers respect the confidentiality of their personal information. Nevertheless, representatives from implementing partners shared that their organisations adhere to confidentiality protocols. One representative from implementing partners also shared that they have a confidentiality policy, ensuring the client's personal information is protected.

Participation

Participation of persons with disabilities and OPDs is crucial in designing, planning, implementing, monitoring, and evaluating activities and services intended for them. A representative from an OPD shared that their involvement in the decision-making process can enable service providers to ensure reasonable accommodations and identified needs of persons with disabilities are being addressed.

The household survey results for persons with disabilities (n=83) revealed that 31.33 per cent of the respondents *agreed* that they actively participated in the decision-making process of activities involving persons with disabilities. However, the FGD showed that most women and adolescent girls with disabilities and men and adolescent boys with disabilities have not experienced participating in the design, implementation, and monitoring of SRHR, GBV, and MHPSS services. Some women and adolescent girls with disabilities also expressed that they should be provided opportunities for decision-making.

> **"We want to provide the necessary support for people with disabilities so that they can stand on their own. If you come to the village to provide knowledge, invite persons with disabilities to participate."**
>
> - One of the parents of persons with disabilities

Quality

Capacity development

Building capacity for disability inclusion

The results of household surveys conducted revealed that both persons with disabilities and persons without disabilities have similar perceptions of the capacity of service providers to deliver SRHR, GBV, and MHPSS services. Figures 89 and 90 illustrate the results of household surveys between the two groups.
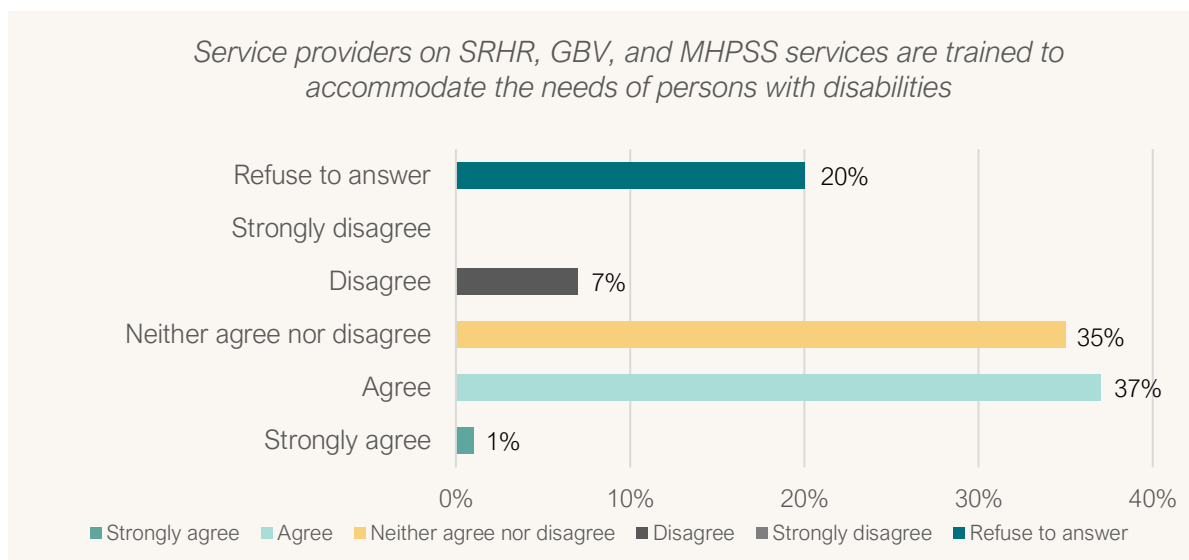
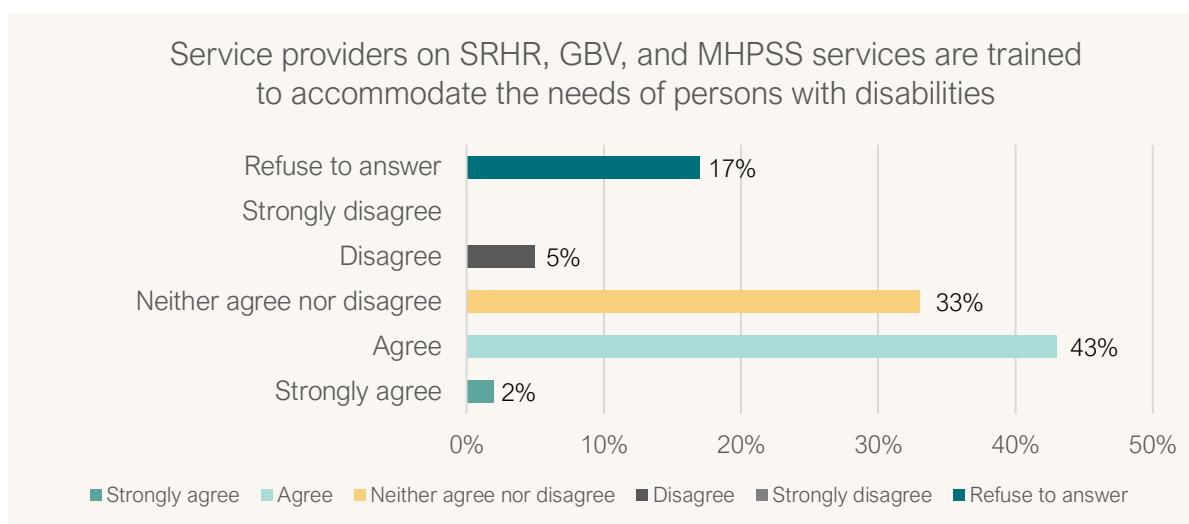Figure 89. The household survey results for persons with disabilities (n=83)

Figure 90. The household survey results for persons without disabilities (n=40)

Many implementing partners (14 out of 18) confirmed they had received training on disability or inclusion of persons with disabilities, such as basic training from Humanity and Inclusion and awareness training sessions from UNFPA, Relief International, and Alliance Myanmar.

On the contrary, the assessment also showed that most community leaders (11 out of 12) did not receive any disability-related training. The findings suggest the need to strengthen the capacities of community leaders on disability and inclusion since they play a significant role in coordinating services at the community level.

OPDs can also provide service providers with training related to disability inclusion and accommodating the needs of persons with disabilities, as revealed in the interview results with an OPD representative. However, it should be noted that OPDs in Southern Shan are not equipped with knowledge of delivering SRHR, GBV, and MHPSS services within the state. Thus, building

their knowledge and skills in delivering these essential services through the UNFPA WGF team and its implementing partners and subgrantees is also essential.

Non-discrimination

Measures to address discrimination

Evidence suggests that implementing partners have set up different measures to ensure that persons with disabilities are not discriminated against when availing of services. Some implementing partners and CSOs shared that non-discrimination protocols are in place, and staff adhere to these protocols. There are also implementing partners that conducted capacity-building activities and awareness sessions to ensure service providers are equipped to deliver equal quality services to all individuals.

The household survey among persons with disabilities (n=83) indicated that only 38.55 per cent of respondents agreed that persons with disabilities are not discriminated against before, during, and after the delivery of services. Results also showed that 34.94 per cent of the respondents indicated that they *neither disagreed nor agreed* when asked if they perceived that persons with disabilities are not discriminated against when availing of services (see Figure 91). This suggests that several persons with disabilities do not have a strong opinion about discrimination when accessing services.
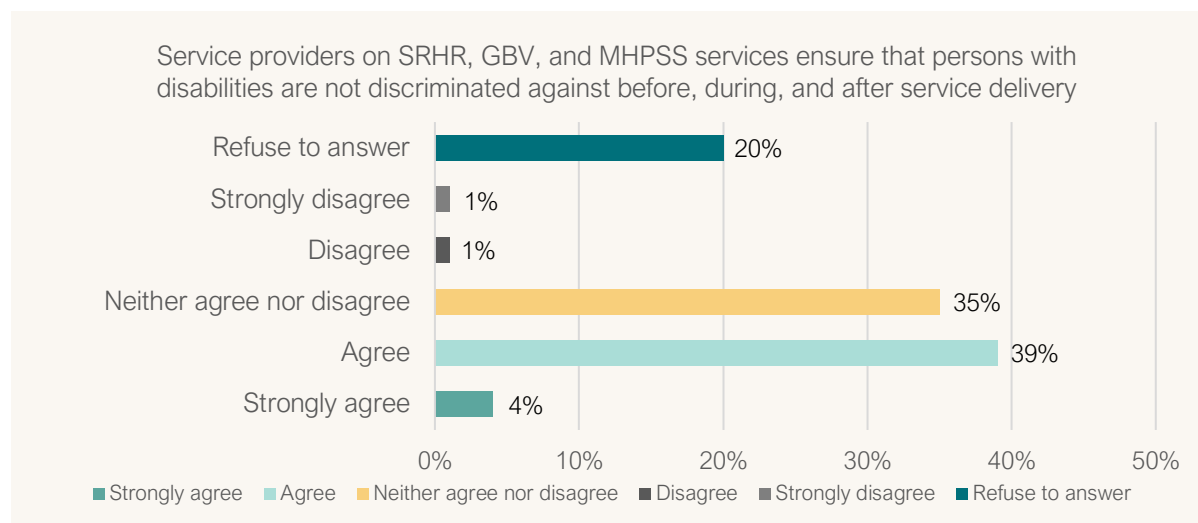
Figure 91. Respondents of household survey for persons with disabilities (n=83)

Overall, the assessment results indicate that the measures set up by implementing partners have helped prevent discrimination towards persons with disabilities since many persons with disabilities confirmed that they did not feel any discrimination when availing of services. However, it is still important to note the need to strengthen service providers' awareness-raising activities to ensure equal service delivery to all individuals, including persons with disabilities.

Monitoring

Measures in place to monitor access

Establishing measures to monitor access to SRHR, GBV, and MHPSS is essential to identify good practices and areas to improve the design and implementation of services for persons with disabilities. However, most implementing partners (n=18) confirmed that their organisations have not set up specific mechanisms to monitor access to services of persons with disabilities. Some implementing partners shared that they have established suggestion boxes and hotlines for client feedback.

Findings from the household survey with persons with disabilities (n=83) showed that 44.58 per cent of persons with disabilities *agreed* that their personal information was collected before availing of the services. Similar findings were obtained in the household survey with persons without disabilities. Forty per cent of the respondents confirmed that service providers request their clients to submit their personal details before providing services.

Community leaders expressed the following support they can provide in monitoring access of persons with disabilities to services:
- Coordinate with relevant organisations to identify the needs of persons with disabilities;
- Coordinate with persons with disabilities on the various activities of the community.

Moreover, the OPDs shared that they can support monitoring access of persons with disabilities to services by providing advice and support on matters concerning disability.

Recommendations

Availability

1. Develop CRPD-compliant strategic plans for WGF implementing partners and subgrantees.
   - Findings show that most implementing partners and CSOs in Southern Shan do not have CRPD-compliant strategic plans. Although implementing partners and CSOs include persons with disabilities as their target beneficiaries for their programmes, it is still crucial that all programmes for persons with disabilities are aligned with the CRPD.
   - In developing the strategic plans, ensure that persons with disabilities are included as the target beneficiaries of programmes and services.
   - Ensure key stakeholders are engaged in developing CRPD-compliant strategic plans, policies, and programmes. It is recommended to consult with persons with disabilities and their representative organisation.
   - Adopt a twin-track approach to disability inclusion and clearly articulate this in the policies, strategies, and plans.
2. Increase awareness of persons with disabilities about the available SRHR, GBV, and MHPSS services offered by implementing partners and CSOs within the Southern Shan state.
   - It is recommended to collaborate with OPDs and community leaders in developing strategies to increase the awareness of persons with disabilities and their families on the existing services available within their community. Participation of OPDs and community leaders is important in identifying the barriers that hinder persons with disabilities from accessing these services.

3. Expand the SRHR, GBV, and MHPSS services within the community to accommodate persons with disabilities.
    - Insufficiency of SRHR, GBV, and MHPSS is seen as one of the challenges encountered by persons with disabilities. Expanding the reach of these services is recommended to ensure that persons with disabilities can access the essential services they need.
    - Intensify the implementation of outreach clinics to ensure access of persons with disabilities to SRHR, GBV, and MHPSS services.

Accessibility

4. Support improvement of SRHR, GBV, and MHPSS service facilities to increase access for persons with disabilities.
    - Although most persons with disabilities agree that service facilities are physically accessible, it is crucial to conduct accessibility audits led by representatives from OPDs. This will ensure that service facilities follow the international standards on accessibility and the universal design principles on accessibility.
    - Collaborate with key stakeholders to address the findings of the accessibility audit. Establish a strong network that would help build accessible physical infrastructure.
    - Improve the accessibility of emergency evacuation in service facilities to guarantee the safety of persons with disabilities during emergencies.
5. Provide accessible transport to and from service facilities to improve access to services.
    - Build partnerships with relevant stakeholders to provide accessible transport to and from service facilities for persons with disabilities and parents/caregivers.
    - Collaborate with OPDs and persons with disabilities in planning, implementing, monitoring and evaluating the accessibility of transport services for persons with disabilities.
6. Raise awareness of persons with disabilities and persons without disabilities on the free and reasonable costs of SRHR, GBV, and MHPSS services offered by implementing partners and CSOs.
    - It is recommended to provide awareness-raising campaigns to ensure persons with disabilities know the free and affordable services within the community.
    - Involve OPDs and community leaders in conducting awareness-raising activities.
7. Provide aid in terms of costs associated with the availing of services.
    - Results of the assessment show that both persons with disabilities and without disabilities shoulder the additional costs of availing of the services. The provision of support is recommended to facilitate access to services.
    - Develop livelihood programmes for persons with disabilities and their families to provide them with additional income.
8. Develop IEC materials that are accessible and responsive to the needs of persons with disabilities.
    - Engage OPDs and disability-inclusion experts in developing, implementing, monitoring and evaluating accessible IEC materials.
    - In developing IEC materials, ensure that the formats are accessible to persons with disabilities.
    - Ensure awareness of disability inclusion are embedded in IEC materials to help eliminate discrimination and other negative attitude towards persons with disabilities.
    - Develop a strategy to effectively disseminate accessible information to persons with disabilities and their families. Ensure that OPDs and persons with disabilities are consulted in developing the strategy.
9. Strengthen community awareness of disability inclusion.
    - Collaborate with different stakeholders in implementing disability inclusion awareness-raising activities within the community, including OPDs, persons with disabilities, and parents/caregivers of persons with disabilities.
    - Build the capacity of implementing partners, CSOs, and community leaders to respond to the needs of persons with disabilities.
10. Provide reasonable accommodations to persons with disabilities.
    - Review and amend existing policies to ensure reasonable accommodations for persons with disabilities are articulated in the policy provisions.

- Collaborate with OPDs and persons with disabilities in identifying reasonable accommodation needs of persons with disabilities.
- Ensure that financial allocations for reasonable accommodations are explicitly articulated in the policies and plans.

Acceptability

11. Evaluate the processes in place for collecting informed consent and maintaining the confidentiality of information.
    - Although results of the assessment indicate that the personal information who avails the services were collected, it is recommended to review the existing practices in obtaining consent from persons with disabilities.
    - Ensure that reasonable accommodations are provided to persons with disabilities during the process of obtaining informed consent.
    - Review the process of how service providers maintain the confidentiality of information.
12. Support active participation of persons with disabilities.
    - Promote the active participation of persons with disabilities and OPDs in designing, implementing, monitoring, and evaluating SRHR, GBV, and MHPSS services within the community.

Quality

13. Build the capacity of key stakeholders to implement disability-inclusive service delivery effectively.
    - Support implementing partners in strengthening its human resource capacity in disability inclusion. Provide technical assistance when necessary to ensure the needs of persons with disabilities are being addressed.
    - Equip community leaders in disability inclusion and responding to the needs of persons with disability within the community.
    - Capacitate OPDs on delivering SRHR, GBV, and MHPSS services. This will equip them to provide technical assistance on mainstreaming disability inclusion.
    - Ensure active participation of OPDs in designing, implementing, and evaluating disability inclusion-related capacity-building programmes.
14. Improve data collection and monitoring of access to services for persons with disabilities
    - Increase the capacity of implementing partners and CSOs to collect and monitor disability data.
    - Engage persons with disabilities and OPDs, as well as parents/caregivers of persons with disabilities and community leaders, in collecting and monitoring disability data.

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