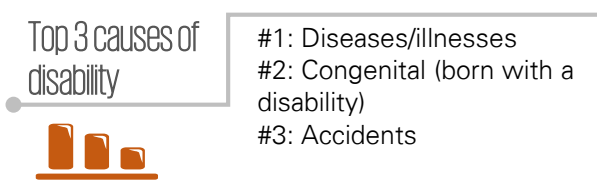
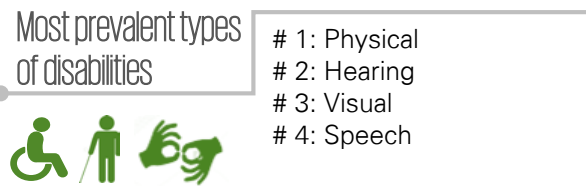
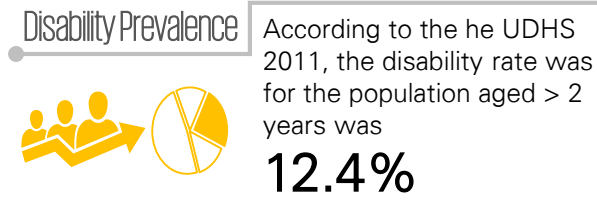
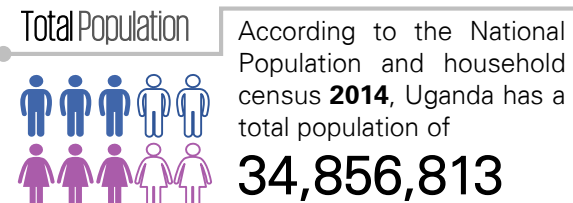
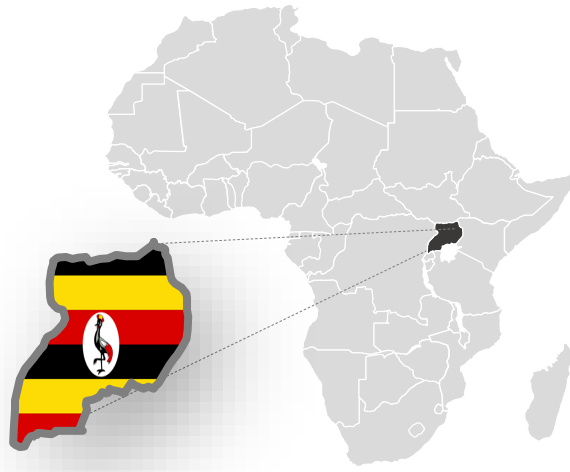


Desk Review Findings

Republic of Uganda

Country Context

The Republic of Uganda is a landlocked country located in East Africa. In Uganda, people living with disabilities are subjected to several challenges and barriers, especially in terms of discrimination and violations of their human rights. PWD are often vulnerable to sexual abuse, inadequate access to service delivery, stigmatisation from the wider community, and discrimination in employment and business. PWDs continue to experience considerable exclusion in regards to the economic, social and political rights. However government has implemented a number of legislative and policy measures indicating commitment to improving the rights of persons with disabilities.



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Uganda is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The Government of Uganda has adopted several laws and policies advocating for the rights of people with disabilities in the country including

- the Constitution of Uganda (1995);
- Persons with Disabilities Act (2006);
- The Uganda National Policy on Disability (2006);
- National Community Based Rehabilitation Programme; and
- The National Council for Disability.

The Ministry of Health is instrumental to the provision of SRH services in Uganda. Some of the policies and strategies employed by this ministry include:

- The National Policy Guidelines and Service Standards for Reproductive Health Services. (2001);



LEADERSHIP, GOVERNANCE & REGULATION cont.

- Uganda HIV Counselling and Testing Policy, 3rd Edition (2010);
- Adolescent Health Policy Guidelines and Service Standards (2012);
- Draft National Adolescent Health Roadmap for Uganda (pending Minister's approval)

Leadership & Governance:

The main government authorities accountable for the protection of the rights of persons with disabilities included the Ministry of State for Disabled Persons and the Ministry of Gender, Labour and Social Development.



PRODUCTS, COMMODITIES & TECHNOLOGY

In Uganda, very few disabled people actually receive the support that they need. The supply chain for prosthetic and orthotic devices in Uganda depends heavily on donors, leading to an inconsistent supply of materials



INFORMATION & RESEARCH

Uganda Bureau of Statistics, National Population Council, UNFPA and Makerere University School of Public Health conduct regularly research on demographic, health and SRH trends, including some but limited research on PWD. Data on persons living with disabilities in Uganda is limited and exists largely at a national level. A lack of disaggregated data, especially at the district and local levels, makes it difficult to target and plan services for disability appropriately



SERVICE DELIVERY

Comprehensive Sexuality Education

In Uganda, as part of the UNFPA and UNESCO CSE project, the lower secondary curriculum is under review and CSE is being included in the curriculum as a result. The curriculum is planned to be rolled out in 2017. CSE has been included as a learning area in Life Education (LE).

Deaf Child Worldwide in collaboration with the Uganda National Association of the Deaf are working on providing young, deaf people with access to the vital sex education necessary for them to live healthy, independent lives and reach their potential

Social & Behaviour Change Communication

Uganda has had limited campaigns on PWD. The country uses International Day of Persons with Disabilities to raise awareness.

Healthcare Services

Deaf Child Worldwide have also initiated a project called 'Birds and the Bees'. The project approach employs the use of a 'peer educator', to provide sign language training to deaf young people and educate them about relationships and sexual health.



WORKFORCE

No data has been captured for this theme



FINANCING & CONTRACTING

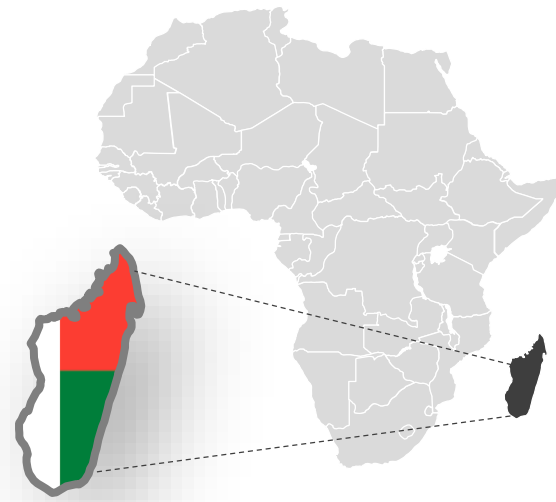
In April 2010 the Ugandan government allocated 1.5 billion shillings (\$647,388) to fast-track current projects aimed at improving the livelihood and increasing the incomes of persons with disabilities in 48 districts in the country.

Desk Review Findings

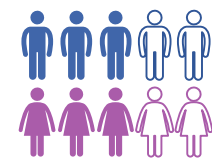
Madagascar

Country Context

Madagascar is the fourth largest island in the world, and is situated on the southeast Coast of Africa. The Malagasy economy has traditionally been dependent on agricultural farming, owing to the country's rich environment. After decades of political instability, Madagascar returned to a peacefully democratically elected form of Government in 2013. This was a positive turning point in the country which has been accompanied by equally positive commitments for people with disabilities (PWDs). In 2014, the Malagasy government consented to the United Nations Convention on the Rights of Persons with Disabilities. This was followed by the development of the National Disability Mainstreaming Plan in 2015. The country still has some way to go in promoting the rights of PWD, as they continue to be a marginalized group.



Total Population



According to a World Bank statistics, Madagascar's population in 2015 was

24, 235, 390

Disability Prevalence



Based on the World Report on Disability, Madagascar has a disability prevalence of approximately

11.6%

Most prevalent types of disabilities



No data found

Top 3 causes of disability



No data found

The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Madagascar is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

Madagascar has one **seminal law** which establishes the foundation for the rights of people with disabilities to health, education, training and jobs, and to social protection.

- **Law No. 97-044 (1997)**

The following two notable decrees to come from this law:

- **Decree No. 2001-162 (2001):** which outlines the right of young people with disabilities to education in mainstream schools. The decree also sets out standards for infrastructure requirement to ensure mainstream schools are accommodating.
- **Decree No 2009-1147 (2009):** which provides a definition for an inclusive education for vulnerable and marginalized children



LEADERSHIP, GOVERNANCE & REGULATION cont.

In relation to SRHR for young people, the following policies and strategies exist:

- The National Strategic Plan; National Youth Policy; the National Policy on Adolescent Health; and the National Policy on Adolescent Reproductive Health and the Training Guide on Life Skills

Leadership & Governance:

The main government authority accountable for the protection of the rights of persons with disabilities is the Ministry of Health



PRODUCTS & TECHNOLOGY

No data was captured for this theme



INFORMATION & RESEARCH

There is a scarcity of reliable data on persons with disabilities in the country.

- Information regarding people with disabilities was not collected in the national census
- The annual school census currently only collects the numbers of children with physical and intellectual disabilities

Parents are reluctant to admit they have a child with a disability, making the collection of this data even harder.



SERVICE DELIVERY

Comprehensive Sexuality Education Education

- Provisions for children with disabilities in Madagascar have relied largely on private initiatives through the churches.
- Provisions are made for separate classes within mainstream schools for children with moderate-to-severe intellectual impairments.

Sexuality Education

- In 2013, the Ministry of National Education adopted the Orientation Framework for the Malagasy Curriculum on Sexuality Education (OFMCSE):
 - Sexuality education was made compulsory
 - Training of teachers be aligned to the programme
 - Is a multi-sectoral initiative
 - Purpose is to sensitize trained peer educators in the provision of SRH, and integrate SRH into the education curriculum

Social & Behaviour Change Communication

The **International Day for People with Disabilities** is used as an important awareness raising opportunity. It includes a massive **media campaign** on the rights of people with disabilities.



FINANCING & CONTRACTING

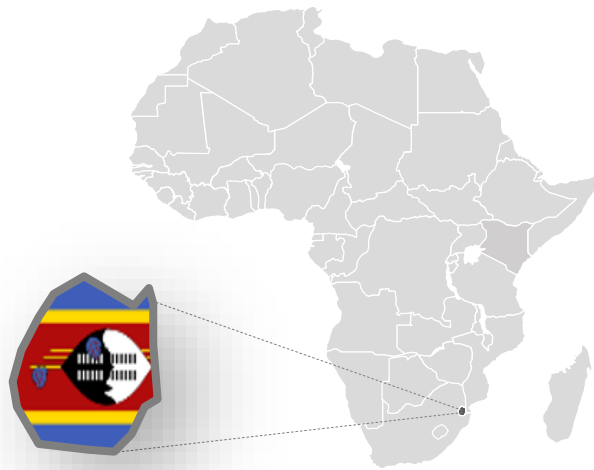
In 2010 government allocated 1.5 billion shillings (\$647,388) to fast-track current projects aimed at improving the livelihood and increasing the incomes and of persons with disabilities

Desk Review Findings

Swaziland

Country Context

Living with a disability in Swaziland presents significant challenges. People with disabilities (PWD) in Swaziland are often generally marginalised stigmatized and vulnerable. Thus the majority of PWDs are poor, generally overlooked and have limited access to services such as public transport, employment and education. These realities have also fueled the poverty, economic disenfranchisement, and social segregation of PWDs in Swaziland. Children and woman with disabilities are particularly vulnerable to these circumstances. In recognition of the situation of disabled people and the need to promote the rights of PWD in the country, the Swaziland government has made some effort to improve the condition and rights of people living with disabilities in the country.



Total Population

According to the World Bank, Swaziland's total population in 2015 was estimated at

1,286, 970

Disability Prevalence

According to the 2007 Population and housing census: Fertility, nuptiality, disability & mortality report, the disability prevalence in Swaziland is

16.8%

Most prevalent types of disabilities

- # 1: Visual Impairment
- # 2: Hearing Impairment
- # 3: Walking / Climbing Disabilities

Top 3 causes of disability

No data captured

The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Swaziland is as follows:

LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The Government of Swaziland has adopted several laws and policies advocating for the rights of people with disabilities and SRHR in the country including

- Persons with Disabilities Bill, 2014
- The 2013 National Disability Policy's
- The National Development Strategy (NDS), 1997
- The 1999 National Education Policy
- The Education and Training Sector Policy (2011)

Leadership & Governance:

In Swaziland up until the 1990's the promotion and protection of the rights for persons with disabilities was the responsibility of Community-Based Rehabilitation Programme. In 2002 this responsibility was shifted to the government's National Disability Unit that falls under the Deputy Prime Minister's Office under the Department of Social Welfare.



PRODUCTS & TECHNOLOGY

One fifth of individuals with disability in Swaziland use an assistive device. The private sector, government health services and NGOs all appear to provide assistive devices. Four out of ten disabled persons had not received any instruction on use of the devices, and maintenance of the device is largely left to the individual/family .



INFORMATION & RESEARCH

There was previously an extreme lack of data around people with disabilities in Swaziland. In recent years efforts from various organisations has resulted in an improvement in this space namely the Secretariat of the African Decade of Persons with Disabilities' (SADPD) study conducted in 2012 on the topic 'Study on education for children with disabilities in Southern Africa'; the Swaziland Central Statistical Office's: Population and Housing Census 2007: Volume 4: Fertility, Nuptiality, Disability & Mortality; and the Living Conditions among People with Disabilities in Swaziland (2011) supported by SINTEF and the Federation of Organizations of the Disabled in Swaziland (FODSWA)



SERVICE DELIVERY

Comprehensive Sexuality Education

The ESA Commitment has resulted in the recent development and launch of the 'Swazi Secondary School Life Skills Education Curriculum' in 2015, which covers learners in school between 13-24 years.

Social & Behaviour Change Communication

In Swaziland there are two programs to note in this space, the Safeguarding Young People Programme run by UNFPA where 25,000 girls were reached at Swaziland's reed-dance annual ceremony and the Ministry of Health's Community Based Rehabilitation (CBR) Programme seeks to empower and educate children about disability issues music and drama.

Healthcare Services

In Swaziland there has been progress to better structured healthcare service provision that is more inclusive and has better access. For example the Phila Uphepha Project has increased demand for integrated SRH and HIV services through five Centres of Excellence (CoEs) created as models for integrated service delivery of SRH and HIV services to community clients.



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

No data was captured for this theme

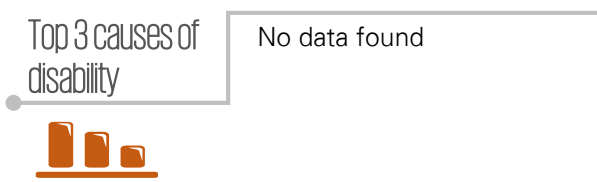
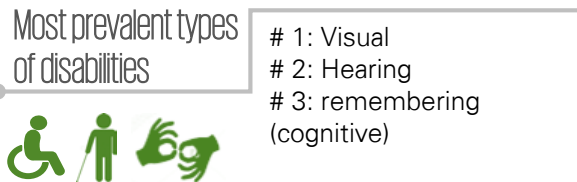
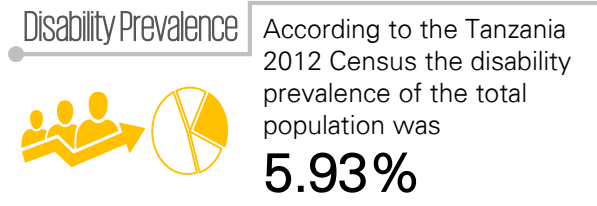
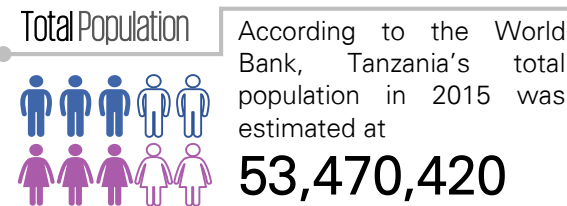
Desk Review Findings

United Republic of Tanzania

Country Context

The situation for persons with disabilities in Tanzania often involves social stigmatisation, exclusion and acts of cruelty. Individual and families with people disabilities are often isolated and concealed away from public.

Tanzania persons with disabilities (PWD) are subject to a range of challenges including poor access due to inadequate infrastructure, poor living situations due to extreme poverty, poor access to employment opportunities resulting in high rates of unemployment, and limited availability of appropriate healthcare and education services. However, the government of Tanzania has demonstrated significant efforts to improve the situation and rights of people living with disabilities in the country this includes ratifying to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Tanzania is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The Government of Tanzania has adopted several laws and policies advocating for the rights of people with disabilities in the country including

- The Persons with Disabilities Act 2010
- National Youth Development Policy 2007
- Disabled Persons Employment Act No. 2 and the Disabled Persons Care and Maintenance Act No. 3

SHRR policies and strategies include:

- National Policy on Disability 2004
- National Adolescent Reproductive Health Strategy (2010-2015)
- Third National Multi-Sectoral Strategic Framework for HIV&AIDS (NMSF III; 2012/2013– 2017/2018)



LEADERSHIP, GOVERNANCE & REGULATION cont.

- Guidelines for Implementing HIV&AIDS and life skills education programmes in schools)

Leadership & Governance:

The Ministry of Health and Social Welfare is the custodian for persons with disabilities. More specifically, The Department of Social welfare under this ministry is mandated to address issues relating to welfare of persons with disabilities. Additionally, the Ministries of Education, Justice, and Labour are also liable for enforcing the protection of rights of persons with disabilities within their respectively organisations.



PRODUCTS, COMMODITIES & TECHNOLOGY

In Tanzania, assistive devices are provided by NGOs and the private sector. Only 5-15% of persons with disabilities, inclusive of children, who require assistive devices have access to them. This can be attributed to limited awareness regarding the availability of the devices and among those who were aware, the cost of such devices made them inaccessible



INFORMATION & RESEARCH

The National Bureau of Statistics (NBS) conducts a census survey periodically. The most recent survey was conducted in 2012. The census provides some information on the prevalence of disability in the country. In 2008, the NBS conducted a more comprehensive survey on disability. The survey was conducted to determine the prevalence of disability and the living conditions of persons with disabilities across the country.



SERVICE DELIVERY

Comprehensive Sexuality Education

Tanzania was part of the UNFPA and UNESCO project on CSE. Following the review of the CSE curriculum, it was then integrated into the primary school curriculum ensuring all components of SRH, LSE, and HIV/AIDS were captured. CSE was integrated into existing subjects, rather than as a stand-alone subject. For primary schools, CSE was integrated into compulsory subjects like science, sports and personality as well as Swahili. The secondary school curriculum is still under review. However, CSE will be integrated into biology and civics.

Teacher training when it comes to CSE is imperative. In Tanzania UNESCO trained NGOs as district facilitators to train the teachers. Approximately 1,300 teachers were trained from different schools in the eight pilot districts. The 'train the trainer' model is being used to reach a larger quantity of teachers

Social & Behaviour Change Communication

Femina HIP (Health Information Project) is a multimedia, civil society initiative working with youth, communities, and strategic partners across Tanzania to promote healthy lifestyles, HIV/AIDS prevention, sexual health, gender equality, and civic education. This project involves magazines, a television talk show, and a website.

Healthcare Services

The National Adolescent Reproductive Health Strategy 2010-2015 makes provision for the creation of an implementation framework designed to support the interventions geared towards increasing adolescents' access to young people friendly sexual and reproductive health information, education and services



FINANCING & CONTRACTING

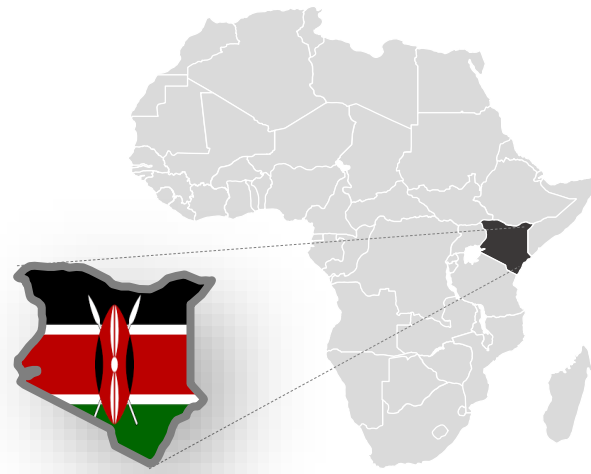
The main funding sources for SRHR for YPWD are from the Central Government through MTEF and Development Partners.

Desk Review Findings

Kenya

Country Context

In Kenyan society, PWD are often stigmatised as taboo and considered burdens and curses, which often leads to exclusion. In some instances, individuals or families with PWD are concealed away from the public and subjected to physical and psychological abuse due to ignorance, poverty and lack of awareness. Recent statistical data on the status of people with disabilities in Kenya is lacking. Although some statistics are available, these are outdated and do not accurately reflect the situation of disabled people living in the country. In order to improve the situation of disabled people in the country, Kenya made many commitment including signed and ratified the UN Convention on the Rights of Persons with Disabilities.



Total Population

According to the World Bank, Kenya's total population in 2015 was estimated at

46 million

Disability Prevalence

According to the Kenya National Survey for Persons with Disabilities (2009),

4.6% of Kenyans experience some form of disability.

Most prevalent types of disabilities

Kenya National Survey on PWD, 2007:

- # 1: Physical Impairment
- # 2: Visual Impairment
- # 3: Hearing Impairment

Top 3 causes of disability

- # 1: road traffic accidents
- # 2: Disease (malaria)
- # 3: Poor prenatal care

The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Kenya is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The Government of Kenya has adopted several laws and policies advocating for the rights of people with disabilities and SRHR in the country including

- Constitution of Kenya
- Persons with Disabilities Act 14 of 2003
- The Basic Education Act 14 of 2013
- The Children's Act 8 of 2001
- National Disability Policy of 2006
- Education Sector Policy on HIV&AIDS

Leadership & Governance:

In Kenya there are several government structures that are involved with the rights of persons with disabilities. The Department of Social Services is the leading government



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

department responsible for promoting the rights of persons with disabilities and coordinating disability issues within government. Others include the National Council for Persons with Disabilities (NCPWD) and the Ministry of Health.



PRODUCTS, COMMODITIES & TECHNOLOGY

In Kenya, the National Council for PWD is mandated to provide, to the maximum extent possible assistive devices, appliances and other equipment to persons with disabilities. Kenya also has the Association for the Physically Disabled of Kenya (APDK) who function in the manufacturing various types of assistive devices including manual and motorised wheelchairs



INFORMATION & RESEARCH

In Kenya the National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) are the two main research institutions that have the capacity and skill required to conduct research. the 2009 Kenya Population and Housing Census conducted by the Kenya National Bureau of Statistics provides data on disability in Kenya and is detailed in the Analytical Report on Disability which was published in 2012.



SERVICE DELIVERY

Comprehensive Sexuality Education

Kenya was a networking country in the CSE project implemented by UNFPA and UNESCO. A revised curriculum with CSE content is still underway in Kenya. CSE is being incorporated into the compulsory and examinable subjects of science and religious education in primary school but is not compulsory in secondary school

Social & Behaviour Change Communication

United Nations Day for Persons with Disabilities as a vehicle for raising awareness on issues of disability. Other awareness raising initiatives in Kenya include the White Cane Day for the blind and the Deaf Awareness week

Healthcare Services

Liverpool VCT Care and Treatment provides VCT, Care and Treatment services to the Deaf community in Kenya. These services include confidential HIV counselling and testing at clinics managed by deaf staff; mobile VCT activity and community mobilisation in urban and rural deaf communities; support to deaf clients in need of referral and care; establishment of post-test support groups within deaf communities; and development of communication materials

Social services

Finances have been allocated for the provision of grants to persons with disabilities to aid in start-up business, empowerment grants for persons with disabilities, scholarships and purchase of assistive devices, among others



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

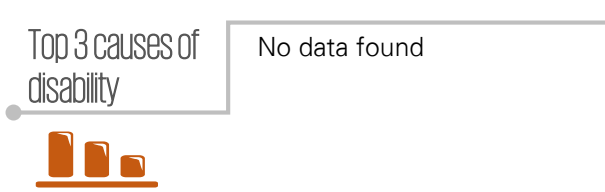
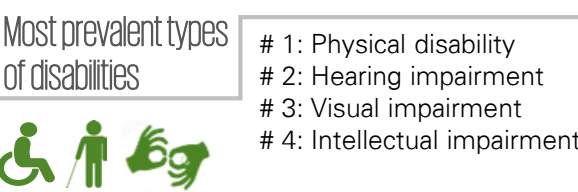
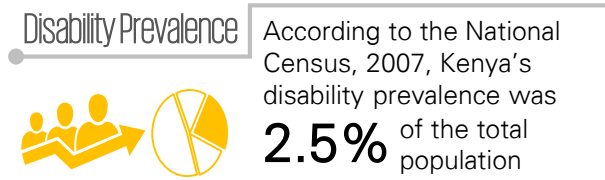
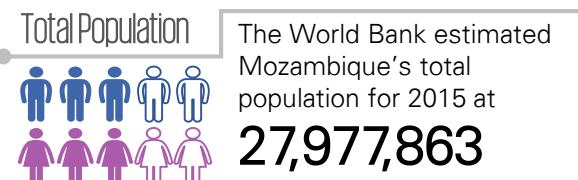
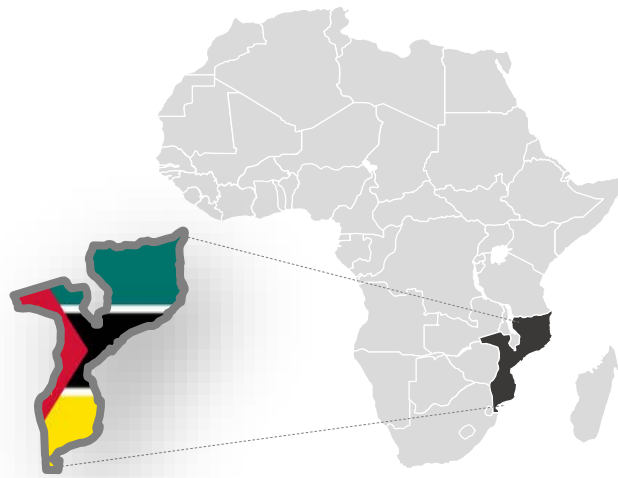
The Kenyan Government has also allocated a budget of KES 200 million in the 2010/2011 financial year, from which, a portion of this allocation was to used provide grants to persons with disabilities to aid in start-up business, empowerment grants for persons with disabilities, scholarships and purchase of assistive devices, among others

Desk Review Findings

Mozambique

Country Context

Mozambique It gained independence in 1975, after 4 centuries of Portuguese rule. However, after 2 years of independence, the country descended into a civil war that lasted almost 15 years. Many effects of this war are still seen and felt in Mozambique. Physical disability is the most common disability in Mozambique, and many of these disabilities are a direct result of landmine injuries. Citizens do not have great access to healthcare, and disabled citizens do not have easy physical access to facilities such as restaurants, schools, buildings and hotels. This makes it even more difficult for those with disabilities to receive an education and receive employment. In efforts to improve the situation of people with disabilities in the country, numerous policies, legal frameworks and structures have been put into place to ensure that disabled persons have greater access to basic services, and that their rights are not infringed upon.



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Mozambique is as follows:

LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The Government of Mozambique has adopted several laws and policies advocating for the rights of people with disabilities and SRHR in the country including

- Constitution of Mozambique
- The Disability Policy of 1999
- The National Action Plan on Disability (PNAD: 2012 – 2019):
- Law 1 no 12/2009 of 12 March 2009
- The 2012-16 Education Strategic Plan

Leadership & Governance:
Ministry for Women and Social Action is the main government body with the main responsibilities regarding disability and they focus, amongst others on coordinating other

LEADERSHIP, GOVERNANCE & REGULATION

Leadership & Governance:
sectors' activities relating to the dissemination of already established policies and supervising their implementation.

PRODUCTS, COMMODITIES & TECHNOLOGY

Persons with disabilities do not have sufficient access to facilities such as buildings, due to a lack of wheelchair access, as well as lack of access to wheelchairs in the first place, particularly in rural areas. Some institutions such as the COJ have attempted to improve access to orthopaedics and prosthetics. However, access is still poor and many disabled people live without assistance.

INFORMATION & RESEARCH

Research into disability and HIV/AIDS was conducted by DDP (Disability & Development Partners) together with ADEMO (The Mozambican Association of Disabled People). Young People Today has conducted research on CSE and SRHR throughout Africa, including Mozambique.

SERVICE DELIVERY

Comprehensive Sexuality Education

Mozambique is part the project to strengthen CSE among youth implemented by UNFPA and UNESCO. In Mozambique, the sexuality education initiative was not a new concept therefore the level of the advocacy within the country had already reached high level stakeholders. Before the regional CSE project, sexuality education existed within the Mozambique curricula, integrated in various subjects. Within this system all schools were teaching the curricula but only teachers of for instance Natural Sciences: Biology were teaching in-depth contents of CSE.

Social & Behaviour Change Communication

Young People Today ran a series of radio and TV programmes was designed to deliver comprehensive sexuality education to young people. 26 TV episodes, 13 radio episodes and weekly live radio shows.

Nweti: Your Scene project uses integrated media and social mobilation to "Strengthening Civil Society Capacity in Engagement to Improve the Quality of Sexual Health Services and Reproductive", which aims to increase the engagement of young people, aged 15 to 24.

Healthcare Services

SRH services were also extended to youth across the country and it is claimed that pregnancies amongst girls of school age were diminished by 78.4 percent. 600,000 youths were tested for HIV; more than 400 youth associations were trained in providing education on SRH; and more than 16,000 peer educators (including teachers, and other professionals within communities) were trained in delivering CSE.

WORKFORCE

No data was captured for this theme

FINANCING & CONTRACTING

The main funding sources for SRHR for YPWD are from the Central Government through MTEF and Development Partners.

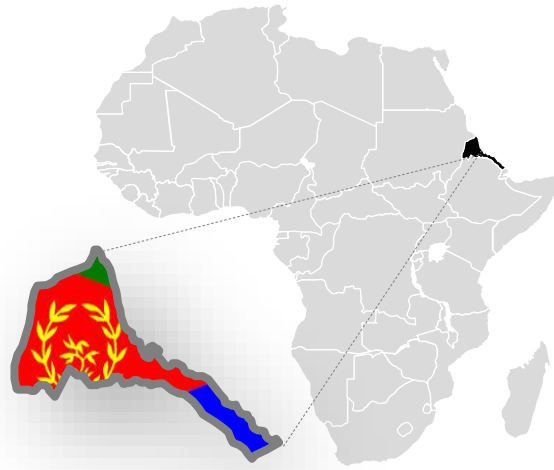
Desk Review Findings

Eritrea

Country Context

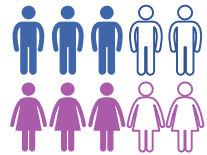
Eritrea is located in the Horn of Africa in East Africa. It is bordered to the northeast and east by the Red Sea, Sudan to the west, Ethiopia to the south, and Djibouti to southeast. It gained independence in 1991, after 30 years of war

against Ethiopia. Due to the country's history of war, there are a large number of people living with disabilities in Eritrea. There is a pervasive perception in Eritrea that disabled people have nothing to offer. This negatively affects how persons with disabilities in the country enjoy and exercise the existing rights relating to political participation, education, health, employment, transportation, housing, cultural and leisure and other available social services.



Total Population

The World bank in 2011 estimated Eritrea's total population at **4 790 000**



Disability Prevalence

150 000 of the population. Approximately 70 000 are young people, and approximately 80 000 are women resulting to:



5%

Most prevalent types of disabilities

- # 1: Visual Impairments
- # 2: Mental impairments
- # 3: Motion Impairments



Top 3 causes of disability

Physical disabilities and mental illnesses caused by war and landmines are the most prevalent form of disability



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Eritrea is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The legal and policy framework for YPWD and that for SRHR, remains fragmented. That is, there are no pieces of legislation or policies directed specifically at access for YPWD to SRHR. Eritrea has only one disability-specific regulation: the 2004 'Goods for the Disabled Government Assistance Regulation'. The objective of the regulation is to provide full or partial government assistance to persons with disabilities with respect to customs duties on imported goods specifically designed for their use.

Leadership & Governance:

The Ministry of Labour and Human Welfare (MoLHW) is responsible for disability issues. The local office of MoLHW is responsible for the integration of children with disabilities in special schools and on referral of PWDs for treatment.



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

While participation of YPWD in mainstream schools is limited, the National Policy on HIV/AIDS for learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions' (1999), does include a clause (5.3) on requiring that learners that may experience barriers, should be provided with the necessary support or devices to enable access. Leadership structures include self-representation by persons with disabilities in Parliament, provincial legislatures and municipal councils; human rights instruments; and developmental agencies. Eritrea does not have a Human Rights Commission.



PRODUCTS, COMMODITIES & TECHNOLOGY

The government, supported by international donor organisations, finances the initial outlay as well as the maintenance of assistive devices for PWDs who cannot afford to pay; it charges a minimum price for those who can pay.



INFORMATION & RESEARCH

In 1998, evaluation of the CBR (community-based rehabilitation) programme in the Dehub region was carried out. In 1999, a national survey on social and economic conditions of disabled people was started. Reports of these surveys were not available.



SERVICE DELIVERY

Comprehensive Sexuality Education

There is very little to no sexual education in schools. Sex is seen as a taboo topic, due to the traditional religious climate of Eritrea. All youth, including YPWD are disadvantaged due to their lack of sexual education. Schools are not allowed to provide sexual awareness education.

Social & Behaviour Change Communication

Support services in Eritrea involve the Government providing financial support to war disabled persons and blind students. There is anecdotal evidence that the government has conducted awareness campaigns for groups at high risk for HIV.

Healthcare Services

Health centers and hospitals have been constructed in all zones but for specialized medical treatment, persons have to come to the cities.



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

In 2013, Eritrea received a \$25.3 million grant from the Global Partnership to implement its education program. The program includes a plan to expand Keren School for the deaf to welcome an additional 80 children.

Support services in Eritrea involve the Government providing financial support to war disabled persons and blind students.

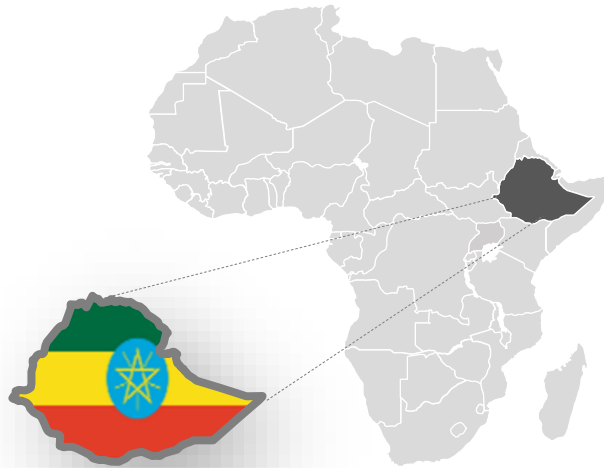
Desk Review Findings

Ethiopia

Country Context

Ethiopia, in the Horn of Africa, is a rugged, landlocked country split by the Great Rift Valley. People with disabilities constitute an estimated 17.6% of the Ethiopian population, the majority of which is said to reside in rural areas within the country. In Ethiopia, PWDs

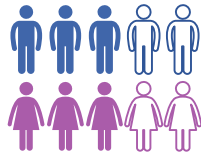
often fall victim to sexual abuse, early marriage, reproductive health problems, female genital mutilation (FGM), creating demand for adequate and tailored health and SRH services which is largely left unmet. In addition, the current demand for education suitable for YPWD is not being met with only 3% of YPWD currently attending school.



Total Population

In 2015 the World Bank estimated the population at

99,39,000



Disability Prevalence

According to The World Report on Disability, published jointly by the WHO and World Bank in 2011 there's 15 million persons with disability

17.6%



Most prevalent types of disabilities

- # 1: Physical
- # 2: Visual impairment
- # 3: Hearing Impairment



Top 3 causes of disability

- #1: man-made disaster
- #2: pre-natal causes
- #3: disease/ illnesses



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Ethiopia is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

In Ethiopia, whilst there are legislative and policy documents that address youth, SRHR and PWD separately, there are none which address them in combination. Some of the available legislations and policies in Ethiopia are summarised below:

- Constitution (1994) provides for the right to rehabilitation for people with disabilities;
- Proclamation No. 568/2008 deals with the Rights to Employment for Persons with Disabilities National Community Based Rehabilitation Programme; and
- Growth and Transformation Plan (GTP) 2010-2015, recognises disability as cross-dimensional development issue
- The National Plan of Action for the Inclusion of Persons with Disabilities (2012 – 2021), incorporating disability issues
- The Developmental Social Welfare Policy of 1997
- The Reproductive Health Strategy (2006–2015)



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

In Ethiopia the main governmental organ responsible for the provision of social and vocational rehabilitation of persons with disabilities is the Ministry of Labour and Social Affairs (MoLSA) and there are many non-governmental organizations involved in rehabilitation services in the country.

Within the wider governmental system, other ministries are expected to mainstream issues of PWD into their respective areas. This mandate is formalised under Proclamation No. 691/2010 on "Definitions of Power of the Executive Organs of the Federal Democratic Republic of Ethiopia."



PRODUCTS, COMMODITIES & TECHNOLOGY

In Ethiopia, assistive devices in the form of prosthetics and orthotics are provided by the Prosthetic Orthotic Centre of Addis Ababa. This national center has been instrumental in the production and distribution of orthopedic appliances.



INFORMATION & RESEARCH

Both the 1994 and 2007 Population and Housing Census of Ethiopia performed by the Central Statistical Agency provided national statistics on disability. However, this data is outdated and does not accurately reflect the current status of disability. Other studies on disabilities in the country besides the national statistics, includes the Baseline Survey on Disability in Ethiopia (Institute of Educational Research, Addis Ababa University) conducted in 1995.



SERVICE DELIVERY

Comprehensive Sexuality Education

There have been a few programmes introduced in Ethiopia that focus on teaching comprehensive sexuality education namely the 'Keep it Real' project, which, with the help of the Ministry of Education and Sports aimed to increase young people's both in and out of schools' knowledge on SRH and rights.

Social & Behaviour Change Communication

The Health Communication Capacity Collaborative (HC3) produces and implements social and behavior change communication (SBCC) campaigns in Ethiopia

Healthcare Services

Government expresses the need to provide sexual and productive health and services, in particular to the youth in Ethiopia. Consequently, there is a general lack of infrastructure and health care personnel that makes it difficult to realise this commitment.



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

The provision of Social Services to PWD in Ethiopia has turned out to be a gap. Provision of these services is a major challenge as the majority of PWD reside in rural areas of Ethiopia. Though PWD often receive support from family members, for those who don't have this sort of support life can be really challenging.

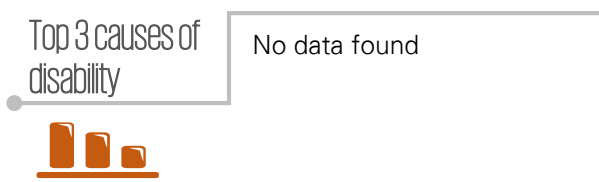
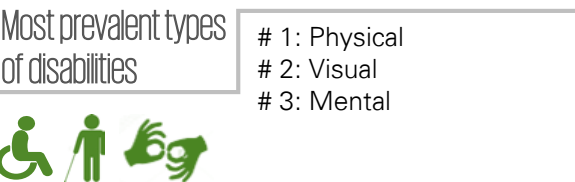
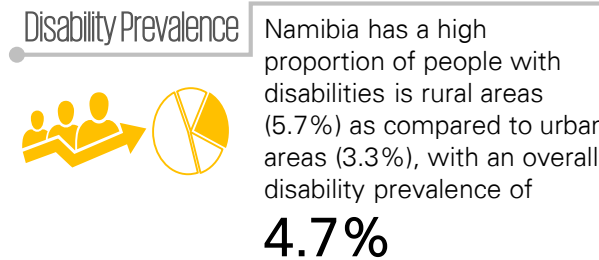
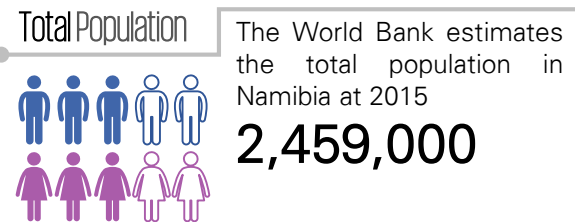
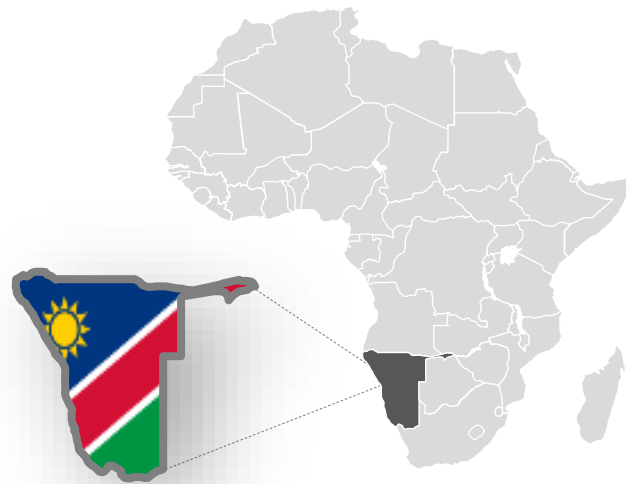
Desk Review Findings

Namibia

Country Context

Namibia, a country in southwest Africa, is distinguished by the Namib Desert along its Atlantic Ocean coast. The geographical location, and the surrounding environment has a significant influence on the living condition of persons with disabilities. This is mainly

attributed to the varying degrees of development between rural and urban areas in the country. People with disabilities (PWD) are one of the most marginalized groups in society and Namibia is no exception. Many PWD experience isolation as they are often concealed by their family members as result of prevailing cultural beliefs that consider disability a shame. However Namibia has made concerted efforts to ensure that the needs of people with disability are appropriately considered.



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Namibia is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

In Namibia whilst there are legislative and policy documents that address youth, SRHR and PWD separately, there are none which address them in combination. Some of the available legislations and policies in Tanzania are summarised below:

- National Disability Council Act 26 of 2004);
- National Policy on Disability 2004
- The National Policy on Special Needs and Inclusive Education (2008);
- Public Sector Disability Strategy for 2010–2020; and
- Namibia Vision 2030 .



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

Namibia has a National Disability Council that deals with violations of the rights of persons with disabilities. According to section 16(3) of the Namibia Disability Council Act, the Council may run programmes or conduct campaigns to inform the public to raise the awareness concerning an issue relating to disability.

The Office of the Prime Minister's Disability Advisory Unit was responsible for assisting persons with disabilities .



PRODUCTS, COMMODITIES & TECHNOLOGY

According to representatives of the ministry of health, there is a scarcity of assistive devices for people with disabilities in Namibia and this is largely attributed to insufficient funding, high cost of devices and the slow delivery process.



INFORMATION & RESEARCH

The Namibia Statistics Agency in Namibia has conducted research on people living with disabilities in Namibia and has published reports including the Namibia 2011 Census Disability Report. Other organisations that have collected data on people living with disabilities include the National Federation of Disabled People in Namibia (NFDPN); University of Namibia, Multidisciplinary Research and Consultancy Centre (MRCC); and Ministry of Lands, Resettlement and Rehabilitation.



SERVICE DELIVERY

Comprehensive Sexuality Education

Namibia affirmed to the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA). In 2014 the CSE curriculum was rolled out in Namibian schools. In Namibia CSE makes up the majority of the content in the compulsory subject, Life Skills for learners from grade 4 upwards. CSE is being driven in Namibia through efforts UNFPA and UNESCO. CSE is also one of the key focuses of the Safeguard Young People Programme implemented in Namibia.

Social & Behaviour Change Communication

Multi-media campaign on people with disabilities (PWDs) in Namibia - The campaign seeks to address ignorance regarding disability and the resultant economic and social discrimination against PWDs in violation of fundamental human rights and freedoms . .

Healthcare Services

Through the Safeguarding Young People Programme in Namibia 9,048 young people reached with HIV Counselling & Testing services; 34,010 young people reached with SRH services. Family planning services are free and available to all Namibians, and all health facilities provide family planning services, counselling and contraceptives.



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

There are no specific allocations of funding for SRHR for YPWD. However, funding for disabilities mainly comes from government resources; civil society organisations working with disability issues.

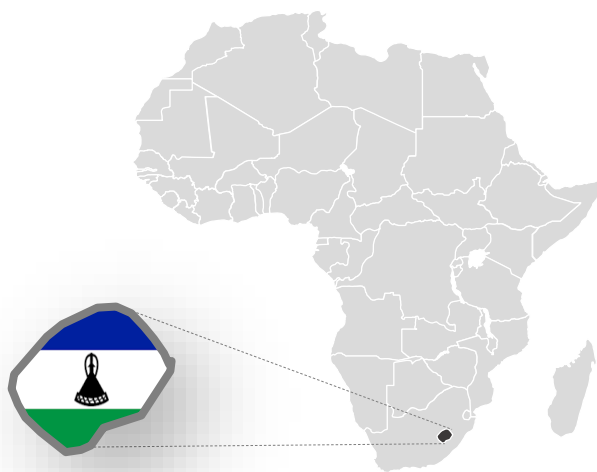
Desk Review Findings

Kingdom of Lesotho

Country Context

Lesotho is a landlocked kingdom encircled by South Africa. The prevailing situation of persons with disabilities (PWD) in Lesotho has been one of social isolation and exclusion.

PWD in the country are vulnerable to many challenges including social stigmatisation and physical prohibition indicative of poor institutional and infrastructure support. The 2008 Convention on the Rights of Persons with Disabilities encourages signatories to develop and implement policies, laws and administration measures to secure the rights of PWD. Successful efforts to make PWD a national priority in Lesotho included legislative and policy documents such as the National Disability and Rehabilitation Policy (NDRP) (2011) and Disability Equity Bill (2014). Other national documents that have made provisions for PWD include the National Strategic Development Plan (NSDP), and the Sexual Offences Act 2003



Total Population



According to a 2015 World Bank study Lesotho's population is estimated at

2 135 022

Disability Prevalence



The 2011 Lesotho Disability Survey (LDS) estimates the disability rate to be

3.7%

Most prevalent types of disabilities



- # 1: Mental
- # 2: Visual
- # 3: Hearing

Top 3 causes of disability



- #1: Diseases/illnesses
- #2: Congenital (born with a disability)
- #3: Mining accidents

The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Lesotho is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

In Lesotho there has been no policy which addresses SRHR for YPWD. There are however policies which address PWD and SRHR separately, examples include:

- Children's Protection and Welfare Act 2011
- Disability Equity Bill
- Sexual Offences Act 2003
- The National Disability and Rehabilitation Policy (NDRP) 2011
- National Strategic Development Plan (NSDP) 2012/13-2016/17



LEADERSHIP, GOVERNANCE & REGULATION cont.

- Draft National Disability Mainstreaming Plan 2015

Leadership & Governance:

The responsibility for the protection of the rights of persons with disabilities falls with the **Department of Disability Services in the Ministry of Social Development**. The department is also responsible for coordinating the national response to mainstreaming disability. The department does however, lack the required personnel and finances to appropriately execute its functions.

Lesotho National Federation of the Disabled (LNFOD) is the overarching body of Disabled Peoples Organizations (DPOs). The LNFOD contributes towards the protection of the rights of PWDs through supporting the empowerment of DPOs.



PRODUCTS & TECHNOLOGY

Access to medicines and assistive devices for education, mobility and communication) (PMTCT, ARVs, prosthetics and orthotics)



INFORMATION & RESEARCH

Key stakeholders which provide information and research on disability, SRHR and youth are:

- Lesotho National Federation of Organizations of the Disabled (LNFOD),
- Lesotho Bureau of Statistics



SERVICE DELIVERY

Comprehensive Sexuality Education

Lesotho is a focus country in UNFPA and UNESCO project to strengthen CSE in schools across the ESA region. Lesotho has revised their Life Skills Education Curricula to include CSE. The curriculum has been rolled out across the country. CSE is also on of the key focuses of the Safeguard Young People Programme implemented in Lesotho.

Social & Behaviour Change Communication

SBCC programmes addressing SRHR issues targeting YPWD are lacking. Some of the programmes which indirectly target this group are: NGO Skillshare, Safeguarding Young People Programme in Lesotho, Kick4Life, PHELA Health and Development Communications

Through the Safeguarding Young People Programme in Lesotho, 6,924 young people provided with HIV/SRH services. The CONDOMIZE! Campaign has reached 20,000 young people (over 500,000 male condoms and 15,000 female condoms distributed). In addition to this, a technical working group was established to support implementation of the ESA commitment



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

No data was captured for this theme

Desk Review Findings

South Africa

Country Context

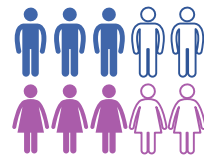
South Africa is a country on the southernmost tip of the African continent, marked by several distinct ecosystems. Disabled people are amongst the most marginalised of South African society with many experiencing the compounded burden of racial and gender discrimination, in addition to exclusion from mainstream society due to physical and attitudinal barriers. Disabled people are not regarded, in the main, to be 'sexual beings' and are typically viewed as 'degendered and asexual. Important strides have been made in the development of a legal and policy framework as well as governance and leadership structures in South Africa, for the rights of disabled people on Young People with Disabilities (YPWD) and their access to Sexual and Reproductive Right (SRHR) and services.



Total Population

As of 1 January 2016, the population of South Africa was estimated to be

54,815,953



Disability Prevalence

Based Washington Group Model

7.5%



Most prevalent types of disabilities

- # 1: Visual
- # 2: Remembering/ concentrating
- # 3: Walking/ climbing stairs
- # 4: Communication



Top 3 causes of disability

There is lack of reliable information on the nature and prevalence of Disability in South Africa.



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in South Africa is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The legal and policy framework for YPWD and that for SRHR, remain fragmented. That is, there are no pieces of legislation or policies directed specifically at access for YPWD to SRHR. There has, however, been important development in South Africa in both frameworks separately, in the last ten years.

However South Africa has a white paper on the rights of disabled people which was published in March 2016, through the Department of Social Development.

Leadership & Governance:

Leadership structures include self-representation by persons with disabilities in Parliament, provincial legislatures and municipal councils; human rights instruments



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

such as the South African Human Rights Commission (SAHRC), the Commission for Gender Equality and the Public Service Com. The national disability coordinating function is now located in the DSD. mission; development agencies such as the National Youth Development Agency .



PRODUCTS & TECHNOLOGY

Research estimates that between 5 and 12% of South Africans are moderately to severely disabled. Despite this large percentage of disabled people, few services and opportunities exist for people with disabilities to participate equally in society. There's gaps in data on sexual and reproductive health and rights experiences, needs and services in relation to specific groups of people, such as disabled people and transgender people or, more specifically, on HIV prevalence among vulnerable groups, such as men who have sex with men.



INFORMATION & RESEARCH

South Africa has a number of large research institutions that work in the social development, and health fields. These include the Medical Research Council (MRC) and Council for Scientific and Industrial Research (CSIR), both of which have produced focussed research on disability and in the case of MRC, disability and sexuality. Several of the universities have also published on the field of disability and sexuality including the University of KwaZulu Natal, Stellenbosch University and University of Johannesburg.



SERVICE DELIVERY

Comprehensive Sexuality Education

In 2002 the Department of Education in South Africa, embarked on a Sexuality Education Programme (SEP) that formed part of the Life Orientation Learning Area. Quality of the curriculum aside, low levels of participation of YPWD in the formal education system means that these programmes will have limited reach into this population. CSE is also one of the key focuses of the Safeguard Young People Programme implemented in South Africa.

Social & Behaviour Change Communication

There are a number of organisations in South Africa that focus on social and behaviour change communication related to HIV.

Healthcare

The right to health has been fully recognised in South Africa's health policy and legislation since 1994, yet much work remains to be done in building a health system that ensures this right for all South Africans without discrimination. Evidence suggests that people with disabilities and their families experience greater health risks



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

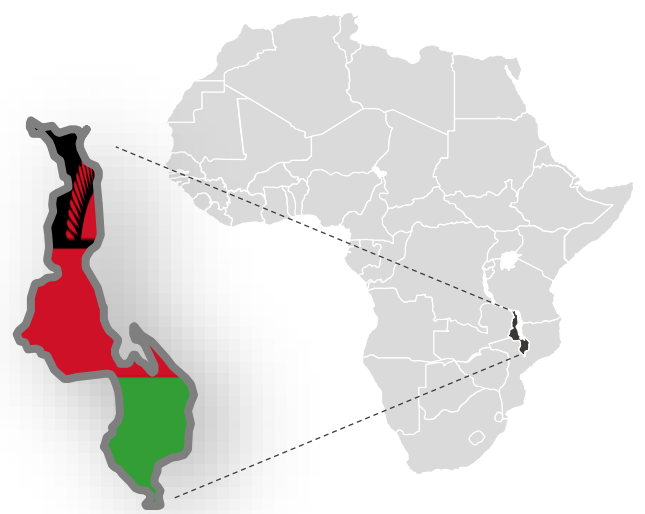
Primary sources of funding for improving access to SRHR to YPWD are through Department of Health, Social Development and Education. It is, however, difficult to quantify aspects that target access to YPWD to SRH, in particular

Desk Review Findings

The Republic of Malawi

Country Context

The Republic of Malawi is a landlocked country in south east Africa. Malawi is a diverse country with several ethnic groups and native languages. The country enjoys a peaceful and stable democratic form of government and positive economic growth trends. Poverty and inequality have however been stubbornly high in Malawi with more than 25% of the population living in extreme poverty. Despite having some developmental challenges, the country's government has made positive commitments to move the country in an inclusive growth trajectory. One such commitment has been in relation to promoting the rights of persons with disabilities – as evidenced in the legal framework related to the constituents.



Total Population

According to a 2015 World Bank statistic, Malawi has a total population of **17,215,232**

According to the 2008 National Census the total population was **13,077,160**

Disability Prevalence

According to the 2008 National Census, the population of persons with disabilities was 498,122 representing a **3.8%** disability prevalence rate

Most prevalent types of disabilities

- #1: Physical
- #2: Seeing
- #3: Hearing

Top 2 causes of disability

- #1: Birth defect
- #2: Illness

The situation regarding access to sexual and reproductive health and rights by young people with disabilities in South Africa is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

The Government of Malawi has implemented strong policies and legal frameworks for promoting the rights of PWD, chief among them are:

- The Constitution (1995);
- The Malawi Disability Act (2012); and
- The National Policy on the Equalization of Persons with Disabilities (2006); to name a few.

Efforts have also been made to improve SRHS in the country, though policy initiatives and partnerships with donors and not-for-profit organisations. The comprehensive support for PWDs is however hampered in Malawi, since legislation deals with affected groups and cases in fragmented manner. A more integrated a legislative and strategic approach could improve the quality of resulting interventions.



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

The **Ministry of Gender, Children, Disability and Social Services** is responsible for persons with disabilities. The Ministry's responsibilities include: coordinating, monitoring and evaluating the implementation of policies on disability and the elderly legislation, programs and services.

Additionally, Malawi also has national bodies which represent and are responsible for PWDs, namely:

- The Malawi council for the Handicapped
- Malawi Against Physical Disabilities

Despite having these much required structures to address issues facing the disabled, this are often constrained by insufficient government funding.



PRODUCTS & TECHNOLOGY

In principle, it is the responsibility of the government of Malawi to provide assistive devices and healthcare to all Malawians, including children with disabilities. However, in practice children with disabilities cannot access all the support they need



INFORMATION & RESEARCH

Malawi has four core research and information centers which can potential support efforts related to PWD and SRHS, these are: Federation of Disability Organisations in Malawi; University of Malawi; Centre for Social Research; and The Ministry responsible for People with Disabilities in the office of the President. The effective leveraging of these platforms will go a long way in improving work done for PWDs.



SERVICE DELIVERY

Young People Today, Time to Act Now

Through the UNFPA and UNESCO project on CSE, curricula developers in Malawai have integrated CSE into the secondary school LSE curriculum as a new topic: 'sex and sexuality'. SE has been incorporated into the National HIV/AIDS policy, the MoEST HIV/AIDS Mainstreaming strategy as well as the draft National Youth Policy. CSE is also on of the key focuses of the Safeguard Young People Programme implemented in Malawi.

Social & Behaviour Change Communication

A save the children initiative which focused on establishing community based support for disabled children and their families has been a notable intervention in contributing toward a more positive social and behavioural change.

Healthcare Services

Children with disabilities face considerable challenges accessing health services in Malawi, including a lack of appropriate transport, discrimination by healthcare workers and inaccessible health education messages – to name a few.



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

Practitioners in the SRHS and YPWD field are under funded.

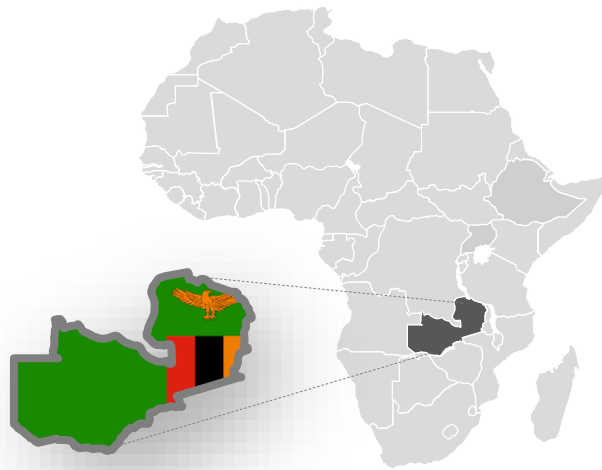
The main source of funding is government.

Desk Review Findings

Zambia

Country Context

Zambia is a landlocked country located in southern Africa bordering Angola, Namibia, Zimbabwe, Mozambique, Malawi, Tanzania, and the Democratic Republic of Congo. People with disabilities constitute an estimated 14.8% or 2 million of the Ethiopian population.

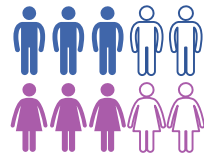


The greater percentage of these PWDs live in rural areas of Zambia. The majority of these PWD living in poverty with high prevalence of low literary rates and employment rates. Many of these PWD in Zambia often turn to begging for survival. In addition, the current demand for education suitable for YPWD is not being met with only % of YPWD currently attending school. However a recent UN article stated that Zambia has the potential to become a disability champion in Africa. This is dependent on the Zambian government to really mobilize its strategies and policies in development and in place for PWDs.

Total Population

In 2015 the World Bank estimated the population at

16,211,767



Disability Prevalence

According to The World Health Survey 2002-2004 the overall prevalence of PWD in Zambia was

14.8%



Most prevalent types of disabilities

- # 1: Visual Impairment
- # 2: Hearing Impairment
- # 3: Physical Impairment



Top 3 causes of disability

No data found



The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Zambia is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

In Zambia there has been no policy which addresses SRHR for YPWD. There are however policies which address PWD and SRHR separately, examples include:

- The 1991 Zambian Constitution, amended in 1996,
- The National Policy on Education, 1996,
- The National Youth Policy, 2006
- The National Long-Term Vision 2030,
- The Sixth National Development Plan (SNDP) 2011 to 2015,
- The Persons with Disabilities Act, 2012,
- The 1996 Persons with Disabilities Act.

Leadership & Governance:

In Zambia the Ministry of Community Development, Mother and Child Health (MCDMCH) are responsible for developing a policy for PWDs. The National Policy on



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

Disability the Zambia Agency for Persons with Disabilities (ZAPD) are responsible for coordination. The Ministry Education, Science, Vocational Training and Early Education (MESVTEE) has the mandate to develop science and technology related to PWDs as well as to provide technical education and vocational training where necessary.



PRODUCTS & TECHNOLOGY

In terms of the capabilities within Zambian Healthcare System there are hospitals which provide amputation services. Faith Based organizations namely Hospital Ministry also play a role in funding to the Holy Family Centre who actually provide prosthetics and orthotics.



INFORMATION & RESEARCH

The Zambia Federation of disability organizations (ZAFOD) provides, carries out and promotes information and research into the rights, needs and welfare of PWD in Zambia. In addition the University of Pretoria included Zambia in its 2013 African Disability Rights year book as a major case study country for two focus areas, disability involvement in policy making and strategy & disability rights.



SERVICE DELIVERY

Comprehensive Sexuality Education

Zambia is one of the focus countries for the UNFPA and UNESCO project on CSE. Zambia has managed to revise its national curriculum to include CSE as a cross curricular subject for students in the Zambian schooling system from grade 5 and upwards. Content adaptation and the up skilling of teachers to facilitates the provision of CSE and basic education for YPWD is yet to be addressed with few institutions that cater to YPWD available in Zambia. CSE is also on of the key focuses of the Safeguard Young People Programme implemented in Zambia.

Social & Behaviour Change Communication

MEND supports partners and projects that help people with disabilities gain mobility, education, employment through skills' training, hearing and to gain dignity in their communities.

Healthcare Services

Currently there is limited legal mechanisms that compel government agencies to ensure that PWD have access to quality health care. The Zambian constitution is currently under review with the provision of healthcare services to PWD being one of the suggested areas of inclusions.



WORKFORCE

PWD face higher barriers to employment compared to people without disabilities. In 2005 the statistics showed that the employment rate of PWD is 45.5%, an employment rate 12.5% lower than that of people without disabilities.



FINANCING & CONTRACTING

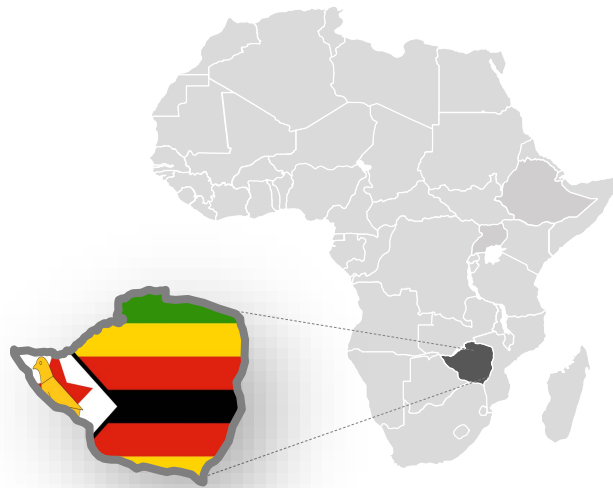
ZAFOD is the main umbrella organization in Zambia responsible not only for coordinating activities of DPOs present in the Zambian. Its activities also include advocacy, raising awareness and helping raise funds towards DPOs and other activities related to PWDs.

Desk Review Findings

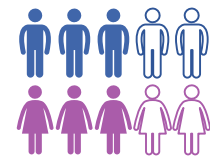
Zimbabwe

Country Context

Zimbabwe is a landlocked country in southern Africa with neighbors being Mozambique, Zambia, Botswana and South Africa. Zimbabwe is a state party to the United Nations Convention on the Rights of the Child (UNCRC), the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the African Charter on Rights and Welfare of the Child, all with stipulations relevant to PWDs. Yet regardless of this factor PWDs face barriers and discrimination in many aspects of their lives namely in their economic, academic and social inclusion. In addition PWDs in Zimbabwe also face human rights violations and SRH rights and services that are often unmet. Given that Zimbabwe already faces many political and economic challenges, the agenda for PWD is not often prioritized. Nevertheless Zimbabwe is progressing towards social inclusion and a human rights approach to people with disabilities as it realigns its medical based legislation around PWDs.



Total Population



In 2015 the World Bank estimated the population at

15,602,751

Disability Prevalence



According to the National Survey on Disability and Health (NSDH) 2013 the prevalence of disability in Zimbabwe is estimated to be

7%

Most prevalent types of disabilities



- # 1: Walking
- # 2: Visual impairment
- # 3: Memory

Top 3 causes of disability



- #1: Disease
- #2: Congenital/Perinatal causes
- #3: Accidents

The situation regarding access to sexual and reproductive health and rights by young people with disabilities in Zimbabwe is as follows:



LEADERSHIP, GOVERNANCE & REGULATION

Legal & Policy Framework:

In Zimbabwe there has been no policy which addresses SRHR for YPWD. There are however policies which address PWD and SRHR separately, examples include:

- The new Constitution of Zimbabwe within Sections 22 and 83
- The Disabled Persons Act (DPA) of 1992
- The Mental Health Act
- The State Services (Disability Benefits) Act
- The National Youth Policy
- The National Adolescent Sexual Reproductive Health (ASRH) Strategy (2010-2015)



LEADERSHIP, GOVERNANCE & REGULATION cont.

Leadership & Governance:

In Zimbabwe the Ministry of Labour and Social Welfare in Zimbabwe is primarily responsible for the protection and promotion of the rights and needs of people with disabilities.



PRODUCTS & TECHNOLOGY

In Zimbabwe only 14.4% of people with disabilities indicated the use of assistive devices. This low indication is attributed to the difficulty and expense involved in obtaining assistive devices and technical aids. The private sector and government are the main suppliers of assistive devices in the country.



INFORMATION & RESEARCH

The Zimbabwean National Statistics Agency (ZimStat) is responsible for performing the country's National Census that includes statistics around PWDs. The Zimbabwe Inter-Censal Demographic Survey of 1997 was used to produce the 2012 Census Report that included data on the number of persons with disabilities (PWDs) in the country.

Some of the other disability related research conducted in Zimbabwe includes the Living Conditions among People with Activity Limitations in Zimbabwe, published by SINTEF, (a Norwegian Health Research Institute); the surveys on the Living conditions of people with disabilities in Zimbabwe, conducted UNICEF; and the 'African Disability Rights Yearbook' publication by The University of Pretoria,



SERVICE DELIVERY

Comprehensive Sexuality Education

Sexuality education in Zimbabwe is currently limited to HIV&AIDS education as well as the biological approach to sexuality. It can therefore not be deemed that the sexuality education currently provided in Zimbabwe is 'comprehensive.'

Social & Behaviour Change Communication

In Zimbabwe, the Zimbabwe National Family Planning Council (ZNFPC) in collaboration with the Ministry of Health and Child Care (MoHCC) established the Adolescent Sexual Reproductive Health Programme to address the ASRH needs of the youth in the country. They partake in Social Behavior Change and Communication through the production and distributions of information education and communications (IEC).

Healthcare Services

In Zimbabwe SRH rights of PWDs are often left unmet. This is due to poor communication between patients with disabilities and health care providers; the lack of information and material available in Braille or sign language; and health care personnel that are not equipped or sensitized on dealing with issues of disabilities.



WORKFORCE

No data was captured for this theme



FINANCING & CONTRACTING

Governmentally this has proven a challenge as the Ministry of Labour and Social Welfare is also responsible for the provision of disability grants. This mandate is currently being unmet due to the lack of budget to address this needs group.