

DISABILITY INCLUSIVE HEALTH

A summary of the work funded by the Foreign, Commonwealth & Development Office under the Programme for Evidence to Inform Disability Action (PENDA) and Disability Inclusive Development programme, as part of Inclusive Futures (DID-IF).

OVERVIEW

The Foreign, Commonwealth, and Development Office (FCDO) funds disability-inclusive health initiatives under the *Programme for Evidence to Inform Disability Action (PENDA)* and the *Disability Inclusive Development* programme - as part of *Inclusive Futures (DID-IF)*. These two programmes aim to address systemic inequalities faced by people with disabilities in low- and middle-income countries (LMICs) in the areas of health, education, livelihoods and reduced stigma.

PENDA is led by the International Centre for Evidence in Disability (ICED), based at London School of Hygiene and Tropical Medicine (LSHTM). PENDA is focused on generating evidence, predominantly through cluster randomised controlled trials, to achieve long-term wellbeing and inclusion of people with disabilities in LMICs.

DID-IF is led by Sightsavers. The programme

is carrying out a series of interventions to increase access to health care and education, improve livelihoods and reduce stigma and discrimination, using new approaches such as community-based consultation and adaptive management to deliver better quality of life for people with disabilities.

People with disabilities face higher all-cause mortality¹ and persistent health disparities, including limited access to care, stigmatisation, and exclusion from health decision-making processes², for example due to inaccessible health facilities³. This brief provides an overview of the work conducted by PENDA and DID-IF to strengthen *health* outcomes for people with disabilities in LMICs, and to highlight key findings and achievements to date. The projects outlined employ participatory and inclusive approaches to develop scalable and evidence based solutions to promote disability inclusive health.

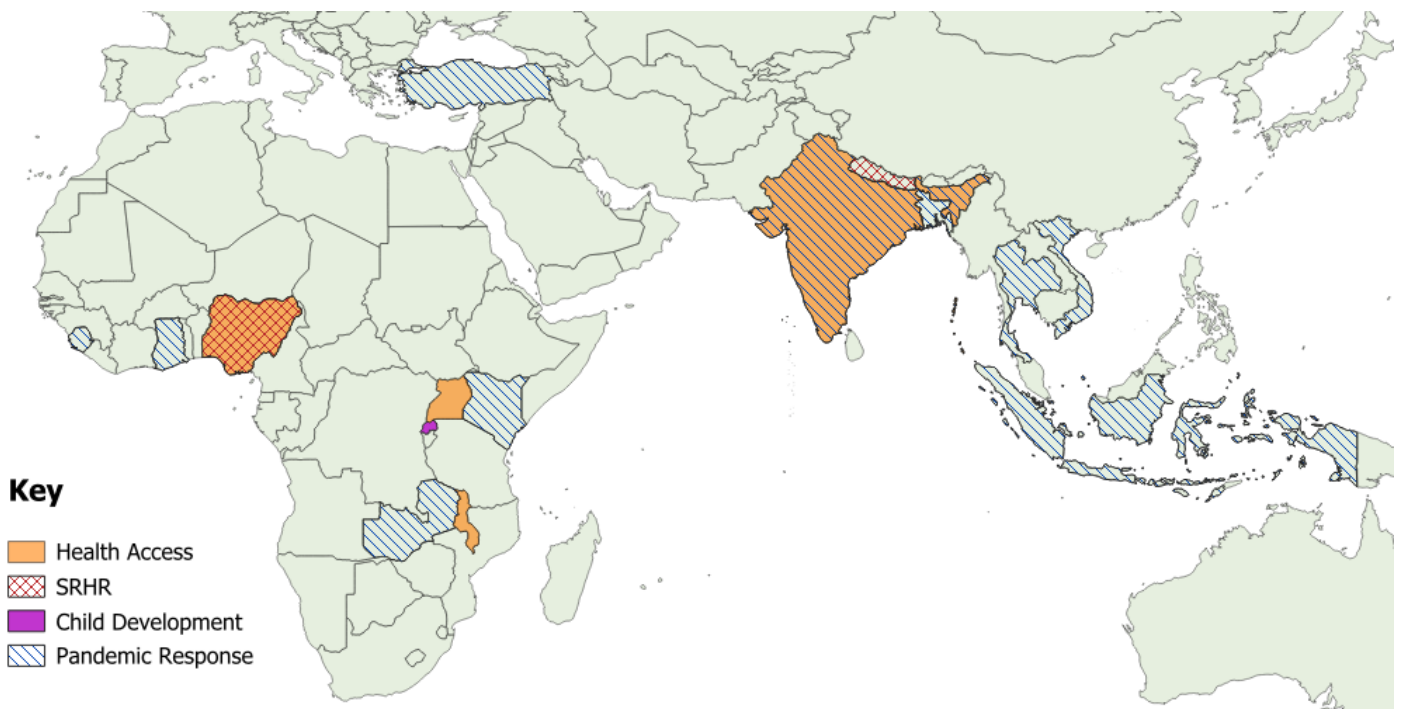


Figure 1: Map highlighting DID-IF and PENDA health project countries

ACCESS TO HEALTH SERVICES

One of the key focus areas of both programmes is improving access to health services for people with disabilities.

PENDA has conducted new analysis of disability data in Multiple Indicator Cluster Survey (MICS) data. MICS are UNICEF-supported nationally representative surveys that collect data on key health and development indicators related to the Sustainable Development Goals (SDGs). PENDA created a tool to harmonise datasets from over 40 MICS (Round 6) countries to better understand inequities faced by people with disabilities. **Findings identified that across 10 sub-Saharan countries children with disabilities had 19-33% greater likelihood of acute respiratory infection, diarrhoea, and fever compared to children without disabilities, but there was no evidence that caregivers of children with disabilities were more likely to seek care for these diseases⁴.**

In Uganda, PENDA's *Participatory Learning and Action for Disability (PLA-D)* trial is being implemented to evaluate improvements in health outcomes for people with disabilities of all ages. The PLA-D approach engages people with disabilities in community-led groups to identify challenges in accessing healthcare and develop solutions collaboratively⁵. The intervention is being evaluated through a cluster randomised controlled trial involving 100 villages in Luuka District assessing PLA-D's impact on mortality and unplanned hospitalisation. **Initial findings from the pilot have shown that participants' knowledge and confidence to seek healthcare improved after PLA-D group enrolment. For adults with disabilities, healthcare needs decreased from 69-87% at pilot baseline to 47-69% at pilot endline, and access improved, with those receiving care rising from 44-66% to 65-84% (Smythe et al, unpublished).**

In Nigeria, an inclusive eye health project was implemented by DID-IF in Kogi State to

address barriers to eyecare⁶. This project was delivered through a partnership involving local and international organisations, including Sightsavers and Organisations of Persons with Disabilities (OPDs). It focused on three main areas: community awareness, health system strengthening, and policy engagement. At the community level, awareness campaigns were developed in collaboration with OPDs, using accessible messaging delivered through radio, television, and other media. This helped raise understanding of the rights of people with disabilities to access healthcare.

At the health system level, three health facilities underwent accessibility audits and were renovated to meet disability inclusion standards. These facilities also trained over 700 health workers and government officials in delivering inclusive eye health services. Outreach eye care camps extended services to remote areas, where people with disabilities often experience the greatest exclusion. **By the project's completion, 1,620 people with disabilities had accessed quality eye care services, including over 125 cataract surgeries. Facility accessibility scores increased by an average of 35%, and patient satisfaction rose significantly from 12% at baseline to 70% by the end.**

At the policy level, OPDs played a central role in advocating for disability rights. Their efforts led to the gazetting of the Disability Rights Law in Kogi State and the creation of the Kogi State Office for Disability Affairs, marking a major step toward institutionalising disability inclusion in governance.

DeWorm3 investigated whether school-based health interventions exclude children

with disabilities compared to community-based approaches. Conducted in India and Malawi, this cluster randomised controlled trial assessed the effectiveness of routine school-based deworming (SBD) versus community-based deworming (CBD) in increasing medication uptake among children with disabilities aged 5-17 years. The study included 1,467 children with disabilities in Malawi and 29,213 children in India. **Findings from Malawi showed that school-based deworming did not appear to exclude children with disabilities, but consistently lower levels of educational participation of children with disabilities should be actively considered in the design and monitoring of school-based health interventions⁷.**

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Women with disabilities experience significant barriers to accessing family planning services, including stigma, lack of accessible information, and systemic exclusion^{8,9}.

To address this, the Inclusive Family Planning (IFPLAN) project in Nigeria is evaluating community- and facility-based interventions aimed at increasing access to family planning services for women with disabilities¹⁰.

The project, implemented by DID-IF in Kaduna City, involves a cluster randomised controlled trial with integrated process evaluation led by PENDA to measure the effect of these interventions and their mechanism of impact. By recruiting 950 women with disabilities and matching each participant to a woman without disabilities

in the same age group, the study seeks to assess the specific effects on access, knowledge, and usage of family planning services amongst women with disabilities. The study will compare intervention effectiveness against standard state-provided family planning services, within the broader context of state-wide and national media campaigns and advocacy efforts undertaken by IFPLAN.

While findings from the cluster-randomised controlled trial on the effectiveness of IFPLAN’s community and facility based interventions will be available after the trial’s completion in 2025, key achievements of the IFPLAN project to date include enabling 1,097 women with disabilities to access sexual and reproductive health services in Kaduna, and reaching over 1 million individuals through a digital social behaviour change campaign. The project also influenced policy reforms, such as the integration of inclusive data in health information systems and improved accessibility at primary healthcare facilities. Collaboration with local organisations and the FCDO funded Lafiya programme has fostered significant policy and service delivery improvements, including disability-inclusive renovations in 240 facilities.

A similar SRHR initiative in Nepal, known as SARAL, is focusing on improving access to sexual and reproductive health services and livelihoods for young people with disabilities. This project, implemented in Surkhet district, aims to bridge critical service gaps and ensure that young people with disabilities are included in national health strategies for reproductive health, with a particular focus on women and girls.

Key initiatives included the establishment of Empowerment and Livelihoods of Adolescents clubs to provide SRHR education and vocational training, equipping 61 health workers to deliver disability-inclusive services, and introducing Vulnerable Focal Points to connect individuals with disabilities to health and social services. **These efforts resulted in 832 people with disabilities accessing inclusive SRHR services and 50 individuals receiving vocational training, with 22 launching small businesses. Community sensitisation reached over 500 people, fostering greater inclusion and reducing stigma.** While the project concluded in 2022, several initiatives, including Empowerment and Livelihoods of Adolescents clubs and one Vulnerable Focal Point, have secured local funding for sustainability.

CHILD DEVELOPMENT

There are an estimated 53 million children under five years of age with developmental disabilities worldwide¹¹. The PENDA programme in Rwanda aims to determine if early care and support improves outcomes for young children with, or at risk of, developmental disabilities and their caregivers. Addressing a global gap in evidence, especially in low- and middle-income countries, the programme evaluates the Paediatric Development Clinic/Baby Ubuntu programme integrated into government health systems. This cluster randomised controlled trial involves 1,400 children under five and their caregivers across three districts. Primary outcomes are child participation, caregiver and family quality of life, and secondary outcomes are child mortality, illness,

development and function, and growth and nutritional status (e.g. weight-for-age, height-for-age), as well as caregiver knowledge and confidence, experiences of stigma, mental health, and economic activity. Further exploratory outcomes include experiences of early child intervention and access to disability-related goods and services, such as healthcare and assistive technology. Results from the trial, process evaluation (including fidelity assessment and qualitative research), and economic evaluation will guide scalable implementation of the programme in government health systems in Rwanda and inform early care solutions in similar settings. The study runs from March 2024 to September 2025.

PANDEMIC RESPONSE

The Hygiene Behaviour Change Coalition (HBCC) was established to help limit the spread of COVID-19 in low- and middle-income countries. It funded 20 organisations across 37 countries to promote the adoption of recommended personal hygiene behaviours. However, the COVID-19 pandemic highlighted and exacerbated pre-existing inequities faced by people with disabilities, particularly within public health responses.

To address this, a PENDA-funded COVID-19 Inclusive WASH Checklist was used in a desk review to assess how well HBCC-funded organisations incorporated disability and ageing considerations into their programmes. This was followed by an in-depth evaluation of the inclusion of people with disabilities and older adults in programs implemented in Kenya,

Indonesia, Zambia, Sierra Leone, and Bangladesh.

Findings showed that people with disabilities were 4% to 10% less likely to receive hygiene behaviour change messages than their peers, while older people were 7% less likely to receive hygiene products. Furthermore, individuals with disabilities faced significant barriers to accessing handwashing facilities, water, and cleaning agents, both independently and with assistance. These challenges were particularly severe among older persons with disabilities. These gaps underscore the urgent need for targeted strategies to ensure equitable access for people with disabilities and older adults during public health crises.

Parallel qualitative research was conducted under PENDA in eight countries—Bangladesh, India, Ghana, Zambia, Peru, Vietnam, Turkey, and Thailand—to explore the broader experiences of people with disabilities during the pandemic. **Interviews and surveys revealed significant disruptions to healthcare access, education, and livelihoods for people with disabilities, alongside inadequate inclusion in COVID-19 prevention and response measures.** These findings highlight the urgent need for inclusive planning and response mechanisms in future public health emergencies.

FURTHER INFORMATION

If you are interested in finding out more about any of the projects mentioned in this brief, please check our websites:

DID-IF: <https://inclusivefutures.org/>

PENDA:
<https://www.lshtm.ac.uk/research/centres-projects-groups/penda>

Or scan the QR code to see our latest publications:



(Alternatively you can access them [here](#))

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