East and Southern Africa Regional Strategy to increase access to Sexual and Reproductive Health Rights (SRHR) information and services for Young People with Disabilities (YPWD)

Southern Africa Disability Roundtable Forum

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UNFPA, the United Nations Population Fund, is the international development agency that promotes a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

UNFPA has received 2 years funding, ending October 2017, from DFID on a project called Prevention of Maternal Deaths in East and Southern Africa that contains a component of SRHR among YPWD.

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SRHR among young people with disabilities

UNFPA ESARO's youth programme operationalizes the global UNFPA Strategy for adolescents and Young People through its 5 prongs:

1. Evidenced-based advocacy to harmonise the policy and legal environment for development, investment and implementation
2. Promote Comprehensive Sexuality Education
3. Build capacity for provision of youth friendly SRH services
4. Initiatives to reach the most vulnerable: child marriage, Young People With Disabilities, Young Key Populations, etc.
5. Youth leadership and participation

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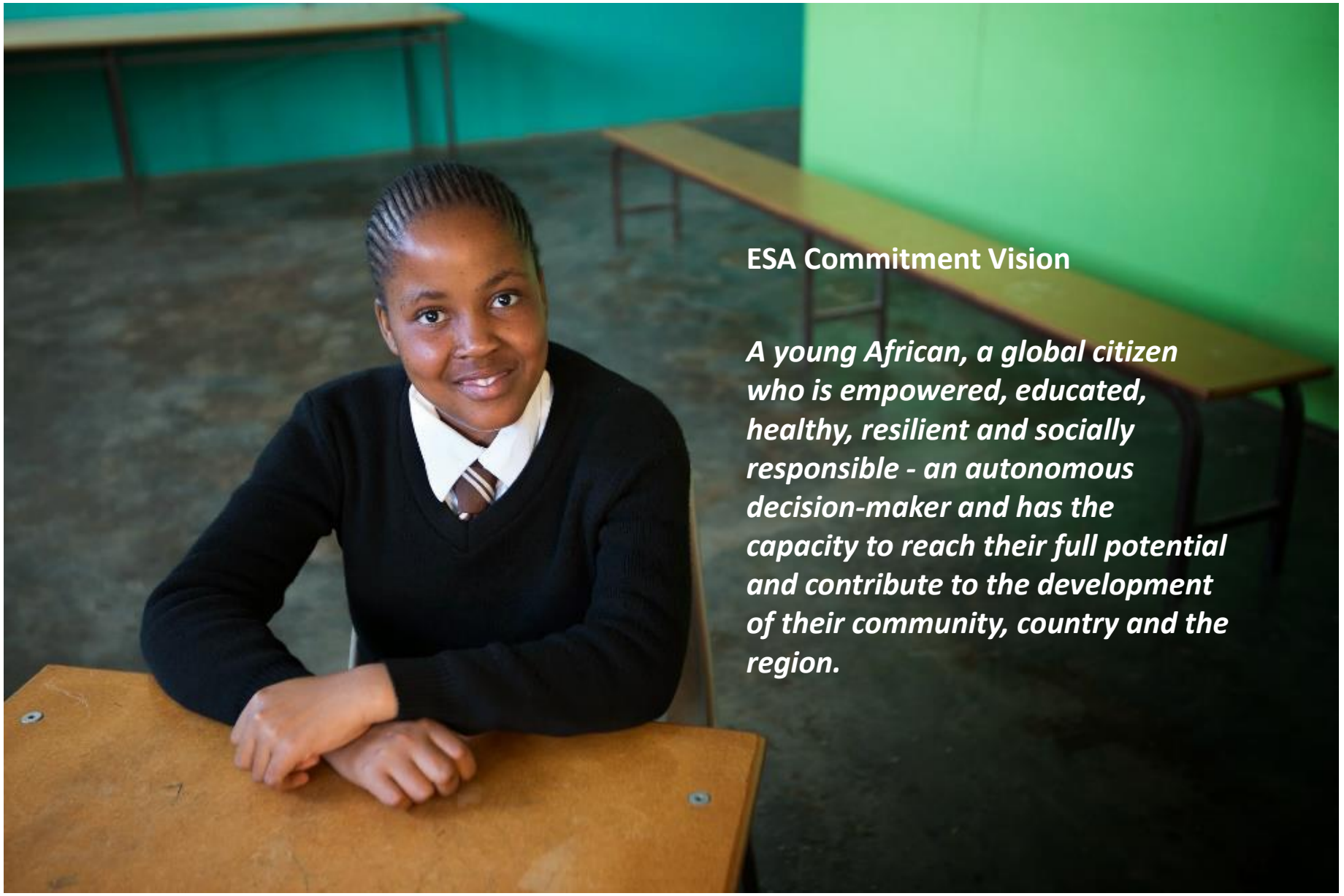
AFFIRMATON OF THE EAST AND SOUTHERN AFRICA (ESA) MINISTERIAL COMMITMENT

Scaling up of comprehensive sexuality education and SRH services for young people across

East and Southern Africa


ESA Commitment Vision
A young African, a global citizen who is empowered, educated, healthy, resilient and socially responsible - an autonomous decision-maker and has the capacity to reach their full potential and contribute to the development of their community, country and the region.

Background: SRHR among YPWD

Inspired by SDG Agenda 2030, “leave no one behind”, and the ongoing commitments to YPWD by DFID, UNFPA, RECs and other partners

- Adolescents & youth face challenges to their SRHR & in accessing youth friendly health & social services. Being disabled as well as young exacerbates difficulties & poses additional challenges.
- The vulnerability of YPWD (to sexual abuse, other SGBV, early and unintended pregnancies, HIV/STIs, harmful practices, etc.) increases as they frequently experience exclusion from sexual & reproductive health information and services.
- People with disabilities are two times more likely to find health care providers’ skills & facilities inadequate, three times more likely to be denied health care & four times more likely to be treated badly in the health care system (WHO, 2014).

The objective is to determine the extent to which this is also the case within the realm of specialised SRHR services & conduct a series of activities that culminate in the development of an evidence informed regional strategy that mitigates these barriers: Document based Situational Analysis of 23 ESA countries; 4 country case study research including development of policy assessment tools; regional consultative meetings to provide inputs and validate studies and strategy.

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Strategy Framework

- Situational Analysis (desk review) of East and Southern Africa, 23 countries
- 4 country case studies: South Africa, Malawi, Uganda and Kenya
- At the intersection of: Youth, Disability and SRHR
- Across multiple sectors: health, social development, education, transport, etc.
- Through major levels of governance: regional, country, local levels

Current State

Strategy

- Based on lessons from innovation and best practice
- 7 dimensions:
  - Leadership, governance, regulation
  - Products and technology
  - Information and research
  - Workforce
  - Services and programmes
  - Finance
  - Participation of YPWD

Ideal Future State

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Analysis Framework

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Strategy Framework

Current State

Strategy

- What are common gaps across countries?
- What are priorities/ focus areas?
- Are there strategic choices that need to be made or options that need to be weighed up?
- What are the trade-offs? What should NOT be included?

- Adequate resource allocation and participation
- Inclusive rights-based laws, policies, strategies, national plans
- Well trained health providers, educators, parents and community leaders
- Accessible health facilities; accountable MoH/service providers
- Targeted Comprehensive Sexuality Education and Social and Behaviour Change Communication for the range of disabilities

Ideal future state: **Better SRHR outcomes for YPWD**

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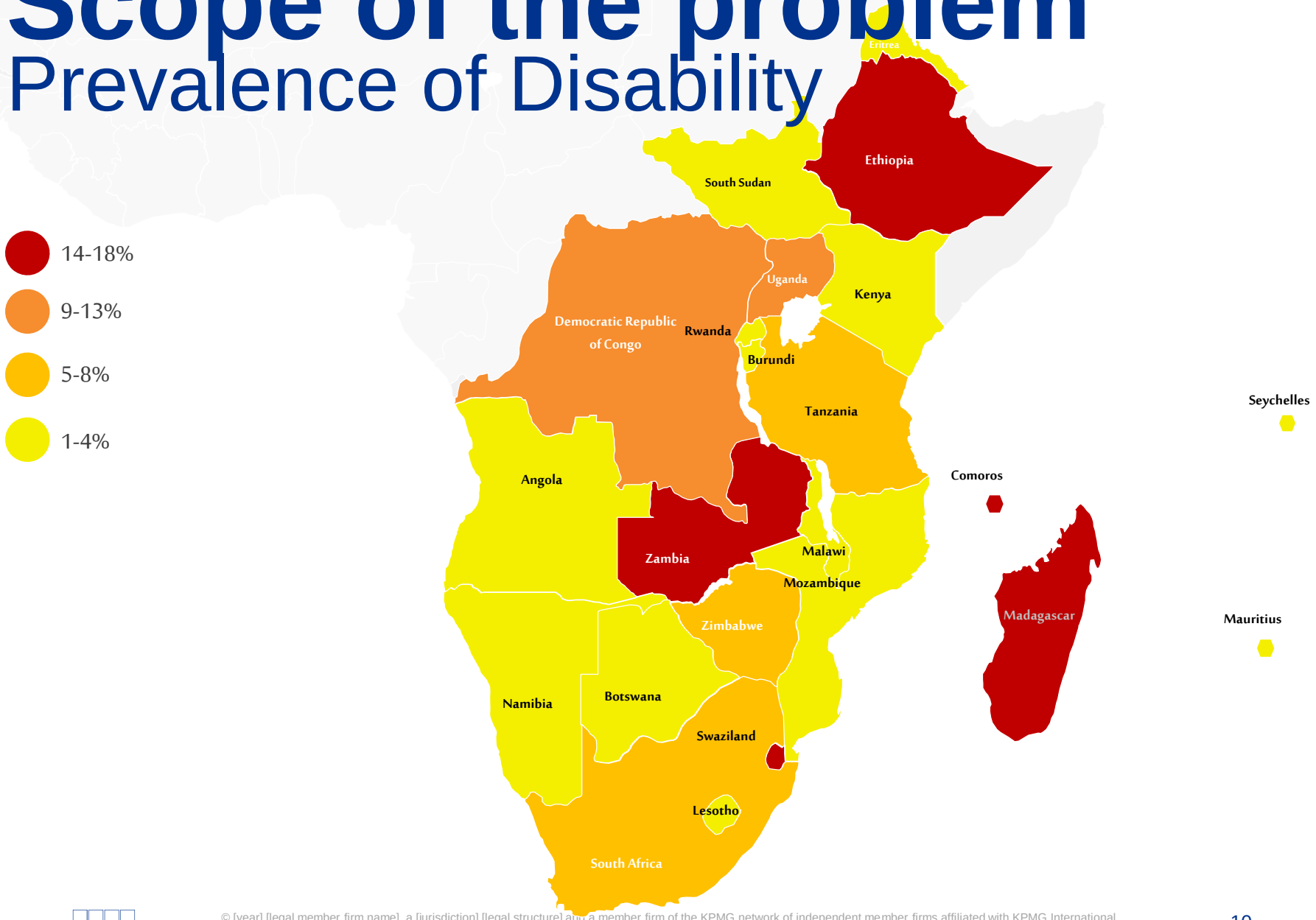
Scope of the problem

Prevalence of Disability



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Scope of the problem

Challenges and limitations associated with the data:

- **Reporting bias** – the stigma surrounding disabilities in African countries may result in an under reporting of disabilities
- **Quality of data collection** – many of the ESA countries have limited capacity in terms of data collection and data analysis
- **Outdated data** – limitations related to data collection do result in infrequent data collection efforts and significant delays in the analysis and reporting of data. Therefore, most of the prevalence data available is outdated
- **Incomparable data** – definitions of (type) of disability vary, ages ranges differ, some ages are excluded (usually infants)
- **Data not disaggregated by disability type, sex, age**
- **Data not accessible**- 'grey' literature not easily searchable
- **Data not available-** huge gaps exist in disability specific data, particularly for SRHR among YPWD

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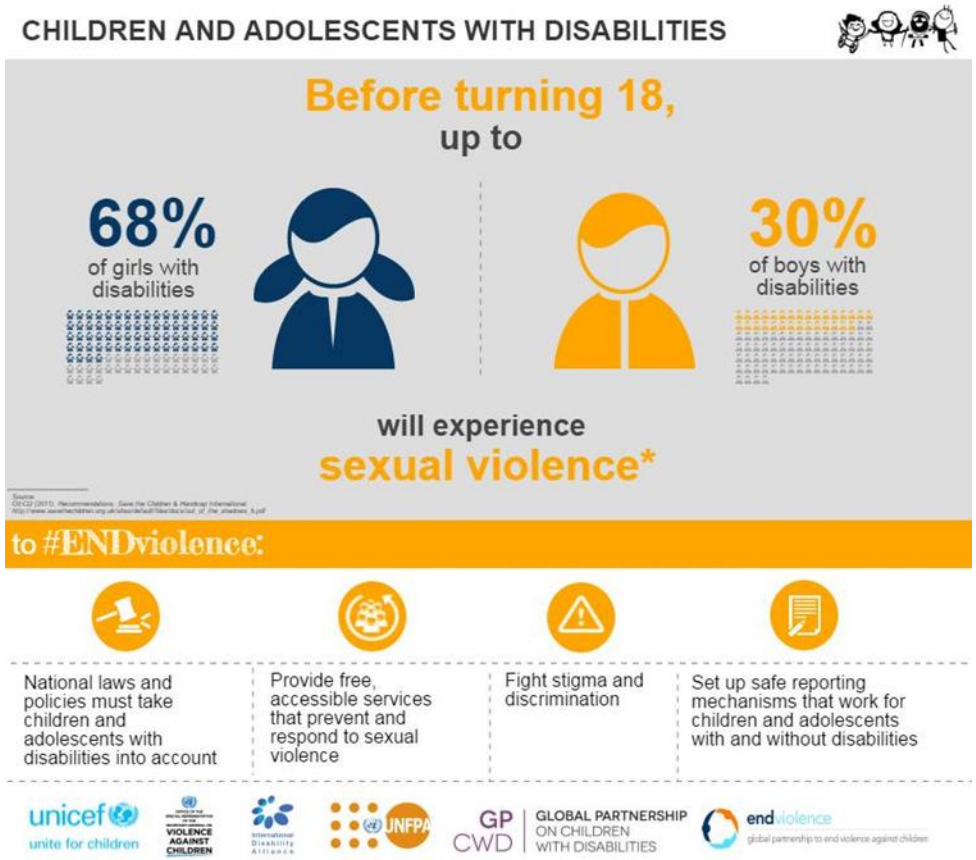
Prevalence of Sexual Violence Amongst People with Disabilities

People with disabilities are 2-3 times and children/youth with disabilities 3-8 times more at risk of being a victim of sexual violence than their non-disabled peers, in particular women and girls



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Comprehensive Sexuality Education

Educators of young people with disabilities

- may hold misconceptions about their learners sexuality and SRHR needs and approach sexuality education with a risk-protection discourse
- lack skills, tools, and confidence to accommodate these learners in their sessions or classes

Children and young people with disabilities

- are 2-10 times more likely to be out of school than children without disabilities
- are 3-8 times more likely to experience violence
- often lack knowledge about HIV and sexuality
- are sexually active and practice unsafe sex
- can be agents of change
- may need assistance

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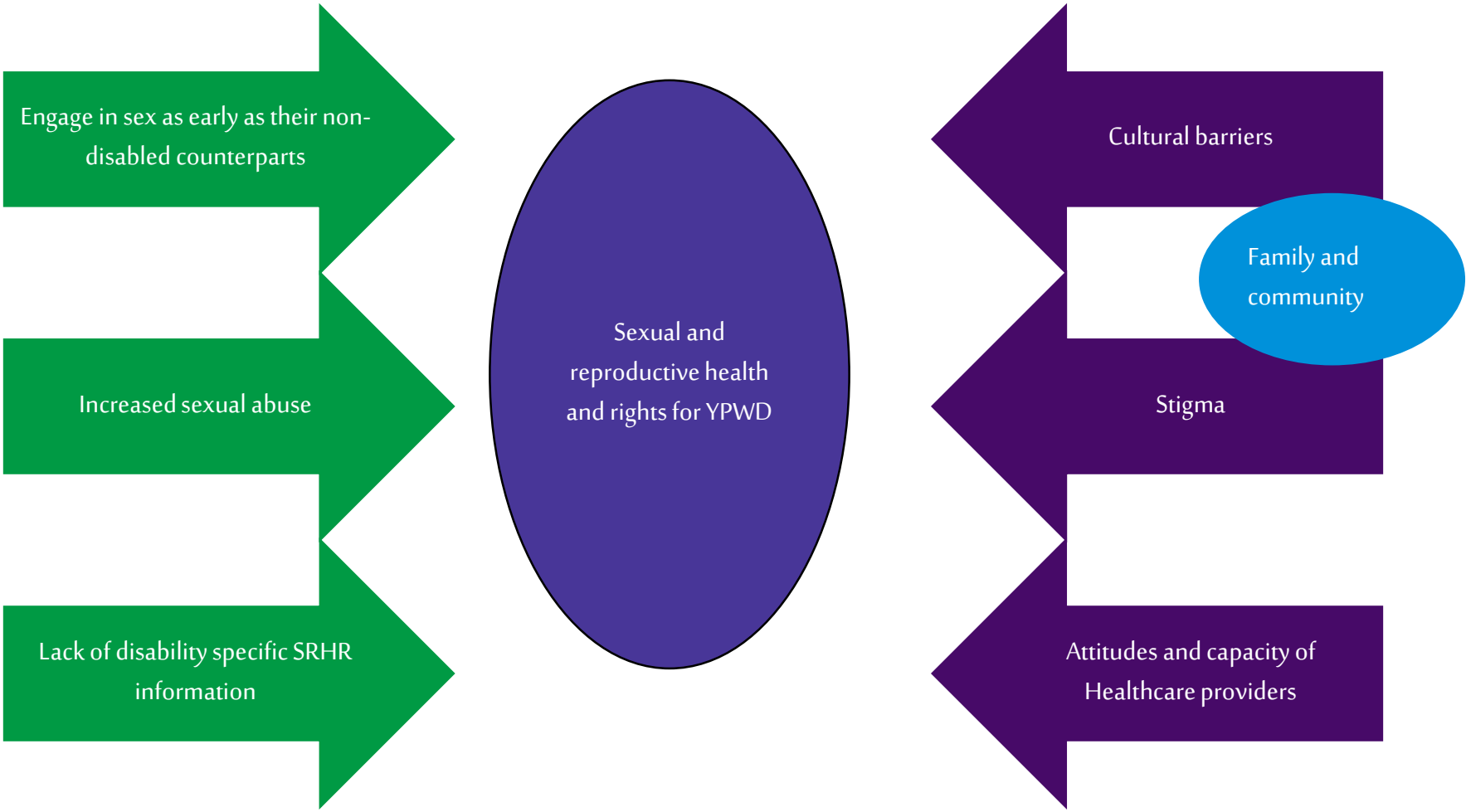
Country case studies: The experience of young people with disabilities in accessing sexual and reproductive Health and Rights (SRHR) services

Introduction



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Objectives of 4 country case study research: Malawi, South Africa, Kenya, Uganda

1. Determine what the current **barriers and facilitators of access to SRHR information and services** are for YPWD in Uganda, as perceived by young people themselves and, where applicable, by those people who care for YPWD.
2. Determine how different **individual characteristics** (e.g. type of disability, gender and age) might influence the barriers and facilitators faced by young people with disabilities in accessing SRHR.
3. Determine how **factors outside the SRHR service environment** may impact on the barriers and facilitators of access to SRHR services by YPWD. These include factors such as cultural norms, religion, social stigma, socio-economic context, legislation and other macro-level factors.
4. **Engage with the service providers of SRHR services** to understand their perceptions of YPWD and their need to access SRHR services and their perceptions of the adequacy thereof.
5. **Identify promising practices** to reduce barriers and enhance facilitators to access to SRHR services for YPWD.
6. **Develop and apply policy analysis** tool to determine the extent that disability is explicit in SRHR related national plans, policies, strategies, surveillance systems, and the extent that SRHR is included in disability specific policies and strategies, etc.

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Priorities for analysis and expected outcomes

1. **Identify emerging themes** surrounding the experience of YPWD accessing SRHR
2. **Describe actual on-the-ground experiences** of YPWD in accessing SRHR
3. **Provide gender analysis** of the emerging themes and experiences of YPWD in accessing SRHR.
4. **Identify facilitators of access, opportunities and potential best practices.** (This interrogation may prompt further desk top research to further inform the potential of such opportunities for scale up in the region.)
5. Detailed **policy assessment and policy guidance reports** for the 4 case study countries utilizing the policy analysis tool developed.

Expected outcomes:

- inform the development of the regional strategy
- Make clear recommendations around how to address the 'health system push back' and suggest indicators that service providers/Ministries of Health may be measured against.

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Designing disability inclusive or specific SRHR programmes

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Reflections on partnerships for disability issues in Africa

- Disability issues are getting increasingly ‘trendy’ in light of the SDGs and leaving no one behind.
- Yet, resource mobilization efforts for disability issues face the same challenges, if not more than other sectors: ‘capacity’ and accountability of DPOs to **directly** partner with donors, shrinking resources for HIV and other SRH issues, many sectors/causes competing for the resources from the very same donors.
- Funding can sometimes be short term, small amounts (pilot projects) or specific to the agenda of the donor.
- Opportunities exist to leverage on the work of multiple implementers and partners but strong coordination and clear division of labor is required.
- Donors are increasingly ‘evidence’ and data driven. This challenges us to continue to advocate for disaggregated, high quality data to improve the accuracy around the scope of the problem on disability issues, and produce evidence around good/promising practices and solid lessons learned that demonstrate sustainability and ‘value for money’.

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Next steps:

Resource mobilisation to domesticate the Regional Strategy to member states with support of RECs and support countries with implementation

Thank You