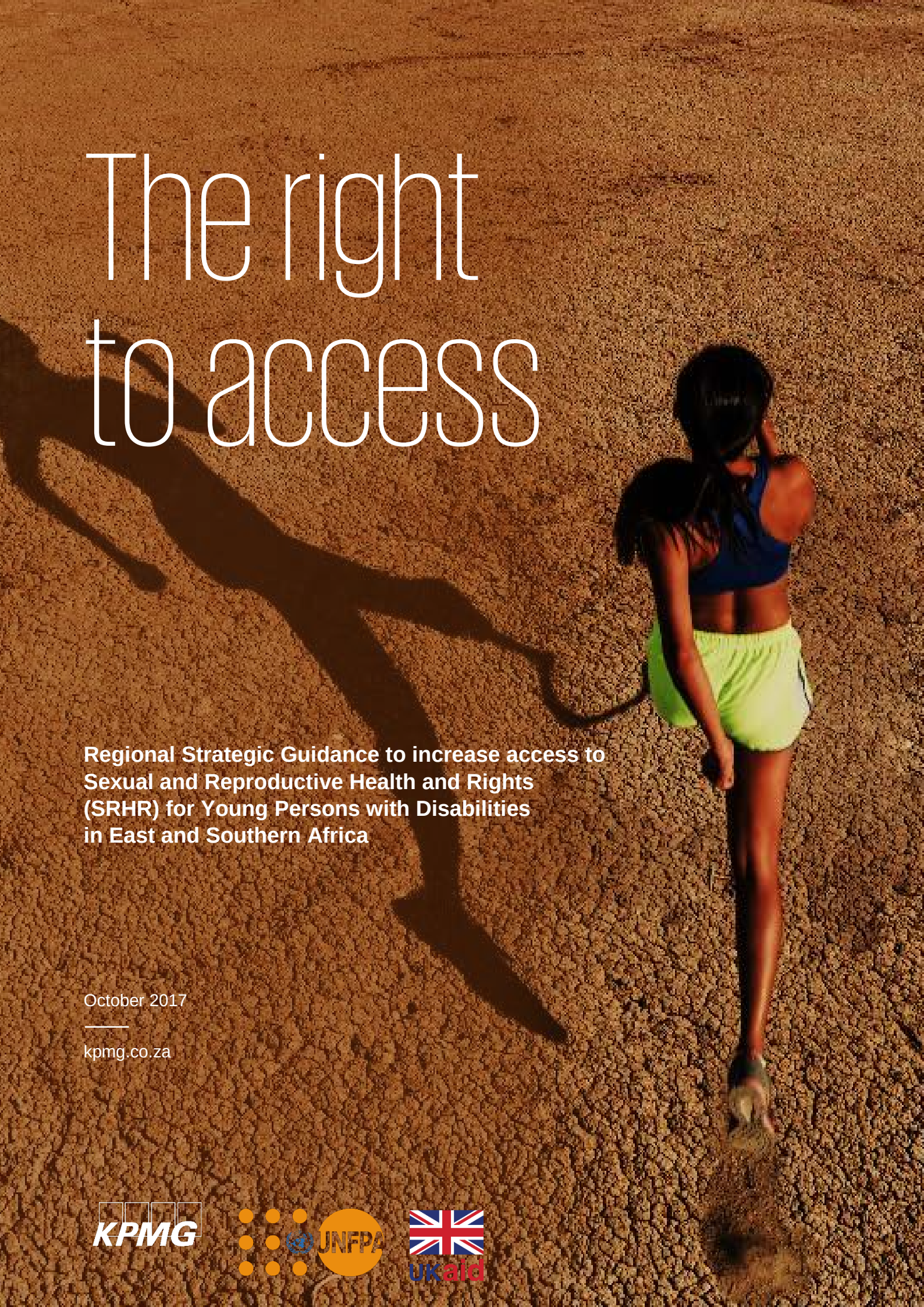

The right to access

Regional Strategic Guidance to increase access to Sexual and Reproductive Health and Rights (SRHR) for Young Persons with Disabilities in East and Southern Africa

October 2017

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Contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral treatment
CWD	Children with disabilities
CSE	Comprehensive sexuality education
DHS	Development and Health Surveys
DPO	Disabled People's Organisation
ESA	East and Southern Africa
EAC	East African Community
FP 2020	Family Planning 2020 (global programme)
GBV	Gender Based Violence
HCT	HIV Counselling and Testing
ICF	International Classification of Function
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
NGO	Non-Governmental Organisation
OECD	Organisation of Economic Cooperation and Development
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International
PWD	Persons with disabilities
SADC	Southern Africa Development Community
SANAC	South African National AIDS Council
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
UNCRC	United Nations Convention on the Rights of a Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
YFS	Youth-friendly services
YPWD	Young persons with disabilities
WHO	World Health Organisation

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We would like to thank all those countries who participated in both regional consultative meetings. The second meeting focused specifically on the draft guidance document and the final version therefore reflects the inputs from young persons with disabilities, government, civil society and other stakeholders from: Botswana, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe.

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Executive Summary

Executive summary

Sexual and reproductive health and rights (SRHR) are the cornerstone to the ability of many people to realise their full human rights and potential. Unintended pregnancy and childbearing, disease, abuse and other violations of SRHR can profoundly alter young persons' lives, undermining their educational attainment, economic opportunities and ability to participate in public and political life.[1]

Ensuring that young persons are empowered to access their SRHR across the East and Southern Africa (ESA) region has been established as a regional priority through the ESA Ministerial Commitment[2] and other rights and development frameworks. However, young persons with disabilities face particular challenges in accessing SRHR. This Regional Strategic Guidance is intended to highlight their particular barriers and bring together recommendations to help ensure, in keeping with the Sustainable Development Goals, that "no one is left behind" in the efforts to improve outcomes for young persons in the region.[3]

The SRHR of persons with disabilities is recognised in the 2006 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Convention obligates states to, inter alia:

- Eliminate discrimination against persons with disabilities relating to marriage, family, parenthood and relationships, including recognition of the rights of persons with disabilities who are of marriageable age to marry and to found a family;
- Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons (including SRHR);
- Recognise the diversity of persons with disabilities and different needs of persons with different impairments;
- Ensure that multiple sectors, including health, education and justice sectors and their workforces, are sufficiently trained on the needs of persons with disabilities and their rights under the Convention;
- Recognise that equal access to services includes considering accessibility to the physical, social, economic and cultural environment, and to information and communication;
- Emphasise the importance of mainstreaming disability issues as an integral part of relevant strategies to ensure sustainable development; and
- Recognise the valued contributions made by persons with disabilities to society and the potential for enhanced participation in a nation's human, social and economic development.[4]

In addition, the Convention of the Rights of the Child and the Special Rapporteur on the Right to Health have strongly affirmed the importance of SRHR for young persons and have called on states to take a host of specific measures to ensure the full realisation of these rights.[5]

This document sets out the proposed Regional Strategic Guidance to assist countries with assessing, planning, implementing and monitoring national responses to ensure the SRHR of young persons with disabilities as a target population.

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[1] Centre for Reproductive Rights, 2017
[2] ESA Ministerial Joint Commitment to deliver comprehensive sexuality education (CSE) and sexual and reproductive health (SRH)
[3] UNAIDS, 2017
[4] UNCRPD, 2006
[5] Centre for Reproductive Rights, 2017

While the number of young persons with disabilities in the ESA region is unknown, nearly one billion people, or 15% of the world's population, currently live with some form of disability, and 80% of those people live in developing countries.[6]

Young persons with disabilities become sexually active and experience their sexuality as early and as often as young people without disabilities[7]. Like all young persons, the concern is that sexual debut occurs without adequate information on contraception, consent and other rights, and makes such young people especially vulnerable to abuse and violations of their rights. In most ESA countries, young people's sexuality and sexual activity is a taboo subject, and viewed as something that should be prevented, discouraged, suppressed or forbidden. As a result, young persons face significant barriers to access information, education and SRHR services that are adequate, comprehensive and free of prejudice. These barriers are made worse depending on a number of factors, such as age, gender, disability type, HIV status, sexuality, family and marital status, level of education, and poverty.[8] The 'intersection' of these characteristics create a unique experience for each person with respect to their ability to lead a healthy, safe and empowered sexual life. Efforts to improve access to SRHR for young persons with disabilities should understand and reflect the diversity of young persons with disabilities and their unique experiences. This applies particularly to women and girls with disabilities who experience discrimination based on gender and disability.[9]

The Regional Strategic Guidance is based on and advocates for an approach centred on young persons with disabilities, in all their diversity. One of the main challenges in planning a Regional Strategic Guidance for young persons with disabilities is to understand and take into the account the diversity of this population, and avoid stereotyping as a homogenous group.[10] However, a number of key principles help to inform a general approach. Such an approach:[11]

- Is underpinned by the guiding principles of the promotion of human rights and gender equality
- Seeks and adopts the perspectives of young persons with disabilities, their families, and communities, including in the design and implementation of programmes and services
- Sees young persons with disabilities as active participants in, as well as beneficiaries of, trusted systems that respond to their needs, rights and preferences in humane and holistic ways
- Provides care in ways that respect young persons with disabilities' autonomy in decision making about their SRHR, and provides information and options to enable young persons with disabilities to make informed choices and be empowered regarding their SRHR

The Regional Strategic Guidance makes every effort to use language that is respectful of young persons with disabilities. It also promotes positive messages around SRHR and efforts to protect, promote or fulfil rights, rather than focusing exclusively on SRHR violations and abuse. While the focus of this guidance is on human rights as they pertain to SRHR, it is acknowledged that all aspects of human rights are important.

The Regional Strategic Guidance is intended to be used by governments, regional economic communities, civil society and other stakeholders as a guide to planning, programming and resourcing efforts to achieve improved access to SRHR by young persons with disabilities. While each country has its own unique context, strengths and challenges, a number of common themes were identified across the region in terms of key challenges, promising practices and recommendations for a way forward. The Regional Strategic Guidance is intended to provide a starting point for each country to develop a national plan of action, guided by the findings of the Situational Analysis and the recommendations of the proposed Regional Strategic Guidance.

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[6] WHO, 2011
[7] UNFPA, 2017
[8] Hanass-Hancock, J., 2009
[9] UNAIDS, 2017
[10] Hanass-Hancock, 2009
[11] Adapted from WHO, 2017

Young persons with disabilities have been consulted throughout the development of this document, in keeping with the guiding principle for planning services for young persons with disabilities: “nothing about us, without us”.

The Guidance is based on a theory of change that intends to achieve a vision for the region, where **young persons with disabilities are empowered to access sexual and reproductive health services. They enjoy their sexual and reproductive rights, with increased agency and autonomy, reducing vulnerability and risk.**

The Regional Strategic Guidance is structured around seven ‘pillars’ which constitute the system response to ensuring access to SRHR for young persons with disabilities. The pillars are based on the World Health Organisation’s six pillars of an effective healthcare system model,[12] and are used here to apply to all relevant sectors in the SRHR response, including education and justice. An additional pillar representing the legal and policy framework response has been added.

An advantage of using this framework is that it seeks to create an enabling environment for improving access to SRHR, through the appropriate legislation, policies, funding, workforce and research, while also including a focus on service delivery, products and programmes.

In addition, the socio-ecological framework provides a comprehensive model for understanding the multiple determinants of the SRHR of young persons with disabilities. For the purpose of this Regional Strategic Guidance, the socio-ecological framework helps to bring together additional considerations for defining an enabling environment, including interrelated, multi-level factors that affect the capacity of young persons with disabilities to access relevant and necessary SRHR service, information and products. No single factor determines the SRHR outcomes for young persons with disabilities.[13]

A key principle of the recommendations in the Regional Strategic Guidance is to ensure that young persons with disabilities are represented in mainstream responses to SRHR, HIV, gender-based violence, social protection and economic development. Similarly, disability-focused programmes may neglect to address the SRHR needs of persons with disabilities and specific interventions will be needed to complement mainstream efforts. The Guidance is based on the premise that persons with disabilities are a vulnerable group, at risk of being left behind or further left behind. While some countries may also consider persons with disabilities to be a key population, it is important that they are also acknowledged as a vulnerable group in order to ensure that programming and funding mechanisms do not overlook persons with disabilities.

The recommendations provided in the Guidance are intersectoral. Young persons with disabilities will benefit from wider initiatives to improve health, reduced gender based violence, gender equality, social protection and poverty as these are issues that disproportionately affect young persons with disabilities. However in order to benefit from large scale, universal improvements, the needs of young persons with disabilities need to be mainstreamed in these efforts, and all national and regional efforts to improve the health, education and social outcomes for ESA citizens.

The recommendations provided by the Guidance are summarised in Table 1.

[12] WHO, 2007
[13] WHO, 2017

Table 1: Summary of Regional Strategic Guidance recommendations

System pillar	Recommendation
Legal and policy framework	— Countries should seek to ensure ratification of the UNCRPD. This will help ensure that rights of young persons with disabilities are recognised and that national legislation and policies align with minimum standards for the protection of rights of persons with disabilities. Where countries choose not to ratify the Convention, the obligations of the Convention can still be used to guide implementation of national strategies to improve the rights and well-being of young persons with disabilities, specifically related to SRHR. — Countries should consider a commitment to the Family Planning 2020 (FP 2020) programme in order to benefit from the resources and support to improve SRHR. — Countries should seek to establish national disability legislation, such as a disability act, which protects the rights of young persons with disabilities to access health care and SRHR services in particular. In addition, countries should seek to ensure that the transversal rights of persons with disabilities are mainstreamed across all legislation and policies. — Where national legislation exists, countries should assess the completeness of such laws to fully protect and empower the rights of young persons with disabilities to access SRHR services. In particular, one of the priorities should be to abolish guardianship and ensure legal capacity of young persons with disabilities and make the transition from substitute decision-making to supported decision-making systems. This will help ensure, for example, that young persons do not require parent or caregiver approval to access services. — Similarly, countries should assess the completeness of national policies to protect and empower the rights of young persons with disabilities to access SRHR services. **A *policy analysis tool* (provided in the appendix) has been developed as part of this regional strategic guidance initiative to help countries evaluate and assess their current policy framework. More information on how to access this tool, and examples of the results of analysis in four countries, are provided in the Resources section of this guidance.** — Young persons with disabilities should be involved in the development of national policies. Policy makers should seek to use the lived experiences and requirements of young persons with disabilities as the starting point for national policy. — Laws and policies should reflect the right of young persons with disabilities to experience sexual pleasure, relationships and families, not just protect young persons with disabilities from abuse and violation. — Countries should consider ensuring parliamentarians are sufficiently aware of and able to advocate for the needs of young persons with disabilities with respect to SRHR and can challenge proposed legal and policy changes to ensure they reflect the needs of young persons with disabilities. — Countries should consider putting in place legal literacy and legal services programmes to help ensure that young persons with disabilities know their rights and applicable laws and can receive support from the justice system when aggrieved. The recommendations for regional stakeholders include the following:

	— There are a number of frameworks at a regional level that help create an enabling environment for increased access to SRHR by young persons with disabilities, such as the EAC Policy on Persons with Disability and the SADC Protocol on Health. Regional leadership should consider monitoring the use and application of regional frameworks by member states which support and advocate for the rights of young persons with disabilities. — Regional leadership should consider reviewing current frameworks to ensure the specific intersection between age, disability, gender and SRHR needs are reflected in regional instruments. — Regional leadership should seek to ensure that SRHR legislation and policies speak to the broad SRHR agenda and are not limited to e.g. HIV/AIDS. This will help ensure all SRHR needs are accommodated. — The *policy analysis tool,* developed as part of the package of products to support the regional guidance, can also be applied to regional policies to help understand completeness and gaps of policies in place at a regional level.
Leadership and governance	— Civil society organisations should seek to establish a coordinating body or coalition which will help advocate for the needs and rights of young persons with disabilities with respect to SRHR. Increased access to SRHR should be included part of the organisation's mandate. — Civil society organisations which support young persons with disabilities should seek to enhance their understanding and expertise regarding SRHR needs and services for young persons with disabilities. This will help advocate for and/or increase provision of services. — The rights of young persons with disabilities should be mainstreamed across all relevant organisations, such as women's rights organisations and human rights organisations. Countries should seek to ensure that young persons with disabilities are included as a target population within all initiatives to support vulnerable populations. — Countries should seek to establish multi-sectoral governance bodies which bring together government ministries, civil society, development partners and young persons with disabilities. Such bodies should be empowered to oversee and monitor the implementation of national policies and strategies and hold relevant stakeholders accountable for implementation. — Countries should seek to ensure the necessary mechanisms are in place and effective in ensuring accountability for implementation of SRHR and young persons with disabilities policy and legislation. This can be through the multi-sectoral governance bodies described above. It is particularly important that implementation of legislation and policies is monitored and measured through indicators, baseline data and result reporting. — A multi-sectoral and transversal approach helps ensure that the needs and rights of young persons with disabilities are represented across multiple sectors. Countries should consider establishing a role (such as a focal point) across health, education, labour, infrastructure, justice and other sectors which is responsible for ensuring the rights of young persons with disabilities are mainstreamed and integrated into departmental planning and service delivery. — Countries should also consider establishing transversal oversight for the rights of young persons with disabilities. This can be done by establishing a presidential level oversight role or body, to serve as an independent commissioner or ombudsman.

	— Young persons with disabilities should be supported to become active participants in leadership and governance structures. This can include leadership, advocacy, governance and other skills and training to empower and capacitate young persons with disabilities. Such bodies should also ensure the necessary resources are provided so that costs (e.g. travel) are not a barrier to participation. — Political, traditional and religious leaders are all important allies and sponsors for efforts to increase access to SRHR and the rights of young persons with disabilities in particular. National and local efforts should seek to ensure that relevant leaders are sensitised to the needs of young persons with disabilities and their role to help break down stigma and misperceptions on SRHR for young people and young persons with disabilities specifically. — Countries should consider the extent to which national performance measures for service providers include measures related to young persons with disabilities and ensuring youth - and young persons with disabilities - friendly service provision. Measuring service providers by such indicators can help embed a focus on young persons with disabilities in the organisation. — Governments should support, through funding and other means, civil society and other organisations which seek to represent and advocate for the needs of young persons with disabilities. This should include capacity building and similar support for civil society to engage effectively in the defence of rights of young persons with disabilities. The recommendations for regional stakeholders include the following: — There are a number of regional coalitions and networks which are led by young people. These organisations can be powerful ambassadors and advocates for increased access to SRHR across the region. Both youth movements and young persons with disabilities movements should consider increasing their focus on SRHR and how SRHR can be integral to a person's ability to achieve their full potential, particularly women and girls. — Regional partners should consider organising a regional HIV/AIDS disability conference for sharing of best practices on increasing access to SRHR by young persons with disabilities. — Regional organisations and partners should also seek to ensure that young persons with disabilities are part of the organisational structures and teams, ensuring that their participation is embedded in regional initiatives.
Funding	— National policies and strategies to increase access to SRHR should be costed. This helps to ensure that funding is sufficient to achieve policy objectives. Costed strategies are also more likely to attract additional support, such as that from development partners, as it can be clearly identified what activities will be funded and supported by different stakeholders. As will all aspects of planning and implementing services for persons with disabilities, persons with disabilities should be included in decisions around funding allocations. Particularly where available funding is less than required funding, persons with disabilities can help policy makers make better decisions on prioritising services and support. — States should recognise the additional costs for young persons with disabilities to access services and earmark funding to improve access for young persons with disabilities within wider reform initiatives. Social protection, such as welfare support grants, should also be provided to persons with disabilities who need such financial support.

	— Integrating efforts to improve access to SRHR for young persons with disabilities within broader reforms – such as training SRHR workers on disabilities at the same time as training them on SRHR and youth-friendly services – is a cost-efficient way to ensure young persons with disabilities are provided for. — States should consider reducing or eliminating taxes, such as value added tax, and import tax and duties, on assistive devices and technologies for young persons with disabilities so that these costs are not passed on by suppliers to the customers. The recommendations for regional stakeholders include the following: — Regional stakeholders and development partners could consider undertaking a research exercise to estimate the cost-benefit of increased access to SRHR by young persons with disabilities. Such research should ask the questions around how preventative SRHR can help to avoid or mitigate more costly health, social and economic challenges among young persons with disabilities that can happen in the absence of SRHR. This will help advocate for increased and/or prioritised funding for young persons with disabilities as a particular target group, which can often be a challenge among many competing demands for limited public funding. — There may be opportunity to develop alternative financing mechanisms, such as social impact investing and social impact bonds, to help fund increased access to SRHR by young persons with disabilities. Programmes to increase the independence and agency of young persons with disabilities mitigate more costly alternatives such as residential care. These programmes can therefore yield a return on investment which may be attractive to social investors. Regional development partners should consider investigating the feasibility of such mechanisms to help increase the funding available for young persons with disabilities. This will also help ensure sustainability of funding for young persons with disabilities.
Workforce	— The needs of young persons with disabilities, specifically related to SRHR, should be mainstreamed in national healthcare reform initiatives and efforts. Countries should seek to ensure that the needs of young persons with disabilities are represented throughout the diagnosis, design, planning and implementation of change programmes. This must be done by involving DPOs and young persons with disabilities to inform and guide the programmes. In particular, efforts underway in many countries to ensure healthcare services are youth-friendly should seek to ensure that young persons with disabilities are represented so that services are not just youth-friendly but “friendly” for young persons with disabilities. — Relevant workforce, such as healthcare providers and educators, should be trained and sensitised on the needs of young persons with disabilities. This should be as part of, not in addition to, existing efforts to train providers on, for example, youth-friendly services and comprehensive sexuality education. Wherever possible, experts from organizations of persons with disabilities should conduct this training or work with and advise those training staff. Involving young persons with disabilities in the training should also be encouraged. — To reinforce this, countries should consider introducing or enforcing policies that prevent discrimination by the SRHR workforce, including discrimination based on age. In particular, the process and requirements to define and determine whether a person has a disability is a critical element to ensuring access to services. The determination process should not necessarily be a medical process but should look at a person’s ability to participate equally and without prejudice. In particular, it should be inclusive of disabilities that are not ordinarily visible to help ensure that those people are not disadvantaged in accessing services. — Countries should seek to train and engage persons with disabilities to be part of the workforce to provide services to young persons with disabilities. Specific education and training programmes could be developed to train persons with disabilities in specific service

	roles. For example, persons with hearing impairments would rather be able to sign directly with the nurse or service professional on sensitive issues. The recommendations for regional stakeholders with respect to the SRHR workforce including the following: — At a regional level, guidelines and tools can be developed or adapted from existing resources to ensure consistency among training to the SRHR workforce on the needs of young persons with disabilities.
Knowledge management	— Countries should consider to what extent existing data systems (such as education and health management systems) can be used to collect key data points on needs of and access to SRHR by young persons with disabilities. Data collection, particularly related to SRHR, should be disaggregated by gender, age and disability. In addition, countries should explore the potential to add a question to existing national censuses and demographic surveys related to young persons with disabilities. — Countries should consider local research projects to better understand country-specific barriers to access for young persons with disabilities. These can be cultural and specific to communities in a country. These barriers should form the basis for national planning to increase access to SRHR by young persons with disabilities. — Services, products, policies and strategies should all be based on consultation with young persons with disabilities. Such consultation allows young persons with disabilities to voice their concerns and provide perspective on issues pertinent to them. Consultation with young persons with disabilities should be shared across government departments and civil society to share feedback more broadly. — Countries may wish to also implement the Living Conditions among Persons with Disabilities Survey. The recommendations for regional stakeholders include the following: — Regional stakeholders and partners should consider establishing common definitions and tools to support national research efforts related to young persons with disabilities. Across countries there are different definitions of who constitutes a person with disabilities. — Regional stakeholders and partners should consider supporting national efforts related to research and data collection, through regional studies and other support. Regional stakeholders could consider collecting and coordinating priority research questions from countries to help guide funding and scope of future research. Regional partners have an important role to play in sharing best practices across the region.
Products, technologies and commodities	— Increased efforts and funding to help ensure young persons with disabilities have access to assistive devices will help young persons with disabilities access more of their rights, not just SRHR. These efforts should sit within national policies and programmes to support persons with disabilities and countries should seek to ensure they are prioritised and funded accordingly. Efforts should be based on the principles of universal design and reasonable accommodation. — Countries should consider options for securing increased funding, subsidization and sponsorship for such devices in order to ensure that cost is not a barrier to young persons with disabilities access to and use of assistive devices. These options should consider the potential roles of civil society, development partners and the private sector to raise funding.

	— Any efforts to increase the provision or supply of products, technologies and commodities should be accompanied by educative information on use. Young persons with disabilities should be included in the design and development of education programmes and information for products to be used by them. — Efforts to improve national supply-chain, procurement and logistical capacity will benefit young persons with disabilities and their access to SRHR products and commodities. Advocates for the rights of young persons with disabilities should support such initiatives and help ensure that the specific needs of young persons with disabilities are represented in the design of such efforts. — National governments could consider investigating the potential to subsidise or support local producers to manufacture assistive devices and SRHR products and commodities and grow local industry and supply. This can include tax incentives and removal of direct tax on costs. The recommendations for regional stakeholders include the following: — There may be potential to identify regional contracts to procure assistive devices and other SRHR products, technologies and commodities at bulk discount and pass on savings to national partners.
Service delivery and programmes	— Countries should ensure that persons with disabilities are regarded as a vulnerable group. This helps to ensure they are included in programmatic and funding responses. Persons with disabilities can also be a key population but this should be in addition to, not instead of, their inclusion as a vulnerable group. — Countries should use the 'key principles' provided in this guidance when considering the quality of current programme and service provision to ensure that these meet the needs of young persons with disabilities. Countries should ensure programmes and services intervene at all levels of the socio-ecological framework. — Monitoring and evaluation is a key element of service delivery and programmes. Governments should establish a number of key performance indicators to establish current access (baseline) and track improvements to access. Evaluations should be used to understand what works and how to improve access. — Countries should continue to develop their youth-friendly services strategy for healthcare services. The needs of young persons with disabilities should be mainstreamed into this process for example, consulting with young persons with disabilities on the specific challenges and barriers they experience, which may vary by country, and ensure that the policies, strategies and initiatives to improve access to services by youth pay specific consideration to young persons with disabilities as part of the youth audience. — Efforts to ensure services are youth friendly should pay specific attention to the attitudes of the healthcare workforce and staff and challenge inappropriate attitudes towards young persons with disabilities and their SRHR in particular. — Countries should ensure that programmes to enhance access to SRHR include both school and out-of-school components. As young persons with disabilities are less likely to attend school than other youth, particular attention needs to be paid to out-of-school programmes to ensure they include specific attention to young persons with disabilities. — Countries should also identify gaps in mainstream service provision where additional and specific SRHR services and programmes are needed to ensure access for young persons with disabilities.

	— A range of different programmes and different target audiences should be considered in national planning efforts. While young persons with disabilities themselves are a key part of the target audience, so are their carers and families who may need help and information to understand SRHR and tools to engage in dialogue, which help to break down generational gaps and cultural barriers. — Countries should consider media and other campaigns to help change attitudes and stigma towards young persons with disabilities. This should include addressing specific myths related to their SRHR. — Decentralisation of SRHR services and task sharing, such as using community health workers to provide some elements of SRHR services, should be considered as a way of increasing access to services. The recommendations for regional stakeholders include the following: — Develop materials to help assess service delivery. This can be checklists and criteria to assess whether clinics offer accessible services and information to young persons with disabilities, based on the key principles provided above. Countries can use this information, based on clinic self-assessments or independent audit of clinics, to identify 'hotspots' or areas with no young persons with disabilities -friendly facilities and guide financial and technical support to areas of highest need.

The Regional Strategic Guidance provides an implementation framework for countries wishing to plan next steps to improve access to SRHR by young persons with disabilities. The implementation approach is based on the 'triple-track' approach which proposes: 1) ensuring that the needs of young persons with disabilities are *mainstreamed* into sector and system wide programmes and initiatives; 2) developing *specific* interventions for young persons with disabilities where mainstream efforts alone are insufficient to improve access; and 3) ensuring leadership and funding for the SRHR access of young persons with disabilities.

The Guidance is intended to provide a starting point for each country to develop a national plan of action, guided by the findings of the Situational Analysis and the recommendations of the Regional Strategic Guidance. National efforts form the 'interventions' part in the theory of change that guides the region towards achieving its goal of decreased vulnerability and increased agency and autonomy of young persons with disabilities and their SRHR. Useful references and resources, including practical tools, are also provided in the Implementation Framework section of the Guidance.

Part A: Introduction

Introduction

A1. Background

UNFPA is an international development agency that promotes a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled, including young persons with disabilities.

UNFPA East and Southern Africa Regional Office (ESARO), in partnership with other UN agencies, civil society organizations, the East African Community (EAC), the Intergovernmental Authority on Development (IGAD), the Common Market for Eastern and Southern Africa (COMESA) and the Southern African Development Community (SADC), promotes comprehensive adolescent sexual and reproductive health (SRH) including HIV prevention, with the aim of harmonizing the legal and policy environment within all ESA countries to protect the sexual and reproductive health and rights (SRHR) of adolescents and young people.

In line with these efforts to improve access to SRHR for young people, and in particular that of young persons with disabilities, UNFPA with the support of the United Kingdom Department of International Development (DFID), has commissioned the development of a Regional Strategic Guidance to increase access to SRHR for young persons with disabilities.

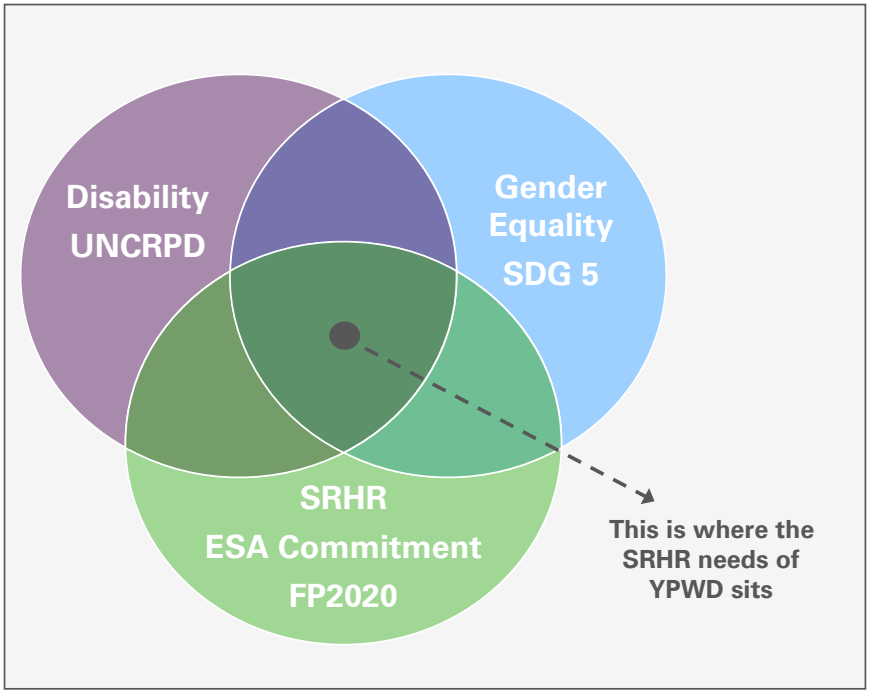
UNFPA drives and supports a number of initiatives in the region to support the protection of SRHR of adolescents and young people. This includes the ESA Commitment on Comprehensive Sexuality Education (CSE) and Youth Friendly Services (YFS) for Adolescents and Young People. Ministers of Health and Education from 20 ESA countries adopted the ESA Commitment in 2013 to help ensure increased national level commitment and programming for young people in the ESA region. The ESA Commitment also responds to Africa's Agenda 2063 and the regional push to achieve the 'demographic dividend' by investing in the health, education, and employment of adolescents and young people in the region.

A2. Purpose of the Regional Strategic Guidance

This document provides a proposed Regional Strategic Guidance to increase access to SRHR for young persons with disabilities across ESA. **It is intended to be used by governments, regional economic communities, civil society and other stakeholders as a guide to developing country-specific action plans, based on country context and culture, to achieve this objective.**

This work sits at the intersection of a number of important global agendas, namely: the disability agenda, promulgated in the UN Convention on the Rights of Persons with Disabilities; the SRHR agenda, supported globally through the FP 2020 initiative and in the region through the ESA Ministerial Commitment to improve access to SRHR; and sustainable development goal 5 which seeks to eliminate discrimination against women and girls. The Regional Strategic Guidance to improve access to SRHR by young persons with disability sits within the intersection of these agendas, as illustrated below.

Figure 1: Regional Strategic Guidance in the context of global and regional agendas



While each country has its own unique context, strengths and challenges, a number of common themes were identified across the region in terms of key challenges, promising practices and recommendations for a way forward. The guidance is intended to provide a starting point for each country to develop a national plan of action, guided by the findings of the Situational Analysis and the recommendations of the proposed Regional Strategic Guidance.

Young persons with disabilities have been consulted throughout the development of this document, in keeping with the guiding principle for planning services for young persons with disabilities: “nothing about us, without us”.

A3. Development of the Guidance

The Regional Strategic Guidance is based on the outcomes of a broader project commissioned by UNFPA, undertaken by KPMG and funded by DfID. The Regional Strategic Guidance has been informed by and is the result of a number of research and consultation activities, including:

- Desktop research of the 23 countries in ESA to understand current contexts with respect to young persons with disabilities and SRHR
- Development of a Situational Analysis (available separately to this Guidance) to analyse regional trends and key challenges and gaps in access to SRHR by young persons with disabilities
- Field work and in-depth case studies in Kenya, Malawi, South Africa and Uganda to consult with young persons with disabilities, service providers and government stakeholders to ‘deeper dive’ into the issues identified in the Situational Analysis
- Two regional conferences with young persons with disabilities, governments, civil society and other stakeholders to discuss and get feedback on 1) the results of the Situational Analysis and 2) the draft Regional Strategic Guidance.

A4. Structure of the Guidance

The Regional Strategic Guidance is informed by structured around seven key pillars of an effective system response to ensuring access to SRHR for young persons with disabilities.

Part A: Introduction provides the background, purpose and approach to develop the Guidance.

Part B: Strategic context covers the current context and vision for improved access to SRHR for young persons with disabilities.

> **Current context** provides the definitions and prevalence data for disabilities and SRHR in ESA. It also describes the additional challenges and barriers that arise from the intersection of age, disability, gender and other factors that are important to understand for planning an appropriate and sufficient response to improve access to SRHR for young persons with disabilities. The socio-ecological model is presented to help explore the issues at various levels including the individual, community and societal levels. More information related to the current context can be found in the Situational Analysis report which supports this guidance.
>
> **Vision 2030** provides the vision for improved access to SRHR for young persons with disabilities and the theory of change that provides the logic for how the ESA region and its countries will achieve the vision.

Part C: Regional Strategic Guidance starts with a description of the framework for the Guidance, which also provides the structure for the Guidance. The structure is intended to support readers who may have different mandates and roles and as such have an interest in specific pillars of the model. The pillars can be read individually or in their entirety depending on the needs of the reader. The pillars are:

1. Legal and policy framework
2. Leadership and governance
3. Funding
4. Workforce
5. Knowledge management
6. Products, technologies and commodities
7. Service delivery and programmes

For each pillar, the Regional Strategic Guidance describes the following:

Desired state: the Regional Strategic Guidance proposes a desired state for each element of the system, including specific requirements set out in the UNCRPD. Even where countries have chosen not to ratify the UNCRPD, for whatever reason, the requirements of the Convention should still guide the desired outcomes to be achieved by each country.

Current situation: drawing from the findings of the Situational Analysis, the Guidance provides a summary of the key issues observed across the region and the common challenges experienced.

Promising practices: the Regional Strategic Guidance includes promising practices that may be useful for countries to consider in their own approaches. Where possible, these have been taken from ESA countries where such practices were available in easily-accessible internet information. Where local examples were not available, international examples have been included, where they are potential modes or practices that could be used to inform an ESA approach.

Recommendations: the Regional Strategic Guidance makes a number of recommendations for consideration by national governments, regional economic communities, civil society and other stakeholders. The recommendations are based on the desired outcomes and promising practices. Each country will need to consider recommendations in light of their own national context and adapt as necessary.

Part D: Implementation framework provides a considerations for countries to engage in next steps and implement local level action plans and strategies to improve access to SRHR by young persons with disabilities.

Part B: Strategic context

Current context

This section provides the current context for the Regional Strategic Guidance, including definitions and data on prevalence in the ESA region. It describes how the intersection of various factors, such as age, disability, and gender, impact on the specific experience, need and vulnerability of each individual person's access to SRHR. The socio-ecological model is also used to illustrate how each person's experience, needs and vulnerability is influenced by factors at different levels, including personal, interpersonal, institutional, community and policy levels.

This section provides a high level overview of the current situation related to the experience of young persons with disabilities and their access to SRHR in the ESA region. More information related to the current context can be found in the Situational Analysis report which supports this guidance.

B1. Definition of disabilities

Disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Persons with disabilities are defined as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.[14]

The United Nations Enable offers the following definition of disability:

> *"'Disability' results from the interaction between persons with impairments, conditions or illnesses and the environmental and attitudinal barriers they face. Such impairments, conditions or illnesses may be permanent, temporary, intermittent or imputed, and include those that are physical, sensory, psychosocial, neurological, medical or intellectual."*[15]

Disability is therefore more than an individual's health, physical or mental wellbeing issue and constructed through contextual factors (social and structural) that hinder a person with impairment to participate fully on an equal basis with others. According to Article 1 of the UNCRPD:

> *"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*[16]

The Regional Strategic Guidance adopts the above definitions of disability and persons with disabilities. Young people are defined by UNDESA as persons aged 10-24 years.[17] The Regional Strategic Guidance therefore focuses on the access to SRHR and services by persons with disabilities aged 10-24 years.

[14] UNCRPD, 2006
[15] UN Enable, 2006
[16] UNCRPD, 2006
[17] UNDESA, no date

B2. Disabilities in ESA

Nearly one billion people, or 15% of the world's population, currently live with some form of disability. Of these people, 2-4% experience significant difficulties in functioning.[18] This translates to one in seven people worldwide, or one in four households containing a person with a disability. Disability is increasing in prevalence due to ageing populations, trauma, accidents and the increase in chronic health conditions, including HIV.[19]

An estimated 180-220 million adolescents and young people aged 10-24 have a disability.[20] Women are more likely to report disability than men, and various sources report that women are between 11% to 60% more likely to have a disability than men, and are more likely to have severe disabilities compared to men.[21]

The prevalence of disability is higher amongst those living in poorer countries.[22] Eighty percent of all persons with disabilities live in developing countries. Some 15.5% of Africans (18 million people) are estimated to have moderate to severe disabilities, and 3.1% have a severe disability.[23]

While there are no official estimates of disability prevalence across the ESA region, most countries collect some form of disability statistics. A number of common challenges in understanding and comparing disability data is the different definitions, measures of disability, indicators and cut off points used in national data collection methods, underreporting due to stigma, and weaknesses in data quality and analysis. This makes comparison and analysis difficult across countries.

With those limitations in mind, the reported prevalence of disabilities in ESA countries ranges from 1% in Angola to 16.8% in Swaziland, with an average prevalence of 6.73%.[24] These reported figures are lower than global equivalent rates and rates in developed countries. Given the challenges faced by the ESA population, including poor access to healthcare (such as immunisations, screening and treatment), prevalence of armed conflict and the high incidence of motor vehicle accidents, it is highly likely that the true prevalence of disabilities is significantly higher than the reported data.

B3. Types of disability

Based on available country level data and limitations stated above, the three most common types of disability across the ESA region are physical, visual and hearing disabilities. Other commonly occurring impairments include: mental, remembering, speech functionality and learning disabilities.

Illness-related disabilities and congenital disabilities are the most commonly cited causes of disability. The high prevalence of HIV, AIDS and malaria in the region also place the population at risk of disability.[25] Other causes of disability included those gained through war or conflict and motor vehicle accidents. In countries where war has been prevalent, injuries from war, mostly related to landmines were the most common cause of impairment.

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[18] WHO, 2011
[19] WHO, 2011
[20] Disabled Peoples International, 2012
[21] Global Burden of Disease report cited in WHO, 2011
[22] WHO, 2011
23 WHO, 2011
24 Data for Angola - Halvorsen and Ibsen, 2015; Data for Swaziland - Swaziland government, 2010; Average prevalence determined through the authors' calculations; using the prevalence data from the respective countries most recent population census data. Prevalence data for Madagascar and Rwanda could not be found. See corresponding Situational Analysis for further information.
25 WHO, 2011

B4. Definition of SRHR

SRHR is a complex term incorporating many specific elements but without a single, agreed-upon definition. The Regional Strategic Guidance uses the UNFPA definition of SRHR:

> *Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.*[26]

Additional potential definitions include the following:

Reproductive health is defined by the ICPD Programme of Action as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."[27]

Sexual health, in turn, is defined as "a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."[28]

Reproductive rights arise out of "established human rights protections; they are also essential to the realization of a wide range of fundamental rights. In particular, the following rights cannot be protected without ensuring that women and adolescents can determine when and whether to bear children, control their bodies and sexuality, access essential sexual and reproductive health information and services, and live lives free from violence"[29]

Sexual and Reproductive Health (SRH) Services are services that include family planning, maternal health, preventing and treating sexually transmitted infections including HIV and AIDS, abortion and health information sharing.

Sexual and Reproductive Health and Rights (SRHR) Services include SRH Service as well services focusing on rights based approaches, violence prevention and management, access to justice and comprehensive sexuality education.

SRHR services are also broad in nature, but are commonly considered to include those listed in the table below.

[26] UNFPA, no date

[27] ICPD, 1994; UNFPA, no date
[28] Ibid
[29] Ibid

Table 2: SRHR services

Service group	Types of services
Overarching	— Comprehensive Sexuality Education
Family planning	— Contraceptive pills, injections, implants etc. — Intra-uterine devices (IUD) — Natural family planning — Male and female condoms — Diaphragm — Safe abortion
Maternal healthcare	— Pre-natal and antenatal care — Child birth — Neonatal care — eMTCT (elimination of Mother to Child Transmission
Preventing and managing gender-based violence	— Rape kits — Forensic examination — Counselling and support — Other relevant medical treatment
Preventing and treating sexually transmitted diseases	— HIV counselling and testing (HCT) — HPV vaccines — Pap smears — Circumcision — Provision of drugs for treatment e.g. Antiretroviral drugs (ARVs)
Other reproductive health	— Mammograms — Screenings for male cancers (testicular, prostate etc.)

Source: Adapted from WHO, 2011

B5. Prevalence of SRHR of young persons with disabilities in ESA

There is a growing body of literature and data on SRHR in the ESA region, and in particular the significant violations of SRHR and high need for SRHR services. Such data – on the prevalence of violations and the demand for services – is subject to the similar challenges to those described for disability prevalence above. In particular, data and information on SRHR tends to be on total population and typically does not consider the specific experience for persons with disabilities.

Sexual activity among young persons with disabilities

Young persons with disabilities in ESA are engaging in sexual activities. This includes both consensual and non-consensual sexual activities. There is evidence that young persons with disabilities are

engaging in high risk sex; including having multiple partners,[30] not using any form of contraception,[31] and engaging in transactional sexual relationships.[32]

Research in Ethiopia found that that 52% of young persons with disabilities were sexually active, with 75% of them having sex for the first time between the ages 15-19. [33] This research also found that 59% of sexually-active young persons with disabilities were found to have multiple lifetime sexual partners, 19% had a casual sexual partner, and 21% a commercial sexual partner.[34]

Young persons with disabilities are more vulnerable when it comes to violations of SRHR. Some of the reasons for increased vulnerability include:[35]

- Less education about appropriate and inappropriate sexuality
- Cultural devaluation of women and persons with disabilities, including interweaving myths about HIV/AIDS and other STIs
- Increased dependency on others and denial of human rights that results in perceptions of powerlessness
- Social isolation and increased risk of manipulation, including less risk of discovery as perceived by the perpetrator and difficulties to be believed in court

Demand for SRHR services

Large numbers of people in ESA have poor access to SRHR services, and it appears that access to these services is even more challenging for young persons with disabilities.[36] The specific barriers to access to SRHR services for young persons with disabilities is described in more detail in the next section. This section provides information and data, to the extent known, on the demand for services.

- *Knowledge of SRHR:* Several studies have shown that young people with disabilities have less knowledge about SRHR and HIV when compared to their peers without disabilities. [37] A study conducted in Uganda among home-based young persons with disabilities revealed that some were not familiar with the notion of sexual intercourse and only one was aware of the concept of family planning.[38] One study found that only two in five young persons with disabilities knew about modern forms of contraception.[39]

  In another study, three quarters of the young people with disabilities had heard of STIs but 53% could not name different types of STIs.[40] While a large majority of young persons with disabilities knew what HIV is, there were low levels of knowledge regarding how to prevent HIV.[41] In addition, perceptions of risk of infection of were low. In one study, only 21% of young persons with disabilities believed that they were at risk of contracting HIV.[42]

- *Comprehensive Sexuality Education:* School education is commonly seen as a key entry point to provide sexuality education (including CSE). However, young persons with disabilities are 2-10 times

[30] Oladunni, 2012, Alemu & Fantahun, 2011
[31] Alemu and Alemu & Fantahun, 2011
[32] Oladunni, 2012, Alemu & Fantahun, 2011
[33] Kassa et al, 2014
[34] Kassa et al, 2014
[35] Hanass-Hancock, 2009
[36] Guttmacher Institutes and UNFPA, 2014
[37] Kassa et al, 2012 and 2016
[38] Tanabe et al, 2015
[39] Olajide et al, 2014
[40] Kassa et al, 2012
[41] Kassa et al, 2016
[42] Kassa et al, 2016

less likely to attend school than young persons without disabilities.[43] Very few young persons with disabilities reported accessing information regarding SRHR from a healthcare professional or educator. In Ethiopia, 62% of young persons with disabilities indicated that they obtained their information from the television and radio.[44] Almost 80% of the same youth indicated that they had never discussed anything to do with sex or their own sexual health with their parents.[45]

There are also challenges in school-based provision of CSE, particularly for learners with disabilities. A study conducted with 99 teachers in 10 special schools in South Africa revealed that teachers were more inclined to address the "softer topics" on sexuality such as love and friendship, and were less comfortable with topics such as marriage, masturbation, abortion and sexual abuse.[46]

- *Access to contraception:* It is estimated that 55 million women (40% of women aged 15-49 years) in sub-Saharan Africa want to prevent pregnancy but are not using an effective contraceptive.[47] It is likely that this prevalence rate is higher for women with disabilities. An analysis of the data collected from 1,128 sexually active, women with disabilities in Uganda found that 77% of women between 15-25 years have never used any form of contraception.[48] A study in Ethiopia found that only 35% of young persons with disabilities used contraceptives during their first sexual encounters.[49] In the same study, 63% of young persons with disabilities had had an unintended pregnancy.
- *Access to safe abortion:* unsafe abortion can cause disability and can be fatal. The incidence of abortion is not related to abortion legality, meaning that the number of terminations is similar irrespective of whether abortion is legal or illegal. Even where abortion is legal, due to the associated stigma and lack of access to appropriate services, the rate of unsafe abortion is high. While data on unsafe abortion is hard to find, it was estimated in South Africa, where abortion is legal under specific timeframes and conditions, that almost 50% of all abortions undergone by women and girls aged 13 to 19 took place outside a hospital or clinic and were therefore likely to be unsafe.[50] The psychological stress of unsafe and illegal abortion are also important to consider.
- *Access to maternal healthcare:* Only half of pregnant women in ESA access the suggested minimum four antenatal visits, and only half give birth in a healthcare facility.[51] Amongst the poorest households, only 26% of women will give birth in a healthcare facility.[52] Data for women with disabilities was not available but it is likely that their access to maternal healthcare is even more at risk, given the various barriers to access services, such as physical access and stigma around women with disabilities becoming mothers.
- *Prevention and treatment of sexually transmitted infections:* Sexually transmitted infections (STI), including those caused by HIV, are a major public health problem in Africa, and cause a significant number of deaths through, amongst others, AIDS, cervical cancer, congenital syphilis, ectopic pregnancy and HIV-related illness.[53]

  A study of HIV prevalence amongst young persons with disabilities in Rwanda, found that HIV is more prevalent amongst young persons with disabilities (5.73%) than the general population (3.0%).[54] Similar to the general population, young women with disabilities are disproportionately affected by

[43] UNAIDS, 2017
[44] Kassa et al, 2014
[45] Kassa et al, 2014
[46] Chirawu et al, 2014
[47] Guttmacher Institutes and UNFPA, 2014
[48] Ayiga and Kigozi, 2016
[49] Kassa et al, 2014
[50] Medical Research Council report, cited on ngopulse.org [accessed 29 September 2017)
[51] Guttmacher Institutes and UNFPA. 2014.
[52] Guttmacher Institutes and UNFPA. 2014.
[53] Lewis, 2011
[54] Munymana et al, 2014

HIV compared to their male counterparts.[55] Data from sub-Saharan Africa suggest an increased risk of HIV infection of 1.48 times in men with disabilities and 2.21 times in women with disabilities compared with men without disabilities.[56]

One example of the scale of the impact of STIs in Sub-Saharan Africa is the human papillomavirus (HPV). HPV is a sexually transmitted infection which can cause cervical cancer. Cervical cancer is the most common form of female cancer in sub-Saharan Africa.[57] Despite there being two HPV vaccinations available in the region, HPV prevalence ranged between 34% 44% in three studies in Kenya, Uganda and Tanzania. Correspondingly, the rate of cervical cancer is high. Five times more women are diagnosed with cervical cancer in Africa than in North America, and almost eight times more women die from cervical cancer in Africa than in North America every year. The prevalence and experience of HPV and cervical cancer for women with disabilities is not known due to a lack of data but given that they typically face additional challenges in accessing SRHR and services, it is expected that prevalence of STIs, including HPV, and death from cervical cancer could be higher than for women without disabilities.

Types and prevalence of SRHR violations

Given the broad and encompassing definition of SRHR, violations of SRHR are similarly wide-ranging. The following are examples of the most common SRHR violations experienced across the ESA region.[58]

- *Forced and/or coerced sterilisation:* Forced and/or coerced sterilisation of women and girls with disabilities is common practice globally and comes from a perception of women with disabilities being unfit for motherhood.[59] These procedures are often performed forcibly under the pretext of having the women's best health interest in mind.[60] Although the practice has significant human rights implications, the offenders rarely are held responsible for their actions.[61]
- *Forced contraception:* Women and girls with disabilities are often forced to use contraception to control menstruation, sexual expression and/or fertility.[62] The common misconceptions around the reproductive capacity of women and girls with disabilities often means that they are denied access to safe and effective contraceptives of their choice. Women and girls with disabilities often lack information and are less likely to be given a choice of contraceptives.[63]
- *Gender-based violence (including physical, sexual, emotional, psychosocial and financial violence):* The intersection of socio-cultural practices that perpetuate gender-based violence (GBV) and disability related discrimination leads to women and girls with disabilities being at heightened risk of GBV in ESA countries.[64] Women with disabilities have a 40% higher chance of experiencing an intimate partner violate them than women without disabilities.[65] Almost half of the young persons with disabilities in an Ethiopian study reported that they had been victims of sexual violence during their lifetime.[66]

[55] De Beaudrap et al, 2014
[56] UNAIDS, 2017
[57] WHO, 2015
[58] Frohmader, C. and Ortoleva, S, 2013
[59] Méndez, Juan. E, 2013
[60] WWDA, Human Rights Watch (HRW), Open Society Foundations, and the International Disability Alliance (IDA), 2011
[61] Frohmader, C. & Ortoleva, 2013 S. and Lewis, H. 2013
[62] Frohmader, C. & Ortoleva, 2013
[63] O'Conor, no date
[64] Manjoo, 2012
[65] Brownridge, 2006, cited in Hanass-Hancock, 2009
[66] Kassa et al, 2014

Violence against women and girls with disabilities often perpetuates in various sectors of society, such as the home and communities, and includes physical, psychological, and sexual violence amongst others. GBV can also lead to disabilities among women and girls.

- *Female genital cutting and forced male circumcision:* Cultural practices such as female genital cutting (sometimes referred to as female genital mutilation) are also considered a form of GBV. The rate of female genital cutting is as high as 21% and 10% in Kenya and Tanzania respectively.[67] Forced circumcision of men and boys is also a common cultural and traditional practice across ESA, often as part of an 'initiation' practice. A landmark South African court case in 2009 ruled that in South Africa, circumcision is unlawful unless done with the full consent of the initiate.
- *Denial of maternity, parenting and parental rights:* Women with disabilities are often deterred of or denied of their maternity, parenting and parental rights. In some cases, parental rights have been terminated, and children removed from their care, based on their disability as opposed to their parental capabilities.[68]
- *Denial of legal capacity and decision making:* Young persons with disabilities may be denied legal capacity as a result of stigma and discrimination, or judicial declaration of incompetency based on their disability. Women and girls with disabilities are often denied SRHR by using their incapacity as a justification. [69]
- *Lack of access to SRHR and programmes:* Young persons with disabilities experience several challenges regarding their access to SRHR services and programmes. These include social, economic, physical, psychological, structural and cultural barriers. The attitudes and perceptions of health care practitioners can contribute to challenges experienced by women and girls with disabilities, in particular.[70] In many instances, healthcare practitioners lack the necessary education and training to provide adequate SRHR services to persons with disabilities.[71]
- *Lack of access to information and education on SRHR:* SRHR knowledge and information among persons with disabilities is generally limited. There is a significant lack of appropriate and accessible information and education regarding SRHR for women and girls with disabilities in particular. While there have been significant efforts by ESA governments to roll out comprehensive sexuality education programmes across schools, young persons with disabilities are less likely to attend school than young persons without disabilities and there is an increased risk they will not receive this educational support. The lack of appropriate and accessible information refers to the absence of relevant content and materials that support the needs of young persons with disabilities and also the availability of information in an appropriate format such as Braille, audio, in sign language, etc.
- *Lack of access to justice:* Women and girls with disabilities, in particular those with intellectual or cognitive disabilities, often lack access to justice. These women and girls are often excluded from participating in legal processes on the basis of their type of disability. Judicial services are typically not designed universal and lack reasonable accommodation including sign language or Braille. Women and girls with disabilities may not be considered as a reliable witness and therefore cannot report violations against their rights. This leaves women and girls, particularly those with intellectual or cognitive disabilities, especially vulnerable to violence and abuse.[72]

[67] Eannaso, 2017
[68] O'Conor, no date
[69] O'Conor, no date
[70] Mall & Swartz, 2012
[71] UNESCO, 2016
[72] Frohmader et al., 2013

B6. Intersectionality: how various factors impact access to SRHR

Various factors, including cultural barriers, stigma, capacity and attitudes of relevant service providers amongst others, mean that access to SRHR services and education can be challenging for any person. However, in light of the increased risk for violence, sexual abuse and exploitation, young persons with disabilities are particularly vulnerable, yet young persons with disabilities are often excluded from SRHR programmes and experience additional barriers when trying to exercise their SRHR and access SRHR services.

The risk of violation of SRHR and barriers to accessing services are exacerbated depending on multiple factors, such as age, gender, and disability type. How these factors come together to create a person's specific experience is referred to as 'intersectionality'. This section provides some of the specific factors and characteristics which add to the vulnerability, risks and challenges that affect a person's ability to exercise their SRHR rights and access SRHR services.

Age

A person's age impacts their ability to exercise their rights. Young people are often not considered to be mature enough to exercise sexual agency, capacity and consent. This attitude can be found in a person's family, community and among service providers. Older persons, equally, may lack the information to support young persons.[73]

Gender

A person's gender influences their ability to realise their SRHR. Dominant gender roles and cultural norms typically expect a woman to be submissive and not the instigator of sexual activities. A woman requesting contraception, particularly an unmarried woman, can be subject to stigma. Women are significantly more likely to experience sexual abuse than men. Men and boys are also subject to stereotypical masculinities that may not support positive SRHR, such as pressure to have lots of sexual partners.

Unintended pregnancy and childbearing can profoundly alter women and girls' lives, undermining their educational attainment, economic opportunities, and ability to participate and public and political life.[74]

Disability and impairment type

The type and degree of disability or impairment experienced by a person will impact their access to SRHR in different ways.[75] Individuals with physical impairments can experience challenges in access to buildings and facilities.[76]

Individuals who have hearing or visual impairments may not be able to access information in its typical format. Educators and healthcare providers may not have the necessary sign language capabilities and print material can be inaccessible for visually impaired individuals. In a South African study, 48% of teachers found existing CSE materials to be unsuitable for learners with disabilities.[77]

Albinism is particularly misunderstood. Persons with non-visible disabilities can also be subjected to restrictions to access SRHR and other services as they may not be "believed".

HIV status

[73] Centre for Reproductive Rights, 2017
[74] Centre for Reproductive Rights, 2017
[75] Yousafzai et al., 2009
[76] Yousafzai et al., 2009
[77] Chirawu et al, 2014

A person's HIV status can affect their SRHR rights and access to services. Significant stigma still surrounds persons who are HIV-positive. Service providers and families may believe that persons who are HIV-positive should not be sexually active, and that education on SRHR and access to services encourages sexual activity. Being HIV-positive can increase vulnerability to sexual and physical abuse. A growing number of reports has indicated that persons with disabilities are at increased risk for every known risk factor for HIV/AIDS.[78]

Being HIV-positive further entrenches the vulnerability of women with disabilities, demonstrating the intersection of gender, disability and HIV status. One study conducted among HIV positive men and women concluded that being male appeared to create space for support regardless of the disadvantages of being HIV-positive and having a disability.[79] Many of the women in the study had been left by their husbands or boyfriends once becoming HIV positive or acquiring a disability, some even left to take care of their children alone.[80]

Sexual orientation and gender identity

Persons who identify as gay, lesbian, bi-sexual, transgender and intersex (LGBTI) are particularly vulnerable to stigma and cultural attitudes which can restrict access to services. While men who have sex with men are a key population in programmes to prevent and eliminate HIV, in reality the attitudes of local service providers are often a barrier to access. Persons who identify as LGBTI are highly vulnerable to be "left behind" in mainstream efforts to improve access to SRHR.

Marital status and family environment

Young persons with disabilities are also made vulnerable by the family environments which they come from. Unmarried women with disabilities are particularly vulnerable to being unable to access their SRHR and services. In most African cultures, a women who loses her virginity before marriage, whether she is a woman with disabilities or not, is frowned upon. Some unmarried women have been forced to abort children conceived out of wedlock for fear of religious shame and reputational damage. [81]

Therefore the sexual and reproductive agency of a young female with a disability is often linked to her marital status. Women with disabilities are less likely to be married, and women with children with disabilities are more likely to be left by the father or husband.

Personal capacity

A person's own interpersonal and psycho-social skills also affect access to SRHR. For example, young persons with disabilities in Uganda and Rwanda reported low self-esteem and issues of self-efficacy, affecting their ability to engage in safe sexual relationships and access to SRHR.[82]

Without the relevant knowledge and skills, young persons with disabilities can often internalise the dominant cultural narratives about their SRHR, often sharing sentiments which do not uphold their own SRHR. A study of young persons with disabilities in a refugee camp in Uganda showed that 25% of young persons with disabilities thought that forced sterilization was acceptable stating that "if a person has heavy disability and is disturbing the family, they [the family] may have the person sterilized."[83]

Economic means

[78] Hanass-Hancock, 2009
[79] Yoshida et al, 2014
[80] Yoshida et al, 2014
[81] Tanabe et al, 2015
[82] Yousafzai et al., 2009
[83] Tanabe et al, 2015

Persons with disabilities and their families are economically more vulnerable due to exclusion and discrimination in the labour market, lower employment rates and lower household incomes. They also experience higher out-of-pocket costs than the general population due to additional disability-related costs.[84] Persons who care for persons with disabilities have constraints on their time that can impact their ability to participate in the formal labour market.

Continuum of vulnerability

The above list of factors is not exhaustive but provides an indication of the number and complexity of the factors that make up the specific and unique experience of an individual young person with disabilities and their access to SRHR.

Depending on a range and combination factors, these interweaving identities place young persons with disabilities in extremely vulnerable positions in relation to their SRHR and access to services. Each individual's lived experience means they have a different combination of factors which contribute towards their vulnerability. Therefore, every individual lives on a type of continuum of vulnerability wherein personal, family, community and broader societal environment influences each person's position on the continuum. Planning and design of services should reflect an understanding of the diversity of disability and be sufficiently flexible to respond to a continuum of vulnerability, being able to provide services to the least and most vulnerable.

Not all experiences of this intersectionality are vulnerable. Some young persons with disabilities may be able to use their circumstances to negotiate for access. One study found examples where young persons with disabilities used their HIV status to create positive health care experiences, with one man in particular noting that he was able to receive preferred treatment and never had to wait in queues as a result of his HIV and disability status[85]. Unfortunately, such examples are in the minority.

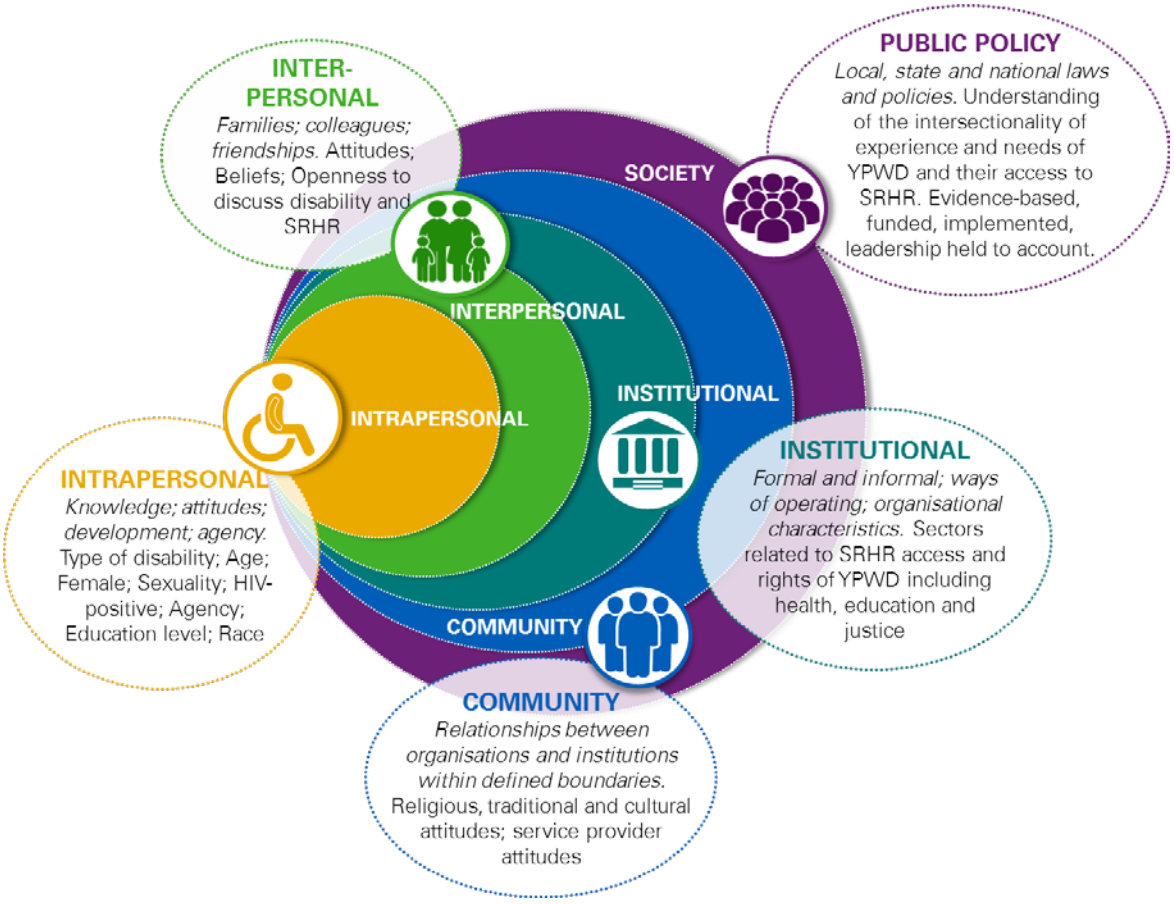
B7. The socio-ecological model: levels at which disability and access to SRHR are experienced

The experience of young persons with disabilities, and their experience of vulnerability, is influenced by numerous factors, including individual characteristics, relationships within family and society, the nature of those relationships and the physical and societal environment in which they live.[86]

The socio-ecological model provides a good basis to understand the various levels which influence the ability of young persons with disabilities to access SRHR services. The figure below illustrates the multiple levels which contribute to a multi-faceted view of access to SRHR services. These levels are: intrapersonal; interpersonal; institutional; community; and public policy. In the figure below, the italicised words elaborate on what is meant by each level, and the non-italicised words provide considerations of the specific factors related to access to SRHR services by young persons with disabilities in that socio-ecological level.

[84] UNAIDS, 2017
[85] Yoshida et al, 2014:4
[86] Singh et al., 2014

Figure 2: Socio-ecological approach to access to SRHR by young persons with disabilities



Source: adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988)

The socio-ecological model proposes that interventions are more likely to be effective when they address the determinants of an issue across these five levels. Therefore the Regional Strategic Guidance to improve access to SRHR and services by young persons with disabilities needs to consider the intersectionality of a young person's specific experience (their 'intrapersonal' experience) and their experience at different levels, including interpersonal, institutional, community and policy levels.

Vision 2030

The Regional Strategic Guidance intends to provide guidance to the ESA region in improving access to SRHR by young persons with disabilities. A good practice in strategic development is to define the end goal which the strategy seeks to achieve and the timeframe in which it is intended to be achieved. This section describes the goal, underpinned by a theory of change, and the timeframes for its achievement.

B8. Vision

The vision of the Regional Strategic Guidance is to achieve the following impact in the ESA region:

> **Young persons with disabilities are empowered to access sexual and reproductive health services. They enjoy their sexual and reproductive rights, with increased agency and autonomy, reducing vulnerability and risk.**

This vision is based on the fulfilment of the UNCRPD as it relates to access to SRHR. The UNCRPD mandates State parties to uphold the rights of persons with disabilities with respect to sexual and reproductive rights. Some of the key obligations related to ensuring SRHR include:[87]

- Protect persons with disabilities from violence, exploitation and abuse (including the gender-based aspects of such violations) (CRPD Art. 16);
- Ensure that persons with disability are not subjected to arbitrary or unlawful interference with their privacy (CRPD Art. 22) and family (CRPD Art. 23), including in all matters relating to marriage, family, parenthood and relationships; guarantee persons with disabilities, including children (CRPD Art. 7),
- Ensure that persons with disability enjoy the right to retain their fertility; take measures to ensure women and girls enjoy the full and equal enjoyment of their human rights (CRPD Art. 6);
- Prevent people with disabilities from being subjected to torture, or cruel, inhuman or degrading treatment or punishment (CRPD Art. 15);
- Prohibit involuntary treatment and involuntary confinement (CRPD Arts. 12, 17 and 25);
- Ensure the right of people with disabilities to the highest attainable standard of health without discrimination, including in the area of sexual and reproductive health and population-based public health programs (CRPD Art. 25).

In addition, improved access to SRHR services for young persons with disabilities sits within the context of SRHR and gender equality agendas. Improved SRHR is a key focus of the FP 2020 programme, which came about following the 2012 London Summit on Family Planning where governments made commitments to address the policy, financing, delivery and socio-cultural barriers when it comes to woman and girls and their access to contraceptives. Since its initiation, FP 2020 has grown from including 20 governments in 2012 to 36 governments to date. In 2014, FP 2020 secured US$ 2.6 billion in donor funding.

Thus far, FP 2020 has involved governments, civil society, multilateral organizations, donors, the private sector, and the research and development community in furthering its initiative. Within ESA, Mozambique, Zambia, Zimbabwe, Lesotho, Malawi, Tanzania, Madagascar, Burundi, Rwanda, DRC, Uganda, Kenya, Eritrea, South Sudan, Comoros and Ethiopia are all focus countries of the FP 2020 movement.[88] Within

[87] Frohmader and Ortoleva, 2013
[88] Family Planning 2020, 2017. About Us. [Online]. Available: http://www.familyplanning2020.org/about [Accessed 26 September, 2017]

the region, all ESA countries have signed the ESA Ministerial Commitment to improve access to SRHR and reduce child marriage. Improved access to SRHR is part of the achievement of SDG 5 to ensure gender equality and ensure no person is left behind.

The desired impact sits within a proposed theory of change, whereby the specific outputs and outcomes that contribute to the achievement of this impact are clearly described.

B9. Theory of change

The theory of change provides the logic which underpins how we get from our current state to our desired state. The proposed theory of change to improve access to SRHR by young persons with disabilities is provided in Figure 3.

At a regional level, the theory of change proposes a number of system-level outcomes that are necessary to achieve the desired impact. The Regional Strategic Guidance therefore intends to achieve the following outcomes across the ESA region:

- Behavioural change among young persons with disabilities leads to increased use of SRH services and products
- Young persons with disabilities are supported by their relatives and carers to access and exercise their SRHR
- Communities accept young persons with disabilities as sexual beings and work with them to uphold their rights to SRH and access to SRHR services
- All structures of society accept young persons with disabilities as sexual beings and work with them to uphold their rights to SRH and access to SRHR services
- There is effective coordination and integration in the design and delivery of services, policies, legislations and products
- Improving access to and supply of services for young persons with disabilities is an explicit and funded aim of government
- Leaders in the community, including religious and traditional, recognise the need for SRHR and they facilitate appropriate responses
- The legal system, including customary and religious law, prevents, recognises and adequately responds to violence and discrimination toward young persons with disabilities as they try access their SRHR and services

The theory of change also proposes a number of outputs which, based on available evidence, are proposed as likely to contribute to the achievement of the outcomes. The outputs are categorised according to the seven pillars of an effective system to increase access to SRHR by young persons with disabilities, adapted from the World Health Organisation (WHO) model of an effective healthcare system response. The pillars provide the framework for analysing the current situation and planning the regional and national responses. They provide the framework for the Regional Strategic Guidance and are discussed in detail in Part C.

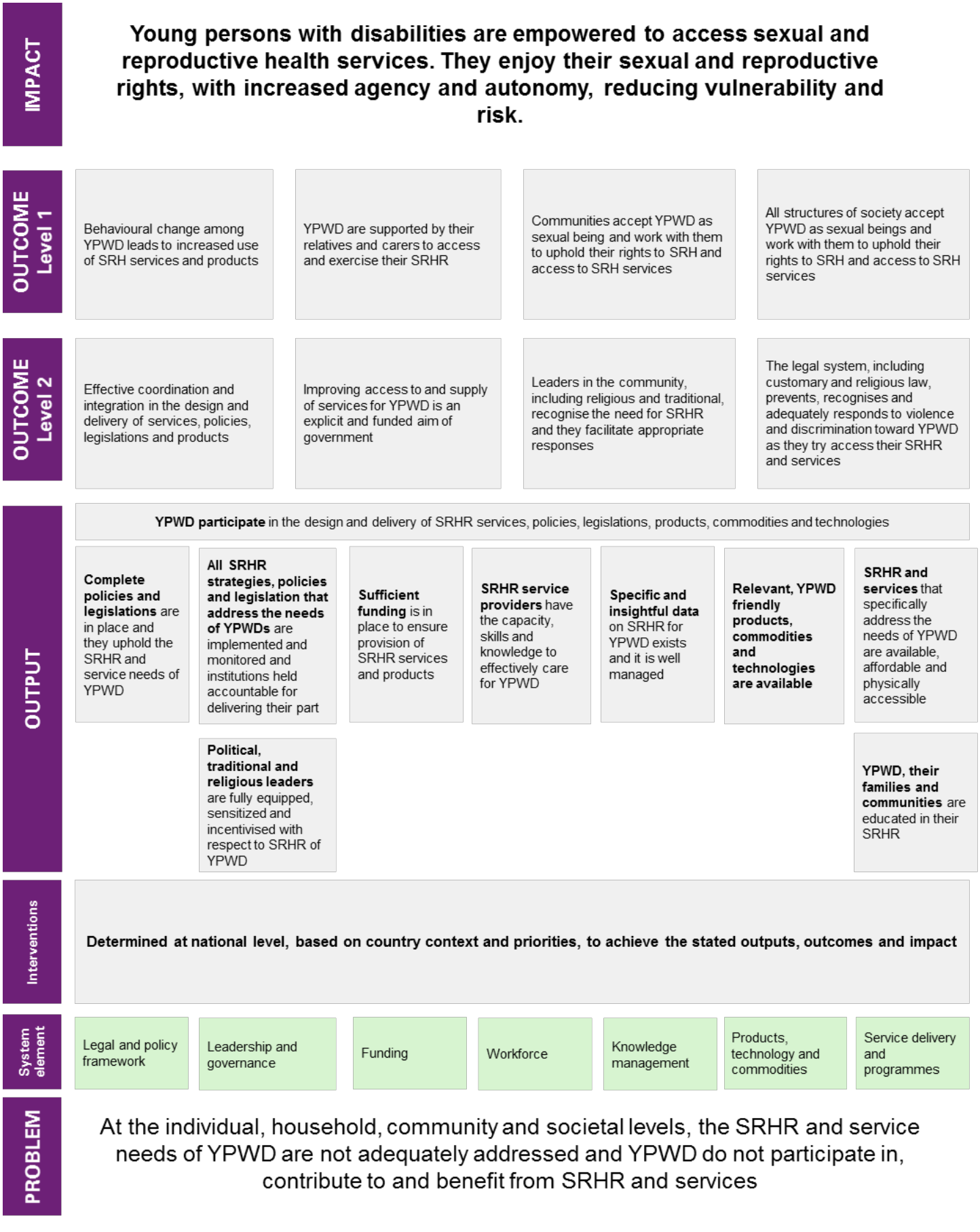
The interventions and specific activities to achieve the stated outputs will need to be determined on a country-by-country basis as the interventions must reflect the current situation, the capacity for change and the priorities of each national context. This Regional Strategic Guidance provides countries with information regarding promising practices, what works, and other insights to help develop national level interventions and action plans.

B10. Timeframe

In keeping with broader regional development goals, it is proposed that the timeframe for the Regional Strategic Guidance be 2017-2030. This provides a sufficient timeframe for individual ESA countries to undertake their country-specific situational analysis, identify a baseline and develop a specific and targeted action plan to achieve the goal and vision for improved access to SRHR by young persons with disabilities.

In developing country-specific indicators to measure progress against the theory of change, countries are encouraged to identify interim milestones to help track and mange progress towards 2030.

Figure 3: Proposed theory of change to improve access to SRHR by young persons with disabilities



Part C: Regional Strategic Guidance

Overview

C1. About the guidance

Access to SRHR by young persons with disabilities is a multi-sectoral issue. For young persons with disabilities to be able to fully realize their SRHR and access SRHR they must first be informed of their rights and then must be empowered to fulfil those rights.

The education sector must be involved in educating young persons, with and without disabilities, of their rights and the rights of others to be free from abuse, neglect and violence. Where these rights are contravened, the justice sector, including police and judicial services, must protect and bring justice. The healthcare sector is responsible for providing commodities, services and programmes to respond to many SRHR needs, including family planning services, maternal healthcare, and the prevention and management of sexually transmitted infections and gender-based violence.

The Regional Strategic Guidance is multi-sectoral in its approach and is intended to guide countries and regional stakeholders in determining specific interventions across sectors, stakeholders, and levels of administration. The recommendations are targeted at system-level changes that are intended to improve access to SRHR for young persons with disabilities.

The Guidance intends to take into consideration existing efforts to address the challenges facing young persons with disabilities in their access to SRHR; the wide ranging variations in the lived experience of young persons with disabilities; and the social context in which young persons with disabilities attempt to access SRHR and services.

C2. Framework for the guidance

The Regional Strategic Guidance is structured around seven 'pillars' which constitute the system response to ensuring access to SRHR for young persons with disabilities. The pillars are based on the World Health Organisation's six pillars of an effective healthcare system model,[89] and are used here to apply to all relevant sectors in the SRHR response, including education and justice. An additional pillar representing the legal and policy framework response has been added.

An advantage of using this framework is that it seeks to create an enabling environment for improving access to SRHR, through the appropriate legislation, policies, funding, workforce and research, while also including a focus on service delivery, products and programmes.

[89] WHO, 2007

Figure 4: Framework for the Regional Strategic Guidance

Source: adapted from WHO, 2007

C3. Guiding principles

When considering each pillar, the following key principles must be considered:

— *Participation of young persons with disabilities:* At the centre of the framework are young persons with disabilities and their rights to access SRHR. Putting young persons with disabilities at the centre of the framework also intends to emphasise the need for young persons with disabilities to participate and be involved in each element of the framework. The UNCRPD obligates member states to ensure that young persons with disabilities have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them.[90] For example, young persons with disabilities should be involved in developing *legislation and policy* (pillar 1) to improve and protect their access to SRHR, and be part of the *leadership and governance* structures (pillar 2) that monitor and advise on implementation of such legislation and policies.

— *Universal design and reasonable accommodation:* The UNCRPD requires member states to apply the concept of universal design when planning and providing services to persons with disabilities. Universal design means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design, which helps ensure persons with disabilities are included from the outset of programme, service and product design and can reduce stigma associated with differentiated approaches used for persons with disabilities.[91] Where this is not possible, services need to use 'reasonable accommodation' to provide access to services (e.g. Braille, sign language interpreter)

— *Diversity of disabilities:* A key principal in planning efforts to improve access to SRHR for young persons with disabilities is recognising the diversity in disabilities. Young persons with disabilities are not a homogenous group and 'one size fits all' responses will not lead to the necessary improvements

[90] UNCRPD, 2006
[91] UNCRPD, 2006

in access. The intersection of disability, age, gender, personal capacity, HIV status, income and a number of other factors yields different needs and agency in accessing SRHR and programmes and services, as well as national and regional responses, must reflect this.

— *The socio-ecological levels:* The pillar approach provides the primary lens through which the Regional Strategic Guidance attempts to guide stakeholders on the desired and current state of access to SRHR by young persons with disabilities, and the recommendations to help improve access. The secondary lens through which national and regional interventions and actions plans must consider their response is provided by the socio-ecological model, introduced previously in Part B. The socio-ecological model requires us to consider the various levels that affect the ability of young persons with disabilities to access services, and the contextual factors that impact risk, vulnerability, access and participation. This means that each pillar must consider its response at the intrapersonal, interpersonal, institutional, community and policy levels.

For example, an effective legal and policy framework response would ensure that young persons with disabilities are aware of their rights (intrapersonal), that they are protected from abuse or neglect by others (interpersonal), that institutions uphold and implement the laws and policies (institutional), that communities are aware of the rights of young persons with disabilities and their rights to SRHR (community), and that all rights are reflected in the necessary legal and policy documents (public policy).

The integrated view of each pillar of the Regional Strategic Guidance and the considerations for that pillar in terms of the socio-ecological levels is illustrated in Figure 4.

Figure 5: Examples of responses required under each pillar across the socio-ecological levels

	1 Legal & policy framework	2 Leadership & governance	3 Funding	4 Workforce	5 Knowledge management	6 Products, technology & commodities	7 Service delivery & programmes
Intrapersonal	YPWD understand and exercise their rights with respect to access of SRHR services	YPWD are confident to take leadership and are able to represent a diverse group of PWD	YPWD can access resources and funding to develop their knowledge and skills and access services	YPWD are part of the health, education, and justice workforce	YPWD, community members and workforce know about the SRHR needs of YPWD	Products and technologies support agency and access to services of YPWD	YPWD can access all SRHR services and programmes (e.g. CSE, PrEP, Contraceptives, STI and HIV treatment)
Interpersonal	YPWD are equal sexual partners and are free of violence, abuse, neglect and exploitation	YPWD feel supported and represented by political and other leaders and participate as leaders	Funding supports positive intrapersonal relationships through increasing participation of YPWD	The health, education and justice workforce have positive attitudes and understand the rights of YPWD	There is knowledge on the interpersonal relationships of YPWD and how this leads to barriers in access	Products and technologies support interpersonal relationships including family and work	Services and programmes enhance interpersonal relationships by increasing awareness and understanding of rights
Institutional	Laws and policies are upheld and implemented by institutions, including health, education and justice institutions	Institutions are monitored and held accountable for implementing and upholding rights of YPWD	Institutions have sufficient funding to implement, govern and manage a coordinated response to access for YPWD	There is systemic training on the rights and needs of YPWD across institutional workforces	Institutions base their products, programmes and services on human rights principals and evidence of what works	Institutions promote and facilitate the use of products and technologies to support access	Institutions provide services and programmes using universal design and reasonable accommodation
Community	Rights of YPWD are understood and negative cultural, traditional and religious attitudes and practices are eliminated	Strong leadership of the rights of YPWD influences and informs how others treat YPWD	There is sufficient funding to supports community awareness efforts and access to SRHR within services	The health, education and justice workforce are ambassadors for the rights of YPWD in communities	Communities understand how attitudes and behaviours lead to barriers in access for YPWD	Products and technologies support community relationships including access to services	Services and programmes enhance community relationships by increasing awareness and understanding of rights
Policy	SRHR of YPWD are represented across national laws and policies	Laws and policies are monitored and leaders are held accountable for upholding the rights of YPWD	Laws, policies and strategies to realise the rights of YPWD are costed and funded	The workforce understands the legal and policy framework that supports the rights of YPWD	National laws and policies are based on evidence and good data on YPWD and their SRHR needs	Laws and policies promote and facilitate the use of products and technologies to support access	Services and programmes seek to implement the rights of YPWD set out in policies and laws

Legal and policy framework

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations for the legislative and policy frameworks that are relevant to SRHR for young persons with disabilities in ESA countries. Legislative and policy frameworks are important as they provide enforceable direction and requirements for programming and service delivery.[92]

C4. Desired state

The desired state of legal and policy frameworks across ESA is one where:

> **The legal system, including customary and religious law, and the national policy framework, recognises the rights of young persons with disabilities and empowers them to enjoy their SRHR, while also adequately responding to the risk of violence and discrimination.**

The UNCRPD describes a number of legal and policy obligations for member states, including the requirement to adopt appropriate legislative and administrative measures to ensure the rights recognised in the UNCRPD are implemented in a national context. Such measures include ensuring and promoting the full realisation of human rights and fundamental freedoms for persons with disabilities and abolishing any laws and regulations that constitute discrimination against persons with disabilities.[93]

The UNCRPD specifically recognises the need for women- and child-focused legislation and policies to protect women and children with disabilities from exploitation, violence and abuse.[94]

C5. Current situation

There are a number of challenges related to legal and policy frameworks across ESA. While the specific challenges in each country vary, some themes from the region include the following:

— Not all ESA countries have ratified the UNCRPD which establishes minimum standards for the protection of rights for persons with disabilities. Not all ESA countries have committed to FP 2020 which provides funding and support to improve SRHR.

— Regional frameworks help to create an enabling environment for protection of the rights of young persons with disabilities at a national level. However, the impact of regional policies and strategies is unclear

— While many ESA countries recognise persons with disabilities in their respective constitution, only eleven countries have national legislation (such as a disabilities act) specific to recognising and

[92] WHO, 2017
[93] UNCRPD, 2006
[94] UNCRPD, 2006

protecting the rights of persons with disabilities. Where specific legislation exists, the completeness of legal protection is unknown

— While there are a large number of regional and national frameworks related to SRHR, very few provide specific consideration to the intersection of access to SRHR by young persons with disabilities

— Regional and national SRHR frameworks are heavily weighted to HIV/AIDS and may not sufficiently cover broader SRHR requirements

— Existing legal frameworks focus solely on ensuring protection against abuse and violation, and while this is important, the diametric of this – the right to experience pleasure and enjoyment of from sexual and family lives – is rarely acknowledged as important. The right to sexual pleasure was only mentioned once in an in-depth review of the legal framework in the four case study countries.

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C6. Promising practices

A number of promising practices that contribute to better legal and policy frameworks have been identified. These practices are not necessarily 'best' practices but provide opportunities to build, strengthen, scale and replicate, based on what is already in existence.

— The East African Community measured access by persons with disabilities to basic rights and social services, especially shelter, health, education, and employment, as part of its strategic plan (2012-2016) for gender, youth, children, persons with disabilities, social protection and community development. Future strategies should consider building on this practice and specifically measure access to SRHR, disaggregated by gender, disability, and age, including baselines and targets, to provide important data to guide the region going forward.

— The Southern Africa Development Community has developed a minimum package of services (MPS) for orphans and vulnerable children. A similar MPS guideline could be developed for SRHR services for young persons, and young persons with disabilities in particular. The MPS could provide a useful reference and guideline for planning services on a national and local level. In addition, the WHO has developed a guidelines on SRHR services for women with living with HIV. This document can also be used to inform a minimum package of services for SRHR for youth, including young persons with disabilities

— Kenya, Malawi, Namibia, Rwanda, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe have specific Disability Acts to provide for the right to healthcare, education and training, employment and social protection, among others. The Kenyan Disability Policy has a strong focus on access to justice. The Ugandan legal framework specifically names government as responsible for ensuring and promoting access to specialised health services, including reproductive health, for women with disabilities.

— While not an ESA country, Israel has a promising and relevant outreach programme to ensure women with disabilities understand their rights. Women's Empowerment Groups/Workshops are held within the homes of Bedouin women so they learn how to talk to each other, and to talk about their lives including the violence they experience. During these workshops, women are advised of a hotline service where volunteers refer the callers to local services or lawyers who can help the women apply for government benefits (including tax relief and utility discounts for persons with disabilities), seek protection orders or connect them to shelters. The approach of combined home meetings and hotline helps to navigate cultural perceptions and attitudes which can otherwise

prevent women from understanding their rights and accessing services and issues of accessing facilities.[95]

The above examples are not comprehensive and countries are encouraged to dive deeper into their own contexts to identify further promising practices that can be built upon and taken to scale.

C7. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society, development partners and other stakeholders should consider with respect to legal and policy frameworks that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

- Countries should seek to ensure ratification of the UNCRPD. This will help ensure that rights of young persons with disabilities are recognised and that national legislation and policies align with minimum standards for the protection of rights of persons with disabilities. Where countries choose not to ratify the Convention, the obligations of the Convention can still be used to guide implementation of national strategies to improve the rights and well-being of young persons with disabilities, specifically related to SRHR.
- Countries should consider a commitment to FP 2020 in order to benefit from the resources and support to improve SRHR.
- Countries should seek to establish national disability legislation, such as a disability act, which protects the rights of young persons with disabilities to access health care and SRHR services in particular. In addition, countries should seek to ensure that the transversal rights of persons with disabilities are mainstreamed across all legislation and policies.
- Where national legislation exists, countries should assess the completeness of such laws to fully protect and empower the rights of young persons with disabilities to access SRHR services. In particular, one of the priorities should be to abolish guardianship and ensure legal capacity of young persons with disabilities and make the transition from substitute decision-making to supported decision-making systems. This will help ensure, for example, that young persons do not require parent or caregiver approval to access services.
- Similarly, countries should assess the completeness of national policies to protect and empower the rights of young persons with disabilities to access SRHR services. **A *policy analysis tool* has been developed as part of this regional strategic guidance initiative to help countries evaluate and assess their current policy framework. The tool is provided in the Appendix of this document.**
- Young persons with disabilities should be involved in the development of national policies. Policy makers should seek to use the lived experiences and requirements of young persons with disabilities as the starting point for national policy.

[95] Handicap International, 2015

— Laws and policies should reflect the right of young persons with disabilities to experience sexual pleasure, relationships and families, not just protect young persons with disabilities from abuse and violation.

— Countries should consider ensuring parliamentarians are sufficiently aware of and able to advocate for the needs of young persons with disabilities with respect to SRHR and can challenge proposed legal and policy changes to ensure they reflect the needs of young persons with disabilities

— Countries should consider putting in place legal literacy and legal services programmes to help ensure that young persons with disabilities know their rights and applicable laws and can receive support from the justice system when aggrieved.

The recommendations for regional stakeholders include the following:

— There are a number of frameworks at a regional level that help create an enabling environment for increased access to SRHR by young persons with disabilities, such as the EAC Policy on Persons with Disability and the SADC Protocol on Health. Regional leadership should consider monitoring the use and application of regional frameworks by member states which support and advocate for the rights of young persons with disabilities

— Regional leadership should consider reviewing current frameworks to ensure the specific intersection between age, disability, gender and SRHR needs are reflected in regional instruments

— Regional leadership should seek to ensure that SRHR legislation and policies speak to the broad SRHR agenda and are not limited to e.g. HIV/AIDS. This will help ensure all SRHR needs are accommodated.

— The *policy analysis tool,* developed as part of the package of products to support the Regional Strategic Guidance, can also be applied to regional policies to help understand completeness and gaps of policies in place at a regional level.

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

Central to the feedback for this pillar was that the legal framework in a country is often focused on protection of rights rather than the acknowledgement and support for a young person with disabilities to desire sexual pleasure, relationships and a family life. Young persons with disabilities emphasised that across all pillars, their right to seek sexual pleasure needs to be acknowledged – by the SRHR workforce, in services and programmes etc. They emphasised that protection was “one side of the coin” and pleasure was the other side. Young persons with disabilities emphasised that persons without disabilities are able to actively pursue sexual pleasure, relationships and family lives and wanted acknowledgement of the same pursuit, and for this to be captured and enforced in laws and policies.

Young persons with disabilities emphasised that more legal literacy programmes are required to help young persons understand their rights. This is critical to achieving a central tenet of the guidance – empowerment of young persons with disabilities to fulfil their SRHR. They also emphasised that legal literacy programmes should extend to care givers and communities – care givers and communities also need to understand the rights of persons with disabilities in order that they can be upheld and enjoyed. Specific examples were provided whereby young women with disabilities were made to give birth at home, out of shame and stigma, rather than be taken to hospitals which increased risks for both the mother and child.

Countries which had not ratified the UNCRPD emphasised that this should not prevent pursuit of the same desired outcomes for persons with disabilities. They reminded the wider group that ratification of the Convention was not the goal – implementation was. They emphasised that not ratifying the Convention should not be used as an excuse for not improving access to SRHR for young persons with disabilities. Various workshop participants discussed the potential usefulness of national guidelines to help ‘domesticate’ and implement the UNCRPD.

Leadership and governance

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations for leadership and governance of SRHR issues for young persons with disabilities in ESA countries. Leadership includes political, religious, traditional and community leadership. Leadership and governance structures are particularly important given that young persons with disabilities and SRHR are both often misunderstood and marginalized and require a strong voice to advocate for the importance and needs of both areas.

C8. Desired state

The desired state of leadership and governance structures across ESA is one where:

> **All SRHR strategies, policies and legislation that address the needs of YPWDs are implemented and monitored and institutions held accountable for delivering their part.**
>
> **Leaders in the community, including religious and traditional leaders, recognise the need for SRHR and the rights of YPWD and they publicly facilitate appropriate responses.**

The UNCRPD sets out a number of obligations related to the implementation of the Convention and the requirements for national leadership and governance structures to oversee and monitor its implementation.

First, Article 4 of the Convention obligates states to ensure that persons with disabilities, including children, are consulted and actively involved, through their representative organisations, in the development and implementation of legislation and policies that concern issues affecting them.[96]

Second, the UNCRPD requires member states to ensure that all facilities and programmes designed to serve people with disabilities are effectively monitored by independent authorities.[97] These authorities take various forms, as illustrated in the sections that follow.

Third, the UNCRPD requires that civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring of legislation and policy implementation.[98]

Finally, the UNCRPD requires that states establish one or more independent mechanisms to promote, protect and monitor implementation of the Convention itself.[99]

[96] UNCRPD, 2006, p6
[97] UNCRPD, 2006, p11
[98] UNCRPD, 2006, p21
[99] UNCRPD, 2006, p21

C9. Current situation

There are a number of challenges related to leadership and governance structures across ESA. While the specific challenges in each country vary, some themes from the region include the following:

— The majority of ESA countries have a civil society coordinating body for persons with disabilities, however the mandate and impact of such organisations is not documented, particularly with respect to SRHR or young persons with disabilities.

— At least 14 countries appear to have some form of national organisation or other multi-sectoral organisation for persons with disabilities which brings together government, civil society, development partners and/or persons with disabilities. The mandate and impact of such organisations is unknown, particularly with respect to SRHR or young persons with disabilities.

— While youth representation on such structures is encouraged, young people often lack the capacity, know-how or resources to engage effectively. This is particularly acute for young persons with disabilities.

— There are a number of youth participation initiatives across the ESA region. There is potential to increase the focus on SRHR among these initiatives and ensure representation and participation across all countries.

— Despite the above structures, accountability for ensuring policies and legislation are implemented is unclear and monitoring and evaluation is limited.

— There is very limited political, traditional or religious leadership or public support for access to SRHR by young persons with disabilities at national or regional levels.

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C10. Promising practices

A number of promising practices that contribute to better leadership and governance structures have been identified. These practices are not necessarily ‘best’ practices but provide opportunities to build, strengthen, scale and replicate, based on what is already in existence.

— At least 14 countries across the ESA region have some form of national council for persons with disabilities. The purpose of the council is to monitor the multi-sectoral approach to ensuring that the rights of young persons with disabilities are upheld

— Young persons with disabilities are represented by the African Youth with Disabilities Network (AYWDN), which has its headquarters in Nairobi. AYWDN has a specific programme focused on access to SRHR and sexuality education. There are eight chapters of AYWDN across the ESA region. The African Youth and Adolescent Network on Population Development (AfriYan) has an ESA chapter which is a consultative and coordinating network for youth to focus on the promotion of SRHR. While it doesn’t provide a specific focus on disabilities, there is an opportunity to ensure young persons with disabilities are a key part of the AfriYan network

— The SADC Parliamentary Forum is implementing a project to strengthen the capacity of SADC national Parliaments to advocate for and influence national responses to SRHR and HIV within a rights approach in these countries. The intention of the project is to develop a critical mass of parliamentarians, advocates, communities and civil society organisations (CSOs) to drive the HIV and SRHR agenda towards universal realisation of rights, sustained and effective HIV/AIDS interventions and improved programme governance. Over 800 MPs, parliamentary staff and CSOs from six member states have undergone several capacity building workshops since 2014. A

particularly promising practice from this project has been that CSOs now understand how to access parliament to challenge and advocate on SRHR issues

— Uganda has developed an innovative way to give young Ugandans a voice on issues they care about. Developed by UNICEF Uganda and launched in 2011, U-Report is a free SMS service to engage with young people and enable them to participate in the decisions that affect them. The initiative was designed encourage community-led development, citizen engagement and effect positive change. It also fosters transparency and accountability in development programming and services. Some of the themes and topics covered included female genital mutilation (FGM), outbreaks of disease, safe water, early marriage, education, health and inflation. The U-Report is also becoming available in other countries in the region.

— Kenya has demonstrated promising practices in engaging community and traditional leaders. In Kibwezi district in eastern Kenya, community elders are frequently expected to deal with reported incidences of violence against women by facilitating a traditional reconciliation method. However, cases of violence against women with disabilities are rarely addressed in this process. The Kibwezi Disabled Persons' Organisation (KDPO) teamed with three other civil society organisations to increase their capacity to develop research and an awareness and education campaign, focusing on community elders, decision-makers and local law enforcement bodies, as well as persons with disabilities. As a result, some key groups, including pastors and village elders, have started talking to their communities about how violence against women and girls with disabilities can be prevented and managed. Church services are used to inform people how to report abuse. The Deputy District Chief has spoken publically about this support to protect women and girls with disabilities from abuse. A recent case involving a women with an intellectual disability was successfully brought to the criminal justice system.[100]

The above examples are not comprehensive and countries are encouraged to dive deeper into their own contexts to identify further promising practices that can be built upon and taken to scale.

C11. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society (including Disabled People's Organisations (DPOs)), development partners and other stakeholders should consider with respect to leadership and governance structures that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

— Civil society organisations should seek to establish a coordinating body or coalition which will help advocate for the needs and rights of young persons with disabilities with respect to SRHR. Increased access to SRHR should be included part of the organisation's mandate

— Civil society organisations which support young persons with disabilities should seek to enhance their understanding and expertise regarding SRHR needs and services for young persons with disabilities. This will help advocate for and/or increase provision of services

[100] Handicap International, 2008

— The rights of young persons with disabilities should be mainstreamed across all relevant organisations, such as women's rights organisations and human rights organisations. Countries should seek to ensure that young persons with disabilities are included as a target population within all initiatives to support vulnerable populations

— Countries should seek to establish multi-sectoral governance bodies which bring together government ministries, civil society, development partners and young persons with disabilities. Such bodies should be empowered to oversee and monitor the implementation of national policies and strategies and hold relevant stakeholders accountable for implementation

— Countries should seek to ensure the necessary mechanisms are in place and effective in ensuring accountability for implementation of SRHR and young persons with disabilities policy and legislation. This can be through the multi-sectoral governance bodies described above. It is particularly important that implementation of legislation and policies is monitored and measured through indicators, baseline data and result reporting

— A multi-sectoral and transversal approach helps ensure that the needs and rights of young persons with disabilities are represented across multiple sectors. Countries should consider establishing a role (such as a focal point) across health, education, labour, infrastructure, justice and other sectors which is responsible for ensuring the rights of young persons with disabilities are mainstreamed and integrated into departmental planning and service delivery

— Countries should also consider establishing transversal oversight for the rights of young persons with disabilities. This can be done by establishing a presidential level oversight role or body, to serve as an independent commissioner or ombudsman

— Young persons with disabilities should be supported to become active participants in leadership and governance structures. This can include leadership, advocacy, governance and other skills and training to empower and capacitate young persons with disabilities. Such bodies should also ensure the necessary resources are provided so that e.g. travel costs are not a barrier to participation

— Political, traditional and religious leaders are all important allies and sponsors for efforts to increase access to SRHR and the rights of young persons with disabilities in particular. National and local efforts should seek to ensure that relevant leaders are sensitised to the needs of young persons with disabilities and their role to help break down stigma and misperceptions on SRHR for young people and young persons with disabilities specifically

— Countries should consider the extent to which national performance measures for service providers include measures related to young persons with disabilities and ensuring youth- and young persons with disabilities -friendly service provision. Measuring service providers by such indicators can help embed a focus on young persons with disabilities in the organisation

— Governments should support, through funding and other means, civil society and other organisations which seek to represent and advocate for the needs of young persons with disabilities. This should include capacity building and similar support for civil society to engage effectively in the defence of rights of young persons with disabilities

The recommendations for regional stakeholders include the following:

— There are a number of regional coalitions and networks which are led by young people. These organisations can be powerful ambassadors and advocates for increased access to SRHR across the region. Both youth movements and young persons with disabilities movements should consider increasing their focus on SRHR and how SRHR can be integral to a person's ability to achieve their full potential, particularly women and girls

— Regional partners should consider organising a regional HIV/AIDS disability conference for sharing of best practices on increasing access to SRHR by young persons with disabilities

— Regional organisations and partners should also seek to ensure that young persons with disabilities are part of the organisational structures and teams, ensuring that their participation is embedded in regional initiatives

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

Young persons with disabilities emphasised how their inputs and participation can often feel 'token' and the value of their skills and involvement are overlooked, or not seen to outweigh the sometimes additional costs required to ensure their participation (such as cost of sign language interpreters or cost to convert materials to braille).

Young persons with disabilities also emphasised the importance of their involvement in regional initiatives and on regional bodies, not just national associations. It was very clear from the discussion that legislation and policy issues go hand in hand with leadership and governance issues, so these two sections should be read together and plans to improve these system elements should acknowledge the close relationship between these pillars.

Funding

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations for funding access to SRHR for young persons with disabilities in ESA countries. Without adequate funding, laws, policies, strategies and programmes to improve access to SRHR will not be implemented.

C12. Desired state

The desired state of funding across ESA is one where:

> **Sufficient funding is in place to ensure provision of appropriate and sufficient SRHR and products for young persons with disabilities, provided by a trained and skilled workforce.**

The UNCRPD makes very clear what should be provided for persons with disabilities and, as such, it can be logically concluded that funding is necessary to achieve these obligations.

Article 20 obligates member states to facilitate access for persons with disabilities to assistive devices and technologies by making them available at an affordable cost.

The Convention, recognising the varying economic positions of member states, speaks to the progressive realisation of these obligations, acknowledging that immediate realisation is often not feasible given the costs associated with many of the obligations.

C13. Current situation

There are a number of challenges related to funding across ESA. While the specific challenges in each country vary, some themes from the region include the following:

— Very few policies and strategies are costed. It is therefore difficult to understand whether funding for such policies and strategies is sufficient

— Data on government budgets are high-level and programmatic and cannot be broken down sufficiently to understand expenditure on young persons with disabilities and their access to SRHR specifically

— Expenditure by development partners on improving access to SRHR by young persons with disabilities specifically is also not itemised

— Funding for healthcare generally across ESA is not sufficient to meet demand; access to SRHR by young persons with disabilities is also underfunded, and potentially disproportionately so as it does not appear to be a political or national priority

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C14. Promising practices

A number of promising practices that contribute to better funding have been identified.

— Countries such as Namibia, South Africa and Zimbabwe provide disabilities grants to provide social protection and support to persons with disabilities. South African has undertaken a pilot study to understand the financial situation of persons with disabilities. The report, *Elements of the financial and economic costs of disability to households in South Africa: results from a pilot study,* can help countries to understand the specific financial realities of persons with disabilities and can help to identify priority areas for government support.

— Kenya has a disability fund that is used for donations and grants specifically to support the rights and well-being of persons with disabilities. In Madagascar, public hospitals have 'equity funds' which are for the purpose of ensuring vulnerable groups are able to access services.

— In the UK, social services and health departments are providing 'personal budgets' to persons with disabilities. This allows individuals to allocate their budgets to the services and products they attach most value to and will receive the most benefit from, helping to individualise their care. (This approach only works where there is a necessary supply of services and products.)

— In the Rwandan health sector, there has been progress in better integrating persons with disabilities, and raising awareness on their specific needs, which is regarded as a cost-effective option for improving access to health services by persons with disabilities. The Rwandan government developed guidelines on Mainstreaming Disability into the Health System at Community Level. These guidelines aim to provide guidance to those in the health sector who otherwise have not been trained or capacitated to be able to provide quality services to persons with disability. It reflects the diversity of persons with disabilities and how different impairments require different responses.[101]

The above examples are not comprehensive and countries are encouraged to dive deeper into their own contexts to identify further promising practices that can be built upon and taken to scale.

C15. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society, development partners and other stakeholders should consider with respect to funding that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

— National policies and strategies to increase access to SRHR should be costed. This helps to ensure that funding is sufficient to achieve policy objectives. Costed strategies are also more likely to attract additional support, such as that from development partners, as it can be clearly identified what activities will be funded and supported by different stakeholders. As will all aspects of planning and implementing services for persons with disabilities, persons with disabilities should be included in decisions around funding allocations. Particularly where available funding is less than

[101] Ministry of Health Republic of Rwanda, 2009

required funding, persons with disabilities can help policy makers make better decisions on prioritising services and support.

— States should recognise the additional costs for young persons with disabilities to access services and earmark funding to improve access for young persons with disabilities within wider reform initiatives. Social protection, such as welfare support grants, should also be provided to persons with disabilities who need such financial support.

— Integrating efforts to improve access to SRHR for young persons with disabilities within broader reforms – such as training SRHR workers on disabilities at the same time as training them on SRHR and youth-friendly services – is a cost-efficient way to ensure young persons with disabilities are provided for.

— States should consider reducing or eliminating taxes, such as value added tax, and import tax and duties, on assistive devices and technologies for young persons with disabilities so that these costs are not passed on by suppliers to the customers.

The recommendations for regional stakeholders include the following:

— Regional stakeholders and development partners could consider undertaking a research exercise to estimate the cost-benefit of increased access to SRHR by young persons with disabilities. Such research should ask the questions around how preventative SRHR can help to avoid or mitigate more costly health, social and economic challenges among young persons with disabilities that can happen in the absence of SRHR. This will help advocate for increased and/or prioritised funding for young persons with disabilities as a particular target group, which can often be a challenge among many competing demands for limited public funding

— There may be opportunity to develop alternative financing mechanisms, such as social impact investing and social impact bonds, to help fund increased access to SRHR by young persons with disabilities. Programmes to increase the independence and agency of young persons with disabilities mitigate more costly alternatives such as residential care. These programmes can therefore yield a return on investment which may be attractive to social investors. Regional development partners should consider investigating the feasibility of such mechanisms to help increase the funding available for young persons with disabilities. This will also help ensure sustainability of funding for young persons with disabilities

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

A suggestion was made by workshop participants around earmarking of funds. A WHO guideline was cited whereby it is recommended that 15% of a country's budget should be set aside for health. Workshop participants suggested that part of this 15% could be further earmarked specifically for persons with disabilities. Participants were also keen that development partners set an example in earmarking funds for the SRHR of persons with disabilities and encourage government to match funding made available for persons with disabilities.

Young persons with disabilities and other workshop participants emphasised the importance of Monitoring and Evaluation (M&E) to better track how funds are spent. This transparency should help ensure accountability by funding recipients for their results, and help guide decisions to reallocate funding to areas showing higher impact or value. Young persons with disabilities also stated that they often don't "feel the benefit" of the funding decisions made, and should be part of evaluation and audit efforts to find out whether the intended beneficiaries of funding do, in fact, benefit.

Young persons with disabilities were passionate that assistive devices and technologies should not be taxed, to help ensure they are affordable.

Workforce

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations related to the workforce responsible for providing SRHR for young persons with disabilities in ESA countries.

Workforce refers to the service providers, professionals, employees and volunteers across health, education, justice and other sectors who directly provide services or help ensure rights are protected and young persons with disabilities are able to exercise their rights. This includes healthcare providers, community caregivers, social workers, CSE teachers, police, courts and traditional healers among others.

C16. Desired state

The desired state of the SRHR workforce across ESA is one where:

> **The SRHR workforce has the capacity, skills and knowledge to effectively care for young persons with disabilities and includes persons with disabilities as service providers.**

The UNCRPD requires member states to ensure such professionals and staff are sufficiently trained on the rights of persons with disabilities recognised in the Convention in order that they can provide the assistance and services guaranteed by those rights.[102]

Specifically, related to education and health professionals, the Convention states that:

— The education workforce should be trained in the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities; and

— Health workers must provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent.

C17. Current situation

There are a number of challenges related to the SRHR workforce across ESA. While the specific challenges in each country vary, some themes from the region include the following:

— Skills shortages in healthcare across ESA also impact young persons with disabilities and their access to SRHR. Workforce issues are exacerbated by intersection of young persons with disabilities and SRHR. Those trained on persons with disabilities may lack training on SRHR and vice versa

[102] UNCRPD, 2006, p5

— Cultural and religious attitudes of healthcare professionals can limit the ability of young persons with disabilities to access appropriate SRHR. Young persons with disabilities are often not considered to be sexually active or sexual activity is disapproved of

— Issues extend across all service providers, including health care providers, educators, policy makers and implementers

— There is an increased focus on ensuring youth-friendly services as part of the ESA commitment. However, this is rarely specific to young persons with disabilities

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C18. Promising practices

A number of promising practices that contribute to a better SRHR workforce have been identified.

— The majority of countries in the ESA region have been rolling out teacher training on comprehensive sexuality education (CSE). The lessons learned and promising practices from this experience are useful here. Face to face training helps to provide individuals with the opportunity to challenge and re-evaluate their own attitudes. This has been shown to be especially important for SRHR training and could be equally relevant to training regarding young persons with disabilities. Caution should be applied to using 'train the trainer' methods. While often cost-effective, the quality of the training can be diluted further down the training chain. Online resources are cost effective training approaches but can be severely restricted by the user's technical skills.

— Countries should consider the ability of a range of professionals to contribute to improved access to SRHR, through task shifting and shared delivery of services. Most countries in the region have community-based workers, including health and social service community workers, who can play a significant role, for example, in ensuring information sharing, and identifying young persons with disabilities who are home-bound.

— While not an ESA country, a relevant example of mainstreaming was found in Uruguay. Here, a number of complaints had been made regarding the lack of support for women with disabilities in government programmes to support women experiencing GBV. An initiative to mainstream the needs of women with disabilities in these programmes and services was launched. Firstly, specific and accessible brochures on GBV services for women with disabilities were developed. A series of seminars for health professionals and Ministry staff were held including topics such as the social model of disability, the legal framework protecting the rights of persons with disabilities and proposed modifications of protocols to support women with disabilities experiencing GBV. The seminars have helped make women with disabilities more visible and have improved their access to services[103]

The above examples are not comprehensive and countries are encouraged to dive deeper into their own contexts to identify further promising practices that can be built upon and taken to scale.

[103] Handicap International, 2008

C19. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society, development partners and other stakeholders should consider with respect to the SRHR workforce that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

— The needs of young persons with disabilities, specifically related to SRHR, should be mainstreamed in national healthcare reform initiatives and efforts. Countries should seek to ensure that the needs of young persons with disabilities are represented throughout the diagnosis, design, planning and implementation of change programmes. This must be done by involving DPOs and young persons with disabilities to inform and guide the programmes. In particular, efforts underway in many countries to ensure healthcare services are youth-friendly should seek to ensure that young persons with disabilities are represented so that services are not just youth-friendly but "friendly" for young persons with disabilities.

— Relevant workforce, such as healthcare providers and educators, should be trained and sensitised on the needs of young persons with disabilities. This should be as part of, not in addition to, existing efforts to train providers on, for example, youth-friendly services and comprehensive sexuality education. Wherever possible, experts from organizations of persons with disabilities should conduct this training or work with and advise those training staff. Involving young persons with disabilities in the training should also be encouraged.

— To reinforce this, countries should consider introducing or enforcing policies that prevent discrimination by the SRHR workforce, including discrimination based on age. In particular, the process and requirements to define and determine whether a person has a disability is a critical element to ensuring access to services. The determination process should not necessarily be a medical process but should look at a person's ability to participate equally and without prejudice. In particular, it should be inclusive of disabilities that are not ordinarily visible to help ensure that those people are not disadvantaged in accessing services.

— Countries should seek to train and engage persons with disabilities to be part of the workforce to provide services to young persons with disabilities. Specific education and training programmes could be developed to train persons with disabilities in specific service roles. For example, persons with hearing impairments would rather be able to sign directly with the nurse or service professional on sensitive issues.

The recommendations for regional stakeholders with respect to the SRHR workforce including the following:

— At a regional level, guidelines and tools can be developed or adapted from existing resources to ensure consistency among training to the SRHR workforce on the needs of young persons with disabilities.

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

Young persons with disabilities wanted to emphasise the importance of service standards in service delivery. One such standard that was called for was the ratio of professionals (such as social workers) per client to help ensure quality service provision. It is also important that the SRHR workforce understands and respects “invisible disabilities” and acknowledges the challenges faced by persons with albinism.

Young persons with disabilities had experienced instances where nurses and other practitioners had acted as ‘gatekeepers’ to accessing contraceptives. This either deterred or made access to commodities more difficult and made young persons with disabilities feel ashamed of their sexual life and needs.

Young persons with disabilities emphasised the importance of peer to peer service provision, emphasising the importance of employing persons with disabilities in the SRHR workforce (including health, education and justice sectors).

Finally, it was emphasised that the SRHR workforce – across all sectors – needs to focus on both care and support. ‘Care’ was seen as providing of services to help young persons with disabilities, but ‘support’ was differentiated as ensuring that young persons with disabilities are empowered. It was particularly important to young persons with disabilities that they could move beyond a state of dependency on certain services and people to a more empowered state, and the SRHR workforce was regarded as an important part of the support needed to achieve this transition. Young persons with disabilities suggested that disability issues, and even sign language, be specifically included in medical training curriculums.

Knowledge management

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations related to knowledge (information, data, and research) of needs and access to SRHR by young persons with disabilities in ESA countries.

Knowledge management is an essential component of any effective strategy for social change in order to understand the context of the situation, to direct and refine initiatives to enhance their effectiveness and efficiency and to ensure lessons are learned and programme and service delivery is based on evidence of what works.

C20. Desired state

The desired state of knowledge management across ESA is one where:

> **There is sufficient and appropriate research, data and information regarding the SRHR needs of young persons with disabilities and evidence on best practices and what works to underpin service and programme design.**

The UNCRPD obligates member states to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the Convention, and the rights of persons with disabilities.

The information is required to be disaggregated, as appropriate, and used to help assess progress in implementing the Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

C21. Current situation

There are a number of challenges related to knowledge management across ESA. While the specific challenges in each country vary, some themes from the region include the following:

- There is limited research, information and data on either persons with disabilities, young persons with disabilities, and access to SRHR across the region. There is even less information specifically on the access to SRHR by young persons with disabilities
- Existing data and information lacks the lived experience and voices of young persons with disabilities
- The majority of national censuses and demographic health surveys do not collect data on disability. A limited number of countries implement the Living Conditions among Persons with Disabilities Survey.
- Where data does exist, there are no standard definitions for young persons with disabilities and their access to young persons with disabilities, or harmonised indicators, making comparison across the region a challenge
- ESA countries frequently lack statistical and research capacity and/or resources. While information on SRHR is increasing, this is rarely disaggregated for young persons with disabilities

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C22. Promising practices

A number of promising practices that contribute to better research and knowledge have been identified.

- The Pretoria University Faculty of Law publishes an annual report on the situation of persons with disabilities in Africa. The *African Disability Rights Yearbook* (ADRY) is a peer-reviewed journal that can be used to guide priorities on a national level.
- In Kenya, a small research activity was launched by the Kenya Association of the Intellectually Handicapped (KAIH). When they started to uncover stories of repeated sexual abuse of vulnerable people, KAIH decided to get support from more specialist legal partners for a research pilot. KAIH worked in partnership with the Coalition of Violence against Women (COVAW) who had gender and legal experience but had not previously worked with persons with disabilities. The combined team conducted a baseline survey to identify the nature and extent of GBV against people with intellectual disabilities. The research was "powerful" in helping to identify specific and significant barriers to accessing justice and was used to plan more targeted activities to improve services to women with disabilities, such as specific training for justice system professionals.[104]

The above examples are not comprehensive and countries are encouraged to dive deeper into their own contexts to identify further promising practices that can be built upon and taken to scale.

C23. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society, development partners and other stakeholders should consider with respect to knowledge management that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

- Countries should consider to what extent existing data systems (such as education and health management systems) can be used to collect key data points on needs of and access to SRHR by young persons with disabilities. Data collection, particularly related to SRHR, should be disaggregated by gender, age and disability. In addition, countries should explore the potential to add a question to existing national censuses and demographic surveys related to young persons with disabilities
- Countries should consider local research projects to better understand country-specific barriers to access for young persons with disabilities. These can be cultural and specific to communities in a country. These barriers should form the basis for national planning to increase access to SRHR by young persons with disabilities

[104] Handicap International, 2008

— Services, products, policies and strategies should all be based on consultation with young persons with disabilities. Such consultation allows young persons with disabilities to voice their concerns and provide perspective on issues pertinent to them. Consultation with young persons with disabilities should be shared across government departments and civil society to share feedback more broadly

— Countries may wish to also implement the Living Conditions among Persons with Disabilities Survey

The recommendations for regional stakeholders include the following:

— Regional stakeholders and partners should consider establishing common definitions and tools to support national research efforts related to young persons with disabilities. Across countries there are different definitions of who constitutes a person with disabilities.

— Regional stakeholders and partners should consider supporting national efforts related to research and data collection, through regional studies and other support. Regional stakeholders could consider collecting and coordinating priority research questions from countries to help guide funding and scope of future research. Regional partners have an important role to play in sharing best practices across the region.

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

Young persons with disabilities were very keen to ensure that they were included in definitions of vulnerable groups. In their experience, this helped to ensure they were included in important programming and funding responses. In some countries, persons with disabilities were defined as key populations. It was emphasised that this was fine as long as they were also defined as a vulnerable group.

Products, technology and commodities

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations related to products, technology and commodities to help improve access to SRHR by young persons with disabilities in ESA countries.

It includes both the assistive devices and technologies which help improve access to SRHR and the SRHR products and commodities themselves and the ability of young persons with disabilities to access those products and commodities.

C24. Desired state

The desired state of products, technology and commodities across ESA is one where:

> **Relevant, quality products, technologies and commodities, including assistive devices, are available to young persons with disabilities who need them.**

The UNCRPD obligates member states to promote and ensure the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, at an affordable cost.

A key principle of the Convention is that of “universal design”. “Universal design” means the design of products, environments, programmes and services to be usable by all people, to the extent possible, without the need for adaptation or specialized design.

The concept of universal design is particularly relevant to SRHR products and commodities. The desired state is for such products and commodities to be universally designed, to increase accessibility by persons with disabilities and reduce the stigma associated with modified designs.

C25. Current situation

There are a number of challenges related to the provision of products, technology and commodities across ESA. While the specific challenges in each country vary, some themes from the region include the following:

— Assistive devices improve personal agency and therefore ability to access SRHR. While data is lacking, the supply of assistive devices to young persons of disabilities in ESA is believed to be insufficient

— Despite support from development partners, overall funding for the provision of products, technology and commodities is believed to be insufficient. Cost of products, technology and commodities can be prohibitive to young persons of disabilities who are more vulnerable to poverty

— While young people generally face issues in access to SRHR products and commodities, young persons of disabilities are more vulnerable to social, economic, civic and personal discrimination

and attitudes which further limits access SRHR products and commodities even at SRHR service providers

— Supply-chain and distribution issues restrict provision of products and commodities in many ESA countries, including condoms, contraception, and ARV and other drugs.

— Condom and contraception use can also be low due to lack of education on how to use such products. Young persons of disabilities can also lack negotiating power to ensure use of condoms with a partner

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C26. Promising practices

A number of promising practices that contribute to improved access to products, technologies and commodities have been identified.

— In Kenya, Deaf eLimu Plus (DEP) has pioneered educational products and tutorial services in sign languages. Supported by Nailab and UNFPA, DEP has developed a Sex eLimu Sign Language APP and a Bot for Facebook Messenger. The app allows both Deaf and hearing users to search for sexual reproductive health content in Kenyan Sign Language and to choose a topic of SRH information to watch a video in a sign language. Sex eLimu Bot is Facebook Messenger that enables Deaf and hearing users to ask a SRH term for sign language and to simply choose a SRH topic to watch a short video in sign language. The bot will be launched and available next year 2018.[105]

— There are a number of emerging technologies that may be useful options to improve access to SRHR for young persons with disabilities. Some innovations to consider include:

  - Medication drones: These are small aerial vehicles that can be remotely controlled and used for a number of purposes. In this instance, these can be used to deliver sexual and reproductive commodities (e.g. contraceptives or condoms) to where young persons with disabilities are is located, should they not be able to access clinics or other facilities
  - Wheelmap: This is an online map that allows users to share and access information on the wheelchair accessibility of public spaces/areas. It relies on user data and is only as good as the number of users who provide data, which to date is low for the ESA region. However, it can be a useful tool going forward as users increase, and can be a tool for planning service delivery locations based on user ratings of accessibility[106]
  - The Sesame Phone: The Sesame Phone is a touch-free smartphone designed for people with limited or no use of their hands. Smartphones have become integral to self-agency and independence of both persons with and without disability. Increasingly, information regarding SRHR services is available online and mobile phones can be useful modalities for education and awareness campaigns. As such, Sesame Phones can be useful tools to help ensure the SRHR of young persons with limited or no use of their hands
  - Project Ray smartphone: Similarly, the Project Ray smartphone is a vision-free smartphone designed for the blind; controlled via touch, voice and sound control. The same approach as

[105] www.deafelimuplus.co.ke
[106] www.mapmyday.org

the Sesame phone could be followed for this Project Ray phone to help increase access to SRHR of young persons with visual impairments

The above examples are not comprehensive and countries are encouraged to dive deeper into their own contexts to identify further promising practices that can be built upon and taken to scale.

C27. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society, development partners and other stakeholders should consider with respect to products, technology and commodities that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

— Increased efforts and funding to help ensure young persons with disabilities have access to assistive devices will help young persons with disabilities access more of their rights, not just SRHR. These efforts should sit within national policies and programmes to support persons with disabilities and countries should seek to ensure they are prioritised and funded accordingly. Efforts should be based on the principles of universal design and reasonable accommodation.

— Countries should consider options for securing increased funding, subsidization and sponsorship for such devices in order to ensure that cost is not a barrier to young persons with disabilities access to and use of assistive devices. These options should consider the potential roles of civil society, development partners and the private sector to raise funding.

— Any efforts to increase the provision or supply of products, technologies and commodities should be accompanied by educative information on use. Young persons with disabilities should be included in the design and development of education programmes and information for products to be used by them.

— Efforts to improve national supply-chain, procurement and logistical capacity will benefit young persons with disabilities and their access to SRHR products and commodities. Advocates for the rights of young persons with disabilities should support such initiatives and help ensure that the specific needs of young persons with disabilities are represented in the design of such efforts.

— National governments could consider investigating the potential to subsidise or support local producers to manufacture assistive devices and SRHR products and commodities and grow local industry and supply. This can include tax incentives and removal of direct tax on costs.

The recommendations for regional stakeholders include the following:

— There may be potential to identify regional contracts to procure assistive devices and other SRHR products, technologies and commodities at bulk discount and pass on savings to national partners.

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

Young persons with disabilities emphasised the importance of the principle of universal design. In their experience, more work needs to be done to see the person first and the impairment second. Universal design helps ensure that young persons with disabilities can access mainstream services, “de-emphasising” their disability. Equally important, information and education on how to use products, technologies and commodities were emphasised to ensure that they could be used optimally and as intended.

Young persons with disabilities were keen that assistive devices were locally produced wherever possible, as a way to keep costs down and support the local economy.

Service delivery and programmes

This section discusses the desired state, UNCRPD obligations, current situation, promising practices and recommendations related to services and programmes to help improve access to SRHR by young persons with disabilities in ESA countries.

It considers the aspects of the design of such services and programmes that are important to ensure necessary results and impact are achieved, such as physical accessibility, social, religious and cultural barriers and challenges, social and behavioural change methods and the inclusion of young persons with disabilities in programme and service planning.

C28. Desired state

The desired state of service delivery and programmes across ESA is one where:

> **YPWD, their families and communities are educated in their SRHR. SRHR that specifically address the needs of YPWD are available, affordable and accessible.**

The UNCRPD sets out a number of obligations for member states related to the design and provision of services and programmes for persons with disabilities.

The UNCRPD obligates member states to take appropriate measures to ensure persons with disabilities have access, on an equal basis with others, to the physical environment, transportation, and other facilities and services open or provided to the public, both in urban and in rural areas.

The Convention requires member states to ensure that service providers (including public and private) provide “reasonable accommodation” for persons with disabilities. Reasonable accommodation means undertaking necessary and appropriate modifications and adjustments to facilities, which do not impose a disproportionate or undue burden on the service provider, in order to ensure that persons with disabilities can access the facility on an equal basis to persons without disabilities.

Specifically, the Convention requires health services to be provided as close as possible to people’s own communities, including in rural areas.

The UNCRPD also sets out a number of obligations for member states to raise awareness on the rights of persons with disabilities under Article 8, including through the use of public awareness campaigns.

C29. Current situation

There are a number of challenges related to service delivery and programmes across ESA. While the specific challenges in each country vary, some themes from the region include the following:

— Persons with disabilities are often defined differently from a programming and funding perspective. In some countries, persons with disabilities are regarded as a key population. In others, they are defined as a vulnerable population. Such definitions can result in persons with disabilities being left out of particular programmatic and funding responses.

— Most SRHR and HIV-related policies and programmes do not consider the needs of persons with disabilities. Similarly, disability-focused programmes may neglect the need to address SRHR

— Generally speaking, physical access to health care facilities for young persons with disabilities, particularly due to transport and infrastructure issues, is insufficient, particularly in rural areas. Access to other facilities, such as shelters, courts and schools, is also challenging.

— Despite support from development partners, overall funding for the provision of services and programmes is believed to be insufficient. Cost of access, such as transport to access services, can be prohibitive to young persons with disabilities who are more vulnerable to poverty

— While young people generally face issues in access to SRHR and programmes, young persons with disabilities are more vulnerable to social, economic, civic and personal discrimination and attitudes which further limits access, even at SRHR service providers

— SRHR and programmes are often not tailored to young persons with disabilities. It is incorrectly assumed that services and programmes will reach young persons with disabilities as part of the overall youth population, without specific planning and activities to reduce the unique barriers faced by young persons with disabilities to access services. This includes provision of CSE in school

— Young persons with disabilities are typically not included in the design and development of SRHR and programmes and thus their service requirements are not well articulate in current provision

— Young persons with disabilities are harder to reach: young persons with disabilities are less likely to attend school than young people without disabilities.

These issues can limit the ability of young persons with disabilities to access SRHR in the ESA region.

C30. Promising practices

There are a large number of promising programmes in place across the region and a growing body of literature which articulates the requirements and key principles for planning accessible and effective SRHR services for young persons with disabilities. **More information on the specific programmes and initiatives that are showing success is provided in the Situational Analysis that supports the Regional Strategic Guidance.** Countries are encouraged to dive deeper into the successful programmes in their countries to identify programmes and services which can be built upon and taken to scale. Where there are gaps in programming, countries should also consider programmes in other countries that are generating promising results.

Across the leading and promising programmes in the region, there are a number of guiding principles for good programming of SRHR services for young persons with disabilities. These principles are described in the table below and can be used as a reference for assessing potential and current programmes and services.

Table 3: Guiding principles in SRHR services for young persons with disabilities

Guiding principle	Description
Ethics and rights	Ethics and rights should inform all decision making. This should include gender-transformative approaches to SRHR services that address and challenge the norms and structures that can act as a barrier to women's access to services.

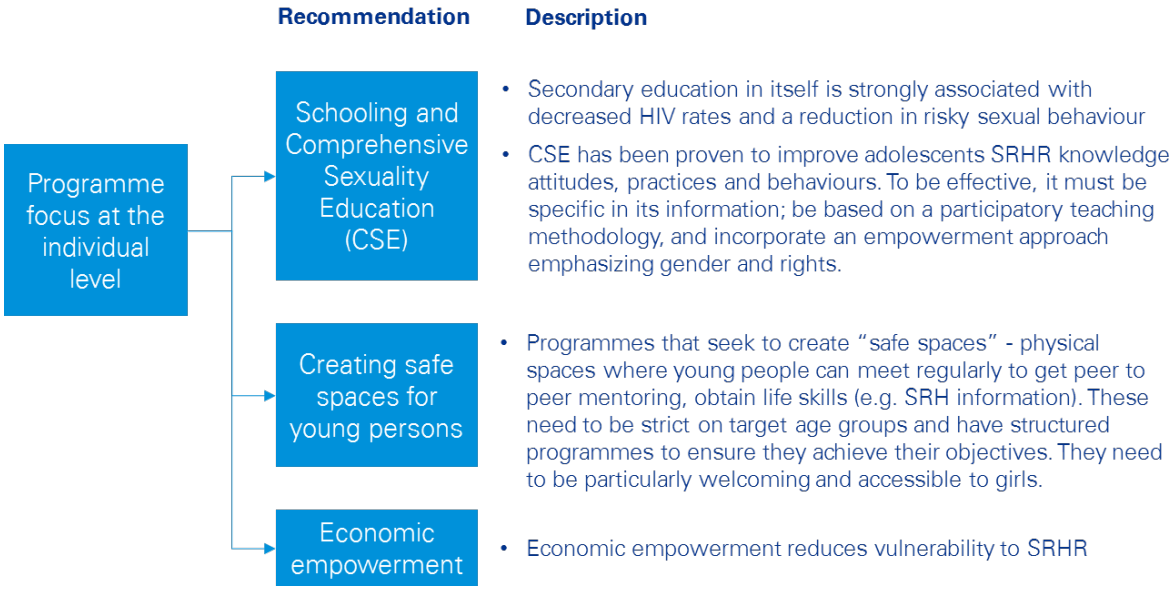
	Assure voluntary and informed consent and promote an individual's right to decide and right to refuse. Young people with egalitarian attitudes about gender roles are also more likely to delay sexual debut, use condoms and practice contraception
Meaningful participation of young persons with disabilities	To ensure programmes are effective and accountable to the communities they serve, young persons with disabilities should be involved in all stages, including the research and design, implementation and monitoring and evaluation
Involvement of all stakeholders to ensure an inclusive integrated and coordinated response	Addressing SRHR needs of young persons with disabilities requires a multi-sectoral response and all relevant stakeholders should be included as necessary to ensure effective and efficient services. Combining SRHR services with general health services offers young people a measure of confidentiality when seeking contraception, post-abortion care and HIV services Training and sensitisation on the SRHR needs of young persons with disabilities should be integrated into existing initiatives to increase youth-friendly services
Evidence-based	Policies, interventions and approaches should be based on sound evidence or experience
Equity and universal design	Programmes should aim to achieve equitable health outcomes across all populations. Programmes should be based on the principles of universal design. Even the most accessible and youth- and disability-friendly facilities will be problematic for some youth. Dedicated outreach programmes, including mobile outreach approaches, for specific vulnerable or marginalised groups help to ensure the most vulnerable are reached. Information sharing needs to be based on an understanding of the diverse ways in which young persons with disabilities need information to be provided: • Visual impairment: use tactile models such as having learning material on Braille or software that converts text to sound. • Hearing impairment/deaf: use assistive devices such as hearing aids or have a sign-language translator in the room. Alternatively, live remote captioning (LRC) may be used to convert live speech into displayed text on student's computer, e.g. using Skype. • Intellectual disability: use visual images, repetition or theatre-based method of teaching to reinforce key message for retention. • Physical disability: introduce a buddy system so that another student takes notes for the student with the disability or make use of assistive technology; such as voice controls that translate audio to text.

	Information sharing should also be cognisant of the low literacy rates that can be an issue for out-of-school youth and should be age-appropriate and age-accessible. Services and programmes also need to be culturally sensitive. Services and programmes which are not sensitive to local culture will not be accessible or useable.
Efficiency and sustainability, including reasonable accommodation	Programmes should seek to deliver effective services most efficiently, building on the principle of reasonable accommodation, and ensure they are sustainable over time. In settings where mobile coverage is high, the use of mobile technology should be used to convey confidential information, counselling, and follow up services.
Quality	Services should deliver the highest quality of care at all times, based on ongoing reviews and monitoring, and based on an understanding and knowledge of disabilities, impairments and the rights of young persons with disabilities. Adapting existing services to be more youth-friendly helps increase quality of SRHR services among young people. Youth-friendly means: • Ensuring confidentiality: not requiring youth to announce at reception the specific service they are seeking, not requiring them to state their marital status • Short waiting times • Affordable services, including minimising or eliminating fees to access services (using subsidies and/or insurance), providing support to travel costs • Skilled workforce with understanding of rights of young persons with disabilities to SRHR services, free from stigma or judgement

Source: Adapted from Marie Stopes International (2017 and undated), Lane et al (2015), Sexual Health and Family Planning Australia (2013), and WHO (2017)

In addition to the guiding principles, programming should range across the different levels of the socio-ecological framework. The figure below summaries the types of programmes which have been found to be effective at the various levels.

Figure 6: Potential programmes by socio-ecological level



Source: Adapted from Svanemyr et al (2014), Lane et al (2015)

C31. Recommendations

There are a number of recommendations which national governments, regional economic communities, civil society, development partners and other stakeholders should consider with respect to service delivery and programmes that affect the ability of young persons with disabilities to access SRHR.

The general recommendations are provided below based on the common challenges experienced across the ESA region. Each country will need to consider its own unique situation and the necessary, specific actions needed to ensure the desired state is achieved.

The recommendations for ESA countries include the following:

— Countries should ensure that persons with disabilities are regarded as a vulnerable group. This helps to ensure they are included in programmatic and funding responses. Persons with disabilities can also be a key population but this should be in addition to, not instead of, their inclusion as a vulnerable group.

— Countries should use the 'key principles' listed above when considering the quality of current programme and service provision to ensure that these meet the needs of young persons with disabilities. Countries should ensure programmes and services intervene at all levels of the socio-ecological framework.

— Monitoring and evaluation is a key element of service delivery and programmes. Governments should establish a number of key performance indicators to establish current access (baseline) and track improvements to access. Evaluations should be used to understand what works and how to improve access.

— Countries should continue to develop their youth-friendly services strategy for healthcare services. The needs of young persons with disabilities should be mainstreamed into this process for example, consulting with young persons with disabilities on the specific challenges and barriers they experience, which may vary by country, and ensure that the policies, strategies and initiatives to improve access to services by youth pay specific consideration to young persons with disabilities as part of the youth audience.

— Efforts to ensure services are youth friendly should pay specific attention to the attitudes of the healthcare workforce and staff and challenge inappropriate attitudes towards young persons with disabilities and their SRHR in particular.

— Countries should ensure that programmes to enhance access to SRHR include both school and out-of-school components. As young persons with disabilities are less likely to attend school than other youth, particular attention needs to be paid to out-of-school programmes to ensure they include specific attention to young persons with disabilities.

— Countries should also identify gaps in mainstream service provision where additional and specific SRHR services and programmes are needed to ensure access for young persons with disabilities.

— A range of different programmes and different target audiences should be considered in national planning efforts. While young persons with disabilities themselves are a key part of the target audience, so are their carers and families who may need help and information to understand SRHR and tools to engage in dialogue, which help to break down generational gaps and cultural barriers.

— Countries should consider media and other campaigns to help change attitudes and stigma towards young persons with disabilities. This should include addressing specific myths related to their SRHR.

— Decentralisation of SRHR services and task sharing, such as using community health workers to provide some elements of SRHR services, should be considered as a way of increasing access to services.

The recommendations for regional stakeholders include the following:

— Develop materials to help assess service delivery. This can be checklists and criteria to assess whether clinics offer accessible services and information to young persons with disabilities, based on the key principles provided above. Countries can use this information, based on clinic self-assessments or independent audit of clinics, to identify ‘hotspots’ or areas with no young persons with disabilities -friendly facilities and guide financial and technical support to areas of highest need.

Values and preferences

Young persons with disabilities who participated at the regional workshop confirmed the proposed recommendations as the priorities for improving their access to SRHR.

Young persons with disabilities wanted to emphasise the importance of service standards in service delivery. They felt that the list of guiding principles provided a 'checklist' of service standards and emphasised the importance of age- and culture- appropriate services and programmes in accessible languages and formats for all.

One of the central themes in feedback during the three day workshop to validate the guidance was the need to make sure all information and activities were accessible by persons with visual, hearing and other impairments. This is in line with the requirement for 'reasonable accommodation' set out in the UNCRPD and applies to all of the pillars in this guidance, not just service delivery and programmes.

Young persons with disabilities also emphasised that schools should also teach people about disabilities, dispelling myths and stigma. This could be part of the CSE curriculum. There was a reminder that CSE needs to be provided in residential care settings.

Psychosocial support was mentioned as an important component of programmes and services. Young persons with disabilities emphasised that many young persons with disabilities have undergone years of stigma and abuse and need help to restore and build their self-confidence and empowerment. Personal assistant services were also an area of priority for young persons with disabilities, to help reduce reliance on care givers. Media strategies were also regarded by young persons with disabilities as important to reduce stigma and ensure inclusive communities.

Finally, young persons with disabilities spoke very passionately about improving monitoring and evaluation as a critical element of service delivery and programmes. They suggested that a good way to measure the appropriateness or quality of services is to measure their uptake. It was proposed that a series of performance indicators should be used by government to measure current access and track improvements to access. In keeping with earlier feedback, young persons with disabilities underscored that service beneficiaries should be interviewed as part of evaluations to understand whether services are working as intended.

Part D: Implementation framework

Implementation framework

This section provides a suggested framework for countries to engage in next steps and translate the guiding principles of this Regional Strategic Guidance into local level action plans and strategies to improve access to SRHR by young persons with disabilities.

It is intended to be used by governments, regional economic communities, civil society (including DPOs), development partners and other stakeholders as a guide to planning, programming and resourcing efforts to achieve this objective.

While each country has its own unique context, strengths and challenges, a number of common themes were identified across the region in terms of key challenges, promising practices and recommendations for a way forward. The Guidance is intended to provide a starting point for each country to develop a national plan of action, guided by the findings of the Situational Analysis and the recommendations of the Regional Strategic Guidance. National efforts form the 'interventions' part in the theory of change that guides the region towards achieving its goal of decreased vulnerability and increased agency and autonomy of young persons with disabilities and their SRHR.

D1. Objective of the Implementation Framework

It is hoped that national governments, civil society and development partners will come together to reflect on the findings of the Situational Analysis and the recommendations in the Regional Strategic Guidance to determine a way forward for improving access to SRHR for young persons with disabilities in their country.

D2. Approach to implementation

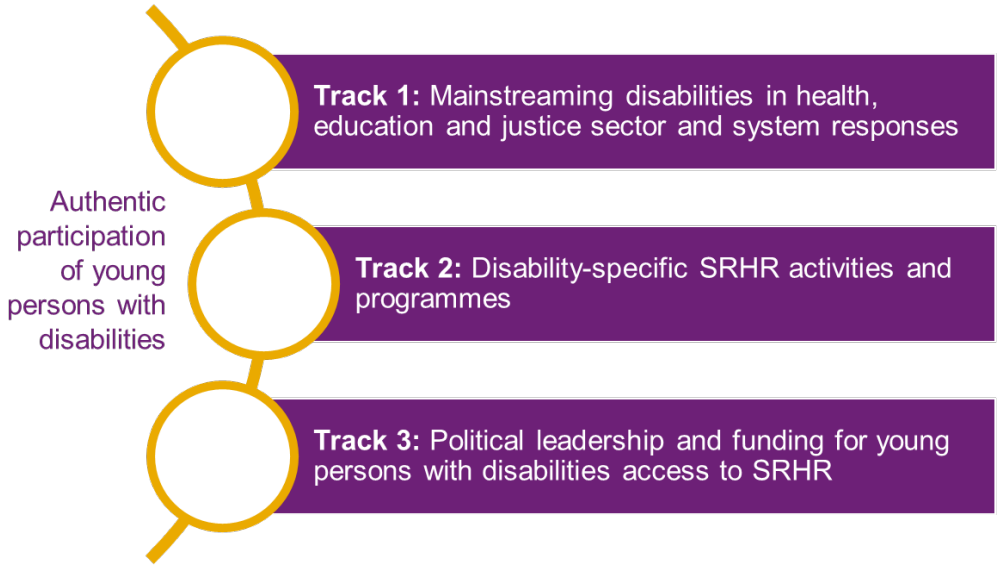
Over the last decade, every ESA country has put in place significant interventions and initiatives related to human rights, HIV/AIDS, healthcare, education (including comprehensive sexuality education) and social and economic development. These efforts provide the platform for improving access to SRHR by young persons with disabilities. No country is starting from a zero baseline.

Countries and organizations that have advanced the inclusion of persons with disabilities across sectors recommend a triple-track approach[107] as illustrated in the specific context of SRHR in Figure 7. The triple track approach promotes three concurrent actions:

Track 1 requires countries and organisations to focus on disability in all areas of development, including health, education and justice sectors. It requires disabilities to be included and mainstreamed in all initiatives to achieve social and economic development. This helps to break down structural and institutional barriers and promotes inclusive environments. This means ensuring that disabilities are considered and included in all system and sector-wide responses to improve SRHR.

[107] See, for example, UNAIDS, 2017

Figure 7: Triple track approach to improving access to SRHR for young persons with disabilities



Track 2 requires countries and organisations to design and implement disability-specific activities targeted directly at persons with disabilities. This track acknowledges the diversity of disabilities, the intersection of different factors in creating risk and vulnerability and the limitations to universal design and reasonable accommodation. Disability-specific initiatives are required to ensure no person is left behind.

Track 3 emphasises the need to include political will, leadership and funding to facilitate Tracks 1 and 2. The rights and needs of young persons with disabilities must be supported by appropriate disaggregated data and research, disability-inclusive policies, programmes and implementation strategies that ensure appropriate funding and resources.

Behind all three tracks is the authentic participation and active involvement of people with disabilities in all elements of system-wide responses, including development of legislation, policies, leadership and governance, the workforce, design and implementation of programmes and services and monitoring and evaluation.

D3. Suggested steps

There are a number of suggested steps to assist countries to domesticate and implement the recommendations in the Regional Strategic Guidance in accordance with national priorities and needs.

Step 1: Understand national context

Similar to how the Regional Strategic Guidance was developed, countries should undertake their own situational analysis with respect to the current state of access to SRHR by young persons with disabilities.

The analysis should build on the themes identified in the regional analysis and dive deeper into national data and research to understand the impact that local culture and context has on access and the rights of young persons with disabilities. This may identify specific or additional vulnerabilities or

risks for young persons with disabilities which will inform and guide priorities for country planning and strategies. A country report for each ESA country was developed as part of the Regional Situational Analysis and can be used as a starting point for countries to build on.

It is recommended that country-specific analyses use the same framework (the seven pillars of an effective SRHR system) for analysing access that has been used for the Regional Strategic Guidance.

An important step in the country situational analysis is to understand existing initiatives related to SRHR, and the status of those efforts, which can provide entry points and platforms for improving access for young persons with disabilities. Such initiatives would include national 90:90:90 strategies for HIV/AIDS, the roll out of comprehensive sexuality education and initiatives related to gender empowerment and equality.

The development of country-specific analysis should be done in consultation with key stakeholders in each country, including government ministries at national and local levels, civil society and DPOs, development partners, and most importantly, young persons with disabilities.

Step 2: Map existing initiatives related to SRHR and opportunities to mainstream young persons with disabilities

The triple-track approach requires disabilities to be integrated and mainstreamed in existing system and sector responses to improve SRHR. In most countries, disability-inclusive development is a new concept. Therefore, national, sectoral and organizational strategies to improve disability inclusion will be a necessary first step for all sectors.

Over the past decade a number of documents have provided recommendations on how to advance inclusion of disability in the response to HIV/AIDS. These provide excellent resources for identifying common principles and lessons learned to ensure disability is included in other sector responses, including education, justice and healthcare.

Integrating the needs of young persons with disabilities into broader sector and system-wide responses should leverage the existing skills, expertise and capacity of government, civil society, DPOs and development partners. For example, those with experience in integrating disability into HIV/AIDS programmes and responses can help guide and advise on how to integrate disability into other initiatives, in keeping with the UNCPRD principle of ‘universal design’.

Step 3: Identify gaps where disability-specific activities are needed

Given the diversity of disabilities and the intersection of different factors in creating risk and vulnerability, mainstreaming young persons with disabilities into sector and system-wide efforts will never fully address the needs of this population.

The process used to mainstream requirements in Step 2 will have identified gaps where mainstream services are insufficient or inadequate. Where gaps are identified, countries and organisations will need to design and implement disability-specific activities targeted directly at the SRHR needs of persons with disabilities. This process relates to the second track of the triple-track approach.

Similar to Step 2, those with experience in designing, implementing and evaluating disability-specific activities in, for example, HIV/AIDS can help guide and advise on designing disability-specific activities more broadly for SRHR, including in education and justice sectors. There is a growing body of research and reports on best practices in disability-specific programmes and initiatives that can also guide this step.

Step 4: Develop a national action plan

The culmination of the previous three steps should be consolidated in a national action plan. The national action plan should include:

- Prevalence data on current SRHR services accessed and violations of SRHR among young persons with disabilities
- Summary of the key issues identified in the situational analysis
- Promising practices identified in consultation and research of local initiatives and case studies of 'what works'
- Activities planned to address the issues identified and scale up or apply what works more broadly across the SRHR sphere. Indicators with baselines and targets to measure progress against the activities
- Timeframes for achieving the activities
- Key dependencies, such as planned milestones in implementing related reforms such as rolling out CSE or implementing healthcare reform or the 90:90:90 strategy
- Responsibilities for achieving the activities (who will lead the initiatives)

The activities in the action plan should be guided by the theory of change provided in the Regional Strategic Guidance and should be designed to help achieve the outputs and outcomes specified in the theory of change. The action plan should be widely shared and consulted on before finalising.

Step 5: Cost and resource the action plan

Finally, it is important that the action plan be costed in order that it sufficient budget can be allocated to it for its implementation. A common reason why strategies and action plans fail is they are not costed and as a consequence they cannot be sufficiently funded.

Funding for the action plans should come from government and development partners. Where possible, portions of existing budgets for mainstream SRHR programmes should be ear-marked to ensure disability-inclusion activities are funded. Additional funds will need to be identified for disability-specific activities. Countries could also consider seeking private sector support for the action plan, through corporate social investment, philanthropic support and other fundraising avenues.

Step 6: Confirm governance and monitoring arrangements

A governance progress for monitoring progress against the plan should also be developed, which will ideally be a multi-sectoral approach including government, civil society and young persons with disabilities. Countries may wish to consider a phased approach to implementation which acknowledges the practical realities of resources and capacity.

Monitoring and evaluation of the plan is also critical to effective implementation. Key indicators against the action plans should be developed and must have baseline data in order to understand progress made. Responsibility for monitoring and evaluation should be defined and funded.

D4. Role of regional economic communities

The regional economic communities, EAC and SADC, play a critical role in ensuring access to SRHR by young persons with disabilities in the region.

The UNCRPD recognizes the importance of international cooperation in support of national efforts to improve access to SRHR for young persons with disabilities. The Convention recommends facilitating and supporting capacity-building, sharing of information, experiences, training programmes and best practices, and providing technical and economic assistance. The regional economic communities have an important role to play in achieving the international cooperation required by the Convention.

The intention of the Regional Strategic Guidance is to provide the regional economic communities with a framework through which to help support member states in improving access to SRHR for young persons with disabilities. This framework can be used to measure and benchmark national initiatives, guide funding and support, and provide direction for regional initiatives to complement national efforts.

There are a number of recommendations in the Regional Strategic Guidance that relate to regional level initiatives and support that would enhance and support efforts by ESA countries, and it is hoped that regional economic communities will establish their own action plans to help ensure that the obligations of the UNCRPD are implemented across the region and that better outcomes are achieved for young persons with disabilities.

In addition, regional organisations for persons with disabilities should work with regional economic communities on regional initiatives to move forward with this guidance. These organisations, who can play an important role in advocating for a regional agenda, include:

- The African Campaign on Disability and HIV/AIDS
- The Disability, HIV and AIDS Trust (DHAT)
- Southern African Federation of Disability (SAFOD)

Resources

In developing this Regional Strategic Guidance, a number of useful resources were identified that may assist with country level planning.

Policy Analysis Tool – A policy analysis tool has been developed by Jill Hanass-Hancock of the South African Medical Research Council as part of the package of outputs for the Regional Strategic Guidance. The tool helps the user objectively analyse disability and SRHR policies to identify strengths and gaps.

The tool was demonstrated during the Regional Workshop to validate the draft Guidance. Countries are strongly encouraged to use the tool as part of their country-specific next steps. The results of using the tool are helpful for advocacy efforts to improve the policy framework in a country.

In addition to the tool itself, the report describing the results of using the tool to analysis policy on disability and SRHR in four countries (Kenya, Malawi, South Africa and Uganda) are also available. The tool and reports are available from the East and Southern Africa Regional Office of UNFPA at esaro.info@unfpa.org

Additional useful resources include:

DHAT, undated. Best practice document: livelihood support for persons with disabilities to enhance SRHR awareness in Zimbabwe

Handicap International, 2008. Toolkit on protection of persons with disabilities

Handicap International, 2015. Making it work initiative on gender and disability inclusion: advancing equity for women and girls with disabilities. Technical Resources Division

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Appendix 1: Sexual Reproductive Health and Rights (SRHR) and Disability Policy and Programme Analysis Tool

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About this document

UNFPA with the support of the United Kingdom Department of International Development (DFID), has commissioned the development of a regional strategy to increase access to sexual and reproductive health and rights (SRHR) services for young persons with disabilities in East and Southern Africa.

This document is part of a series of tools and resources developed as part of the strategy. The Strategy is based on seven pillars to create an effective national system response. One pillar is legislation and policy. This tool is intended to help countries assess the current strengths and gaps in their existing policy framework and help advocate for strengthened policy responses.

Acknowledgments

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Introduction

Sexual and reproductive rights are grounded in a range of international and regional human rights treaties and conventions as well as within national legal frameworks and strategic plans. Already in 1994 the United Nations International Conference on Population and Development (ICPD) highlighted that "reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence." [1, 2]. More recently the new Sustainable Development Goals have integrated sexual and reproductive health and rights within the new developmental agenda. Goals: 3, 5, and 10 are particularly relevant for SRHR and HIV&AIDS [3, 4].

Sexual reproductive health and rights (SRHR) are therefore not only a human rights issue but also a matter of sustainable development. At country levels, SRHR are addressed under several documents in the national legal frameworks (e.g. constitution, health policies and Acts, and SRHR policies). Their implementation is laid out in strategic plans or frameworks related to health, SRHR, HIV&STIs, adolescent health or sexuality education. Hence, a comprehensive policy and programme analysis on SRHR needs to assess a number of different documents.

While the need to improve access to SRHR has been recognized internationally, some groups such as people with disabilities, are more vulnerable and have been left behind in the current agenda around SRHR [1, 5, 6]. Through the signature under the Convention on the Rights of Persons with Disabilities [7], many countries worldwide have committed to protect the rights of people with disabilities. This includes their sexual reproductive health and rights (CRPD article 23&25) [7]. Therefore, the emerging disability acts, policies and strategic frameworks need to include SRHR.

Policy frameworks and National Strategic Plans or Frameworks (NSPs) related to HIV, SRHR or adolescents and youth set out a country's response to SRHR. This should include provision for the needs of vulnerable populations, such as people with disabilities, and ensure equitable access to SRH, HIV, violence prevention programmes, justice and comprehensive sexuality education. In order to provide access for people with disabilities all SRHR polices, plans and strategic frameworks need to ensure:

- the active participation of people with disabilities in the planning and implementation processes,
- provide evidence on the intersection of disability and SRHR,
- interlink disability and SRHR legislation,
- identify the needs and vulnerabilities of people with disabilities,
- protect and promote access to a diverse set of SRHR services,
- ensure access to services through identifying specific measures of universal design and reasonable accommodation in service delivery [7]; and
- ensure monitoring, evaluation and budgeting to disability inclusion in SRHR services.

This tool sets out to provide a guide for assessing the linkages of SRHR and disability in country policy and strategic plan documents. It includes a tool that assesses the level of inclusion of disabilities in SRHR policies and plans as well as the inclusion on SRHR in disability policies and plans. It is based on international goals and guidelines which set out the overarching goals and guidelines related to disability and/or SRHR (see annexure).

The tool also aims to be easy to use and is therefore relatively short and not as comprehensive. It is intended that the tool is used by people who understand policies and legislation and have some

experience in the context of SRHR and disability as all three elements are complex. The tools also use a number of terms that need to be understood in order to use this tool (see Figure 8).

Figure 8: Definitions

Reproductive health is defined by the ICPD Programme of Action as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant." (ICPD, UNFPA)

Sexual health, in turn, is defined as "a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." (ICPD, UNFPA)

Reproductive rights arise out of "established human rights protections; they are also essential to the realization of a wide range of fundamental rights. In particular, the following rights cannot be protected without ensuring that women and adolescents can determine when and whether to bear children, control their bodies and sexuality, access essential sexual and reproductive health information and services, and live lives free from violence" (ICPD, UNFPA).

Disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. Persons with Disabilities are defined as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (CRPD, 2006)

Vulnerable Populations are subject to societal pressures or social circumstance that make them more vulnerable to poverty, disease (e.g. STIs, HIV), or violence. They are different from key populations, who are understood as being at highest risk of specific disease such as HIV and are 'key' to combating this disease. In the context of HIV for instance key populations are often groups such as sex-workers, men who have sex with men and intravenous drug users. Vulnerable populations depending on context can be women and girls, orphans, children, adolescents, migrants and people with disabilities among others.

Sexual and Reproductive Health (SRH) Services are services that include family planning, maternal health, preventing and treating sexually transmitted infections including HIV and AIDS, abortion and health information sharing.

Sexual and Reproductive Health and Rights (SRHR) Services include SRH Service as well services focusing on rights based approaches, violence prevention and management, access to justice and comprehensive sexuality education.

International Disability, SRHR and HIV Guiding Principals

This policy analysis tool is based on three international guiding documents (see relevant articles in figures 2-4). Focusing on disability, the UN (2006) *Convention on the Rights of Persons with Disabilities* sets out the rights of people with disabilities and state responsibilities to ensure that these rights are respected, protected, promoted and fulfilled. Specifically for the context of HIV and AIDS, the UNAIDS (2006) *International Guidelines on HIV/AIDS and Human Rights* provide guidance to states in developing a rights-based response to HIV and AIDS. Furthermore, the *Sustainable Development Goals* (2015) include Sexual and Reproductive Health and Rights within the international developmental agenda (see annexure for details). In applying the rights of people with disabilities to the context of a rights-based response to SRHR, the following key principles should form an integral part of an ideal national response that ensures that people with disabilities can enjoy their SRHR:

- Inclusion and participation of people with disabilities within the national response to SRHR, HIV and AIDS
- Recognition of people with disabilities as a vulnerable population in need of special protection in the context of SRHR, HIV and AIDS or youth development
- Protection of the rights of people with disabilities in particular the rights to equality and prohibition of unfair discrimination and inequality, in order to reduce their vulnerability to SRH issues, HIV and AIDS and to reduce the impact of SRHR (including HIV and AIDS) on their lives, once infected and affected. This includes the right to privacy, consensual sexual life, family planning, parenthood, violence protection, and access to health and educational services including all SRHR services.
- Application of the CRPD concepts of universal design and reasonable accommodation in the provision of SRHR-related intervention, prevention, treatment, care and support services so that they are also accessible and appropriate for people with disabilities
- Promotion of inclusion of disabilities in mainstream research, monitoring and surveillance relating to SRHR as well as targeted research programmes
- Provision of awareness, information, education and training on the rights of people with disabilities in the context of SRHR, HIV and AIDS in order to increase awareness of rights, improve access to justice and enforcement, and to change attitudes of discrimination and stigmatisation associated with disability.

The Analysis Tools

This analysis tool is built to systematically assess how disability is included in SRHR programmes and vice versa. Firstly the tool identifies all relevant policies (related to SRHR and disability) as well as its relevant implementation plans.

Secondly, the tool provides a set of questions to test:

a) the inclusion of disability in SRHR policies and plans and
b) inclusion of SRHR elements in disability policies and plans.

Thirdly, the tool asks a set of questions with regards to the budgetary allocations that have been made to translate these plans or framework into practice.

How to use this tool

In order to use the tool, please follow these instructions:

1) Conduct a systematic search for all policies, plans and strategic frameworks relevant for SRHR and disability and enter them in table 1.

2) Analyse each SRHR policy, plan or strategic framework with the SRHR policy analysis sub-tool. Follow the set of questions and enter all the evidence from the reviewed document under 'comments'.
3) Once you've retrieved all relevant passages from the document, score each questions in terms of the document including the prompted elements e.g. fully included (yes=2), some elements (some=1), or not including it at all (no=0).
4) Analyse each disability policy, plan or strategic framework with the disability analysis sub-tool. Follow the set of questions and enter all the evidence from the reviewed document under 'comments'.
5) Once you've retrieved all relevant passages from the document, score each question in terms of the document including the prompted elements e.g. fully included (yes = 2), some elements (some = 1) or not including it at all (no=0).
6) You will reach a final score out of 84 for each SRHR policy or framework and out of 32 for each disability policy and framework
7) You can transfer these scores into percentages:
   - A score of 0-24% is considered as not integrating SRHR and disability meaningfully.
   - A score of 25-49% is considered as showing first steps of inclusion and integration.
   - A score of 50-74% is considered as providing meaningful inclusion and integration.
   - A score of over 75% is considered as providing meaningful and detailed inclusion and integration policies and frameworks.

Sexual and Reproductive Health Policies and Programmes and HIV

Please list all the relevant policies, programmes, plans and strategic frameworks in Table 1.

Table 4: *Country Legal SRHR and Disability Policies and Plans*

Constitution and relevant Acts	National SRHR & HIV Policies	National Disability Policies or Acts	National SRHR and HIV Strategic Plans or Frameworks	National Strategic Plans on Disability

Sexual and Reproductive Health and Right Policy and Plans Sub-Analysis Tool

List the name of the policy/plan/framework (including year), which you used for this review:_____. Thereafter, use the SRHR sub-Analysis Tool below to assess the inclusion and integration of disability.

Background / Situational Analysis

DOES THE DOCUMENT:	YES /SOME/ NO	COMMENT
Conceptualisation: Ideally the document refers to other SRHR and disability policies or plans in your country (see table 1) and also approaches SRHR with a human right approach.		
Link to other health and SRHR policies?		
Link to disability policies/acts/frameworks?		
Include sexual and reproductive health services **as well as** sexual rights?		
Conceptualise SRHR as a basic human right?		
Data and evidence: The situation analysis and/or background should include data and information on vulnerable populations, including people with disabilities, statistical information, prevalence of conditions as well as factors of vulnerability (behavioural, social, cultural and structural).		
Provide a situational analysis of SRHR including epidemiological data on **vulnerable populations**?		
Provide data on SRHR (STIs, pregnancy, abortion, fertility, access to information, HIV, etc.) amongst **people with disabilities**?		
Provide data on prevalence of sexual violence amongst **people with disabilities**?		
Provide data on social or structural barriers that **people with disabilities** experience?		
Vulnerability: Ideally the document should prioritise the needs of vulnerable populations and specifically identify people with disabilities as such a population.		
Prioritises the needs of **vulnerable groups**?		
Identify **people with disabilities** as a vulnerable group?		

Guiding Principles

DOES THE DOCUMENT	YES / SOME/ NO	COMMENT
Use a multi-stakeholder, multi-sectoral approach?		
Use a human rights-based approach?		
Rights protection: Polices and Plans often include measures to protect and promote human rights in the context of SRHR – this should include the protection SRHR of people with disabilities.		
Prohibit unfair discrimination based on disability (usually listed with gender, HIV status, age, race or sexual orientation)?		
Protect the right of **people with disabilities** to access information and education about sexuality?		
Protect the right of **people with disabilities** to access appropriate SRHR services?		
Protect the right of **people with disabilities** to privacy?		
Protect the right of **people with disabilities** to decide if, when, and how to be sexual active?		
Protect the right of **people with disabilities** to decide when and how to have children?		
Protect the right of **people with disabilities** to be free from violence and abuse?		
Rights promotion: Furthermore the documents should make efforts to promote the rights through active steps such as accommodation, support and sensitisation.		
Promote the rights of **vulnerable groups** through special accommodations?		
Promote the rights of **people with disabilities** through reasonable accommodations?		
Promote the rights of **people with disabilities** through community sensitisation?		

Key Objectives or Priority Areas Ensuring Access to SRHR Information and Services

DOES THE DOCUMENT:	YES / SOME/ NO	COMMENT
Access: Policies and plans often identify a set of SRHR services and how these should be delivered. This needs to include the concept of universal access and specific provision for vulnerable groups including people with disabilities. Such provision needs to specify how services will be adapted or how people will be accommodated to meet their needs or respond to their vulnerabilities. For people with disabilities this would include the identification of the needs to make buildings physically accessible, accommodate communication needs (Sign language or Braille), and providing knowledge and information in accessible formats (e.g. simplified tools for people with intellectual disabilities). Where a policy or plan does not specify "what is needed to ensure access" it does not provide meaningful instructions of the 'provision of accessible services'. Hence, it is possible that a policy or plan protect 'access' in principal but does not ensure access (as it provides no guidance).		
Provide universal access to SRH services?		
Provide access to SRH services (contraceptives and other prevention methods, condoms etc.) for **vulnerable groups**?		
Provide accessible and appropriate SRH services for **people with disabilities**?		
Provide access to comprehensive sexuality education (CSE) for **vulnerable populations**?		
Provide access to CSE for **people with disabilities**?		
Provide access to SRH-rights and justice for **vulnerable populations** (e.g. violence)?		
Provide access to SRH-rights and justice for **people with disabilities** (e.g. violence)?		

Key Objective or Priority Areas Addressing Social or Structural Drivers of Vulnerability

DOES THE DOCUMENT:	YES / SOME/ NO	COMMENT
Structural Factors: People with disabilities often experience structural factors that increase their vulnerability such as exclusion from the workforce, social protection mechanisms or increased violence. Policies and plans should identify these vulnerabilities and provide responses to address these factors through ensuring that people with disabilities are included in programmes tackling these issues.		
Promotes gender equality and the elimination of gender disparities?		
Promotes gender equality and the elimination of gender disparities among **women with disabilities**?		
Promote the elimination of all forms of violence against women and girls?		.
Promote the elimination of all forms of violence against **women and girls with disabilities**?		
Link to social protection and/or economic empowerment of women and men?		
Link to social protection and/or economic empowerment of **women and men with disabilities**?		
Sensitise communities about disability issues?		

Research, Monitoring and Surveillance

DOES THE DOCUMENT:	YES /SOME/ NO	COMMENT
Research: Policies and plans often provide for research, monitoring and surveillance in order to evaluate the effectiveness of responses to diverse parts of the populations. This needs to include monitoring if responses reach people with disabilities through a) mainstreaming disability indicators across all programmes (similar to gender) and b) conducting specific disability research and analysis.		
Promote research, monitoring, and surveillance relevant to implementation?		
Identify outcomes to be monitored and indicators to do so?		
Promote data collection on SRHR amongst **vulnerable populations**?		
Promote data collection on SRH amongst **people with disabilities**?		
Promote data collection on sexual- or gender-based violence amongst **people with disabilities**?		
Promote data collection on contextual factors such as education and employment amongst **people with disabilities**?		

National Disability Strategies and Frameworks Sub-Analysis Tool

List the name of the policy/plan/framework (including year), which you used for this review:_____. Thereafter, use the Disability Sub-Analysis Tool below to assess its inclusiveness of SRHR elements.

DOES THE DOCUMENT:	YES /SOME/ NO	COMMENT
Linkages: The documents should link to SRHR legislation listed in table 1		
Link to SRHR legislation, policies, or plans?		
Identify the need to link to areas of SRHR and HIV?		
Data: Policies and plans usually include data on disability and other sectors (e.g. poverty). They should also include data on SRHR issues.		
Provide data on SRHR amongst **people with disabilities** (e.g. HIV, STI, and GBV prevalence; pregnancy rates)?		
Vulnerability: Policies and plans usually identify factors that make people with disabilities more vulnerable to poverty. They should also include factors that increase vulnerability to SRHR as well as which group of the diverse group of people with disabilities is particular at risk.		
Identity factors of vulnerability for **people with disabilities** to SRHR issues?		
Identity factors of vulnerability of **women and girls with disabilities** to SRHR issues?		
Rights Protection and Promotion: Disability policies and plans are usually strong on disability rights protection. This should include direct references to the protection and promotion of SRHR rights.		
Promote universal design and reasonable accommodation for **people with disabilities**?		
Promote equal opportunities and reduced inequality?		
Protect the right to privacy and family life?		
Protect the right to access SRHR?		
Promote the right to access SRHR?		
Promote sensitisation of communities towards SRHR of **people with disabilities**?		

Services and Access: The documents should specify which SRHR services are needed by people with disabilities and what is needed so that they can access these services.		
Identify how to provide universal access and reasonable accommodation to SRH services		
Identify how to provide universal access and reasonable accommodation to SRHR judicial services		
Identify how to provide access to SRH services (including contraceptives, maternity services, STI & HIV services) and reproductive rights (right to sexual expression, sexuality, partner family etc.)		
Identify where to provide Comprehensive Sexuality Education to people with disabilities?		

Funding / Budgetary Support

Polices, plans and strategic frameworks need to be costed and identify who is responsible for resource mobilisation and funding. Looking at the reviewed policies, strategies and plans relevant to SRHR, HIV and disability, identify how they address the following:

Item	YES / Some/ NO	COMMENT
What are the sources of funding for SRHR programmes?		
What are the sources of funding for HIV programmes?		
What are the sources of funding for disability programmes?		
Who will mobilise resources for SRHR programmes?		
Who will mobilise resources for HIV programmes?		
Who will mobilise resources for disability programmes?		
Within national HIV programme budgets, is there a budget allocation for people with disabilities? (if so, what is it?)		
Within national SRHR programme budgets, is there a budget allocation for people with disabilities? (if so what is it?)		
Within national disability related programmes, is there any system to support SRHR or HIV services?		

Annexure: Key Guidelines from International Obligations

Figure 9: UN Convention on the Rights of Persons with Disabilities (2006)

Key provisions in the context of disability, HIV and AIDS include the following:

- Article 5 protects the rights of all persons to equality, prohibits discrimination on the basis of disability and guarantees to persons with disabilities equal and effective legal protection against discrimination on all grounds
- Article 8 provides for States to take measures to raise awareness regarding and foster respect for the rights of disabled people, and to combat stereotypes, prejudices and harmful practices relating to persons with disabilities
- Article 9 promotes accessibility for disabled people, and requires States Parties to take measures to ensure access to the physical environment, transportation, information and communications and to facilities and services.
- Article 12 provides disabled people with equal rights to recognition as persons with legal capacity before the law
- Article 13 requires States Parties to ensure effective access to justice for disabled people
- Article 15 protects disabled people from cruel, inhuman or degrading treatment or punishment, including being subjected without his or her free consent to medical or scientific experimentation
- Article 16 requires States Parties to take measures to protect disabled people from exploitation, violence and abuse
- Article 17 protects the rights of disabled people to physical and mental integrity
- Article 22 protects disabled people from unlawful invasions of their right to privacy, including the privacy of personal, health and rehabilitation information
- Article 24 requires States Parties to recognise the rights of disabled people to education
- Article 25 provides persons with disabilities with the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability
- Article 26 provides for State Parties to take appropriate measures to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life
- Article 27 recognises the rights of disabled people to work on an equal basis with others
- Article 28 requires States Parties to recognise the rights of disabled people to an adequate standard of living for themselves and their families
- Article 29 provides that States Parties guarantee disabled people political rights to ensure that disabled people can participate in political and public life, and
- Article 30 requires States Parties to collect appropriate information, including statistical and research data to enable them to formulate and implement policies to give effect to the UN Convention.

Figure 10: UNAIDS International Guidelines on HIV and Human Rights (2006)

Key recommendations in the context of disability, HIV and AIDS include the following:

- Guideline 1 recommends that States establish a co-ordinated, participatory, transparent and accountable national framework in their response to HIV integrating HIV policy and programme responsibilities across all branches of government
- Guideline 2 recommends that States support community organisations to become involved in all phases of HIV and AIDS policy design, programme implementation and evaluation
- Guideline 3 recommends that States review and reform public health law and policy to ensure that it addresses HIV, and protects rights in the context of HIV and AIDS
- Guideline 5 says that States should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups such as people living with HIV and people with disabilities from discrimination
- Guideline 6 says that States should take measures to ensure the availability and accessibility of quality goods, services and information for HIV prevention, treatment, care and support
- Guideline 7 recommends that States implement and fund legal support services that will educate people about their rights, provide free legal services to enforce these rights, develop expertise on HIV-related issues and utilise the courts and other means to protect the rights of individuals
- Guideline 8 recommends that States should promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities
- Guideline 9 says that States should promote creative education, training and media programmes explicitly designed to change discriminatory attitudes and stigmatisation associated with HIV and AIDS to one of understanding and acceptance
- Guideline 10 recommends that the States encourage the development of private sector codes of conduct translating human rights standards into professional responsibilities and practice, and
- Guideline 11 says that States should ensure monitoring and enforcement mechanisms to guarantee HIV-related human rights, including those of PLHIV, their families and communities.

Figure 11: Sustainable Development Goals (2015)

Key Targets relevant to Sexual and Reproductive Health and Rights (SRHR) in the Sustainable Development Goals (SDGs):

- Target 3.1 aims to reduce the global maternal mortality ration to less than 70 per 100.000 live birth
- Target 3.7 aims to ensure universal access to sexual and reproductive health care services including family planning, information and education for all by 2030. It also covers the integration of reproductive health into national strategies and programmes.
- Target 4.5 aims at eliminating gender disparities in education and ensure access to equal education to all levels of education and vocational education including persons with disabilities
- Target 4a aims to build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
- Target 5.1 aims to end all forms of discrimination against women and girls everywhere
- Target 5.2 aims to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Target 5.3 aims to eliminate all harmful practises such as child, early and forced marriage and female genital mutilation
- Target 5.6 aims to provide universal access to sexual and reproductive health and reproductive rights
- Target 5.c Aims to adapt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
- Target 8.5 aims to achieve full and productive employment and decent work for all women and men including for young people and persons with disabilities and equal pay for work of equal value
- Target 10.3 aims at ensuring equal opportunity and to reduce inequalities of outcome (including law and legislation)
- Target 10.2 aims to promote social, economic and political inclusion for all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
- Target 10.2 aims to provide access to safe, affordable, accessible and sustainable transport (including persons with disabilities)
- Target 11.7 aims to provide universal access to safe, inclusive and accessible green and public spaces including to persons with disabilities
- Target 17.19 aims at enhancing capacity building support to developing countries including …to increase significantly the availability of high-quality timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability geographic location et.

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