



## RESEARCH SUMMARY



# Increasing Access to Sexual and Reproductive Health and Rights for Young Persons with Disabilities in East and Southern Africa



### Synopsis

To develop an evidence-informed regional strategy to increase access to Sexual and Reproductive Health and Rights (SRHR) information and services for young people living with disabilities (YPWD) in ESA, three complementary pieces of research were conducted.

1. A 23-country desk-based situational analysis by KPMG to:

- Provide insight into the current situation of YPWD and their access to (SRHR) in the region;
- Document efforts to address YPWD's access to SRHR, including Comprehensive Sexuality Education (CSE) and social and behaviour change communication (SBCC);
- Identify priorities to inform the regional strategy;
- Make recommendations for the development of the regional strategy.

2. A policy analysis by South African Medical Research Council (SAMRC) for the 4 case study countries – Kenya, Malawi, South Africa and Uganda – that included the development of a customised policy analysis tool to assess the extent that SRHR is featured in national disability policies, plans and strategic plans; and in national SRHR policies, plans and strategic plans.

3. In-country case study fieldwork to elicit the experiences of young persons with disabilities in accessing SRHR services in 4 case study countries to:

- Determine barriers and facilitators of access to SRHR information and services for YPWD;
- Determine the characteristics that influence barriers and facilitators faced by YPWD in accessing SRHR;
- Determine what factors outside the SRHR

service environment impact the barriers and facilitators of access to SRHR services by YPWD;

- Understand the perceptions of service providers of SRHR services to YPWD and their need to access SRHR services, and their perceptions of the adequacy thereof; Identify promising practices to reduce barriers and enhance access to SRHR services for YPWD.

### Research leads:

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### Timing of research:

July 2016 to October 2017

### Budget:

About US\$350,000 – funded by UKAid/PreMEDSA

### Key findings

#### Regional Situational Analysis of 23 ESA Countries

Best and promising practices identified for each pillar; directory of government and DPO disability focal points.

#### Analyzing Sexual and Reproductive Health and Rights (SRHR) and Disability Policies/ Frameworks: A Practical Approach, Case Studies of Kenya, Malawi, South Africa and Uganda

### All four countries:

- Had signed relevant SRHR and disability conventions including the Convention on the Rights of Persons with Disabilities (CRPD);
- Had begun to develop SRHR and disability policies, plans and frameworks;
- Used a human rights-based approach;
- Had poor linkages between SRHR and disability policies, strategies/frameworks;
- Had little disability data in SRHR policies, frameworks and plans;
- Had no SRHR data in disability policies, frameworks or plans;
- Identified lack of disability data as a challenge;
- Lacked information on vulnerability of the diverse group of people with disabilities to SRHR;
- Had non-discrimination clauses, many including disability;
- Generally protected right to access but were weak on implementation guidelines;
- SRHR documents focused on SRH and did not protect access to justice or sexuality education;
- Disability documents focus on poverty alleviation, accessibility and equalization of opportunities;
- Most SRHR documents did not promote data collection on disability.

**In-country case studies:** National clearance obtained in South Africa and Uganda.

Initial findings from South Africa suggest:

- Due to the complexity of disability itself, it makes dealing with disability complex.
- YPWD have sex, experiment sexually, want pleasurable sex, desire healthy relationships and want their own families.
- Staff and health facilities are not equipped to deal with the range of disabilities and SRHR needs of YPWD.
- Parents and carers of YPWD face stigma and discrimination when accessing services for disabled children.

### Recommendations and next steps:

- Continue to engage YPWD throughout the processes.

▪ **Sustainability strategy:** After PreMDESA, engage in resource mobilization to assist countries, with support from the RECs, to:

- Domesticate the strategy with national plans;
- Disseminate/publish findings from the situational analysis and case study

research;

- 'Regionalize' a draft South Africa-based CSE/life orientation curriculum for YPWD called 'Breaking the Silence' and incorporate other regional resources for YPWD;
- Explore opportunities to publish the policy analysis tool being developed and applied to have countries assess the extent to which disability issues are featured adequately in national SRHR policies, strategies, plans;
- Support/scale up the promising/good/innovative practices identified through the research;
- Collaborate with the AYFHS component to ensure that disability issues feature prominently in adopted guidance, future health worker training, and development of health sector indicators.

### Implications

Findings and recommendations have informed a strong, validated regional strategy to increase access to SRHR information for YPWD. The 14 countries drafted implementation plans to be negotiated in their countries. The application of the policy analysis tool was adopted by most countries as an advocacy tool to influence programming for SRHR among YPWD. Countries will prioritize knowledge management and future programming. The development of SRHR among YPWD-specific capacity building resources for health-care providers, teachers, parents and caregivers is key to effecting the improved state of SRHR among YPWD:

- Adequate resource allocation and participation;
- Inclusive rights-based laws, policies, strategies, national plans;
- Targeted CSE and SBCC for the range of disabilities;
- Well trained health providers, educators, parents and community leaders;
- Accessible health facilities; accountable health sector.

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