Sexual and Reproductive Health and Rights and Disability Policy Analysis

The South African Case Report updated March 2021

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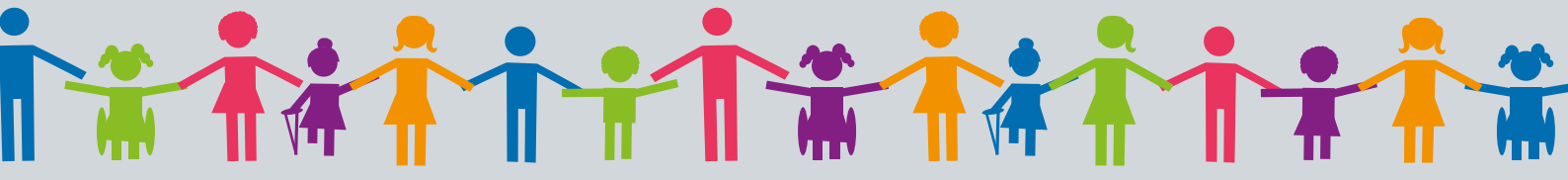

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual Reproductive Health
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DOH	Department of Health
GBV	Gender-Based Violence
GBVF	Gender-Based Violence Femicide
HIV	Human Immunodeficiency Virus
NDP	National Development Plan
NHI	National Health Insurance
NSF	National Strategic Framework
PWD	People with Disabilities

PrEP	Pre-Exposure Prophylaxis
PSH	Partners in Sexual Health
SAMRC	South African Medical Research Council
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
LGBTQIA+	Lesbian Gay Bisexual Transgender Queer Intersex Asexual +
TB	Tuberculosis
UNCRPD	United Nation Convention on the Rights of Persons with Disabilities
UNFPA	United Nations Population Fund

Introduction

Sexual and reproductive health and rights (SRHR) are integral for all people's ability to realise their full human rights and health. Sexually transmitted diseases, sexual violence, unintended pregnancies and childbearing can profoundly alter a young person's life, their health care needs, educational outcomes, economic opportunities and participation in society[1]. Sexual and other forms of intimate partner violence are still deeply impacting the wellbeing of women in all their diversities[1-5]. Therefore, it is necessary to work towards enabling all people to enjoy their SRHR through access to information, services and justice. Furthermore, laws, policies and strategic plans should guide towards achieving SRHR for all.

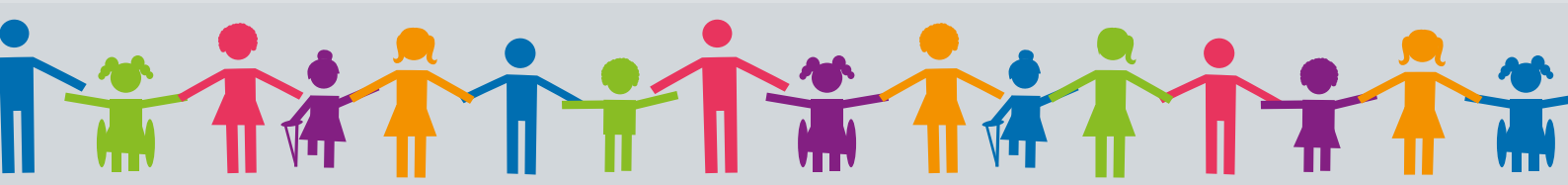
The vision to improve all peoples SRHR has been set as a priority internationally, in the eastern and southern African (ESA) region and in South Africa[6,7]. The sustainable development goals prioritise both health; including sexual and reproductive health (SDG 3), and gender equality (SDG 5) with the elimination of gender-based violence (GBV) [6]. The ESA Ministerial Commitment identified the need to empower young persons and to provide access to their SRHR including comprehensive sexuality education (CSE) as a priority[7]. Furthermore, South Africa lays out its commitment and strategies to improve SRHR in several documents[8,9].

Nevertheless, in countries like South Africa further work towards increasing access to SRHR for all both on the policy and implementation level is required[8-11]. This particularly applies to people with disabilities. Firstly, people with disabilities are more vulnerable to all sexual reproductive health risk factors such as increased poverty, risk of violence and abuse, unsafe sexual practise. They often also cannot enjoy their sexual and reproductive rights on an equal basis with others. Secondly, while some people in South Africa still experience challenges to realise their SRHR, people with disabilities experience additional barriers related to negative attitudes or misinformation about their sexuality, sexual exploitation and violence and service delivery models and facilities that are not accessible to all. In addition, services are often delivered to people with disabilities with a charity or risk protection approach instead of empowering people with disabilities to make informed decisions [5,9,12-14]. Yet, it is well understood that when SRHR services and programmes are designed to be empowering and inclusive, providing universal design and disability accommodation where needed, people with disabilities profit from the same interventions as their peers without disabilities[4,15-18].

South Africa's policies and strategic plans related to SRHR are important guiding tools to ensure that the needs of people with disabilities and their SRHR are considered and sufficiently addressed. This report provides an updated version of the South African case report laid out in UNFPAs report *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, 2017*[1]*. It also utilises the policy audit tool from this report SRHR and Disability Policy and Programme Analysis Tool*'[1]. With this tool the authors were able to assess both SRHR as well as Disability related policies and strategic frameworks with regards to their level of disability inclusion or exclusion of SRHR issues. The authors utilised this tool to systematically assess if SRHR policies and strategic plans link to; disability policies, provide information and data on disability, identify people with disabilities as a vulnerable group, protect and promote the rights of people with disabilities, describe disability inclusion and accessibility measures and monitor the implementation of disability inclusion. In the same way it was assessed if disability policies and strategic planning link to SRHR polices, includes data on SRHR, provides a gender lens and integrate the need to provide SRHR services.

The updated version of the report was developed under the *Leaving No One Behind* project, which focused on young people with disabilities' lack of access to SRHR in South Africa and the completion of the Breaking the Silence CSE curriculum implementation approach (https//www.samrc.ac.za/intramural-research-units/breaking-silence). *Leaving no one Behind* is a collaboration between the Department of Basic Education, UNFPA, Partners in Sexual Health (PSH) and South African Medical Research Council (SAMRC).

The provided report reveals the result of our systematic policy analysis using the UNFPA Disability and SRHR policy analysis tool. The report is designed to inform people with disabilities, civil society and the SRHR policy makers about the level of inclusion in disability and SRHR policies and strategic plans. The report also provides some recommendations.



The South African Policy and Legal Framework Guiding Disability Inclusion in Sexual and Reproductive Health

The *Constitution of the Republic of South Africa*, 1996 protects the rights and human dignity of all South Africans, including people with disabilities. Furthermore, it prohibits discrimination on the basis of disability and guarantees the rights of people with disabilities to equality, non-discrimination, and human dignity. In addition, the Constitution also promotes rights through the recognition of South African Sign Language as the first language of Deaf South Africans.

South Africa has signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007. The legal obligations arising from the CRPD and the South African Constitution have been translated into several national policies and strategies that protect and promote the full equalization of opportunities and participation of people with disabilities. The promotion of the rights of people with disabilities can be both seen in terms of new disability related policies and strategic frameworks (table 1) as well as the mainstreaming of disability across different sectors. The mainstreaming approach has been applied to key national developments such as the *National Development Plan* (NDP, 2012). The NDP acknowledges that people with disabilities experience a range of barriers related to physical environment, information, communication, and attitudes, and states that "disability must be integrated into all facets of planning, recognising that there is no one-size-fits-all approach".

Within the last decade South Africa has also developed its policy and programmatic strategies that address SRHR, HIV and AIDS and disability (see table 1). The ability of these policies and frameworks to include people with disabilities and integrate SRHR will be assessed over the next pages.

Table 1 Reviewed South Africa's Disability and SRHR Policies and Strategic Frameworks

National SRHR & HIV Policies or Acts	National Disability Policies	National SRHR and HIV Strategic Plans/ Frameworks	National Strategic Plans on Disability
National HIV Testing Services: Policy 2016	White Paper on the Rights of Persons with Disabilities 2015	National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014-2019, 2015	Framework and Strategy for Disability and Rehabilitation Services in South Africa 2015-2020
Integrated School Health Policy 2012		Integrated Youth Development Strategy of South Africa (IYDS) 2012-2016	
Sexual Transmitted Infections: Management Guidelines 2018		National Strategic Plan for HIV, STIs and TB 2017-2022, 2017	
DBE National Policy on HIV, STIs and TB June 2017		She Conquers Campaign: Focus on adolescent girls and young women 2016	
Adolescent & Youth Health Policy 2016-2020		DPSA Strategic Framework for Public Service HIV & AIDS Response 2012	
DoH Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011-2021 and beyond. (Final Draft 2011)		Policy Framework to address Gender Based Violence in the Post School Education and Training System 2020	
		National Strategic Plan on Gender Based Violence and Femicide 2020	

Inclusion of People with Disabilities in SRHR Policy and Programmes

Overview of SRHR Policy Environment

Regulations relevant to SRHR can be found in health (HIV, STI), adolescent and youths specific or SRHR policies, plans and frameworks in South Africa (table 1). On the one hand, recent health related policies such as the updated *Sexually Transmitted Infections: Management Guidelines* 2018, the *National HIV Testing Services: Policy* (2016), the *Adolescent & Youth Health Policy* 2016 – 2020, the *Integrated School Health Policy* (2012) and the new *Policy Framework to address Gender Based Violence in the Post School Education and Training System* 2020 regulate elements of SRHR and focus particularly on HIV, STIs, GBV or young people. Yet many of these policies and frameworks are not inclusive and show little consideration for vulnerable populations including people with disabilities.

However, it should be noted that policies like the DoH *Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011 – 2021* and beyond, the *National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014 – 2019*, and the *National Strategic Plan (NSP) on HIV, STIs and TB 2017-2022* and the new *National Strategic Plan on Gender Based Violence and Femicide 2020* have taken steps towards including people with disabilities.

Together, these policies and frameworks regulate the management of SRHR services (health policies) and gives guidance on how to position these services within the wider South African legal framework. It is essential that these documents also identify how services can reach everyone, including people with disabilities. The following chapter provides a more detailed analysis of how the South African SRHR policies and frameworks perform in terms of disability inclusion. We assess each of these documents with the UNFPA Disability and SRHR analysis tool[1]. Here we present the findings in terms of the documents a) linkage to other SRHR and disability policies and frameworks, b) provision of disability data c) identification of vulnerability and causes, d) protection and promotion of rights of vulnerable populations in particular people with disabilities, and e) guidance on access to services for people with disabilities.

Linkages to other Policies and Frameworks

Linkages between the health and SRHR policies and frameworks are not always complete, leading to the risk that health specific policies are implemented in isolation or without consideration for vulnerable populations such as people with disabilities. For instance, only the *Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011 – 2021*, the NSP 2017-2022 and the new *National Strategic Plan on Gender Based Violence and Femicide 2020* link to the existing national or international disability policies and frameworks. Hence, the other SRHR policies and frameworks are misaligned with the obligations arising from the CRPD[19] and the specific protection of people with disabilities as laid out in the White Paper on the Rights of Persons with Disabilities (2015)[20].

Most policies and frameworks link to constitutional rights as well as various other acts. However, most reviewed policies and frameworks do not emphasise that SRHR is a basic human right. Policies such as the *STI: Management Guidelines 2015*, the *Adolescent & Youth Health Policy 2016 - 2020*, the *National HIV Testing Services: Policy, Sexual Transmitted Infections: Management Guidelines 2018* and the *Integrated School Health Policy* tend to discuss only elements of SRH without considering related rights. Documents such as the *National Adolescent SRHR Framework Strategy*, the *DBE National Policy on HIV, STI and TB Policy*, the *Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011 – 2021* and the NSP 2017-2022 conceptualise SRHR as a basic human right and refer to elements of both SRH and rights.

The need to create better linkages between the various responses to SRHR and HIV has recently been recognised in South Africa, but is not yet sufficiently implemented. For instance, the She Conquers Campaign seeks to build on existing programmes with the aim of having a co-ordinated approach, however, the campaign falls short in integrating vulnerable populations such as people with disabilities. The new *National Strategic Plan on Gender Based Violence and Femicide 2020* focuses on gender-based violence and mentions that GBVF services should be integrated into SRHR services and HIV prevention programmes in one of its implementation tables.

Disability Data

With the exception of the *NSP 2017-2022*, there is very little reference to data in the existing policies and frameworks and where data is provided, it consists mostly of basic statistics on HIV, in some cases on STIs, and GBV. While some of the documents do acknowledge the need to provide SRHR services, they do not adequately discuss factors increasing vulnerability of sub-populations, particularly not people with disabilities. Only the *NSP 2017-2022* includes data on people with disabilities and their SRHR needs and risks. This includes data on

the prevalence of HIV and violence among people with disabilities, some data on the risk of disability among those living with HIV, and some evidence on structural barriers faced by those with disabilities. It also identifies that "HIV prevalence … among people with disabilities" is with 17% higher than the national average.

Factors of Vulnerability

Despite this lack of data driven policy engagement, a number of policies and strategic frameworks identify vulnerable groups, including people with disabilities. These include: the *Adolescent & Youth Health Policy*, the *DBE National Policy on HIV, STI and TB, the National Adolescent Sexual and Reproductive Health and Rights Framework Strategy*, the *NSP 2017-2022* and the *National Strategic Plan on Gender Based Violence and Femicide 2020*.

One policy the *Policy Framework to address Gender Based Violence in the Post School Education and Training System 2020* identifies certain factors such as 'race, disability, social class and citizenship status' as increasing vulnerability, but does not provide any further detail on people with disabilities. The *STI Management Guidelines, the National HIV Testing Services: Policy, the Sexual Transmitted Infections: Management Guidelines 2018* and the Integrated School Health Policy fail completely to identify people with disabilities as a vulnerable group. This failure increases the likelihood that the implementation of these key interventions will not cater for people with disabilities.

Protection and Promotion of Rights

Indirectly, the *STI Management Guidelines, the National HIV Testing Services Policy*, the *DBE National Policy on HIV, STI and TB, and the Adolescent & Youth Health Policy* align themselves to right protection through their integration in the South African legal context. However, none of these documents speak directly to either right protection or right promotion for people with disabilities, hence it is likely that people with disabilities are forgotten in the implementation of these policies.

The *NSP 2017-2022*, the *Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011 – 2021*, the *National Adolescent SRHR Framework Strategy and National Strategic Plan on Gender Based Violence and Femicide 2020* include references to right protection and right promotion, including specific protection for people with disabilities. The N*ational Adolescent SRHR Framework Strategy* calls for an 'inclusive agenda' and highlights the right to access modern techniques for prevention and treatment, the right to decide when and where to have children, and the right to seek pleasure. The policy statement specifically mentions people with disabilities in this context. However, the document does not discuss how these rights will be promoted for people with disabilities. Similarly, the *Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011 – 2021* highlights guarantees to "the right to freedom from discrimination on the basis of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth", yet it does not specify how to promote this right or how to make services accessible. The National Strategic Plan on Gender Based Violence and Femicide 2020 states that it "is a government and civil society's multi-sectoral strategic framework to realise a South Africa free from gender-based violence and femicide. It recognises all violence against women (across age, location, disability, sexual orientation, sexual and gender identity, nationality and other diversities) as well as violence against children". This NSP does provide scattered disability inclusion measures across some of the implementation tables.

The most inclusive approach has been laid out in the *NSP 2017-2022*. The NSP includes both the mainstreaming of disability across all objectives in the NSP and the inclusion of people with disabilities in the key and vulnerable populations section. Hence, the NSP takes a twin-track approach (mainstreaming and specialised programmes). The NSP offers a rights based response to HIV, prohibiting discrimination, including that based on disability and HIV, and protecting and promoting the equality of vulnerable groups, including people with disabilities.

Guidance on Access to Services

All of the reviewed policies and frameworks speak about elements of accessibility to a diverse set of SRHR services in South Africa. A number of these policies recognise the need to make SRH services accessible to people with disabilities, but fall short on providing any insight as to how, where, when, or why this needs to be implemented.

Firstly, the *National HIV Testing Service: Policy* states that "Service points must be accessible and convenient to all segments of the population…. including people with disabilities". The policy regulates in detail "informed consent", yet does not mention the need to adapt the informed consent process so that it is accessible to people with disabilities. Similarly, this policy regulates needed infrastructure such as lighting and water, yet does not mention the need for universal design of services and reasonable accommodation of people with disabilities. The policy also recommends PrEP for all people "at substantial risk of acquiring HIV", yet it does not identify people with disabilities as potentially being at increased risk of acquiring HIV. It is therefore likely that the roll-out of key interventions such as PrEP will neglect people with disabilities.

Secondly, the *Adolescent & Youth Health Policy* covers access to SRH and mentions young people with disabilities. The policy however fails to describe what is needed to ensure that young people with disabilities have access to SRH. It also fails to link to rights services and does not mention the need for comprehensive sexuality education (CSE). Hence, the policy is most likely being implemented without young people with disabilities.

Lastly, the *Integrated School Health Policy, the DBE HIV, STI and TB policy*, and the *National Adolescent SRHR Framework Strategy* all speak to access of CSE and SRH services. The School Health Policy aims to screen for chronic illness or long-term health conditions as well as for communicable diseases (TB and HIV). It is clear that the policy intends to reach all learners including those "with special needs" and includes a list of SRH service that have to be provided to learners. Nevertheless, it does not provide any guidance on how to accommodate leaners with disabilities in the screening and education processes. The *DBE Policy* adds to the *School Health Policy* the focus on CSE, which "has been identified as a game changer to accelerating prevention". However, the policy fails to identify that learners with disabilities face specific challenges to access CSE and consequently does not discuss how these learners can be accommodated to ensure access to CSE. Hence, it is likely that current efforts to strengthen CSE in South African schools is still not addressing the need to accommodate learners with disabilities.

The recent *Adolescent SRHR Framework Strategy* includes, in priority area 2, the need to "devise effective and appropriate communication mediums on ASRH&R to adolescents with disabilities" which could include that CSE needs to be adapted. However, this policy fails also to identify approaches such as universal design or reasonable accommodation to enable access for young people with disabilities.

The *National Strategic Plan on Gender Based Violence and Femicide 2020* highlights the need for "disability services, including sign language interpreters, and the provision of counter induction loop systems and sensitisation training, are available at police stations, and other points within the CJS are available". It also states that training manuals and interventions need to be accessible for all disability groups and identifies that additional shelters need to be "established to accommodate LGBTQIA+ and persons with disabilities". No further directions are given.

The only document providing more detail on access to elements of SRHR services is the *NSP 2017-2022*. The Plan provides information on barriers to access and lists specific core services that need to be made available to people with disabilities (CSE, prevention methods, condoms and PrEP, Human Papillomavirus vaccines (HPV), testing and counselling, HIV, STI, TB information, violence programmes see box 1).

Figure 1 Specific Goals and Services identified for People with Disabilities in NSP 2017-2022

Goal 3: Reach all key and vulnerable populations with customised and targeted interventions

Services		Accountable parties
People with disabilities	• Peer-led or peer-supported outreach • Specialised health education regarding risk and vulnerability to HIV, TB and STIs , particularly regarding sexual exploitation • Accelerated nutritional and social grant support • Comprehensive sexuality education accessible to learners with disabilities • Intensive psychosocial support • Intensified TB screening, treatment and care due to increased exposure typically caused by confined living conditions • All people with disabilities have ready access to prevention services • Move to mainstreaming of the policy that 7% of all programmes target people with disabilities • PrEP available • Ensure universal accommodation of people with disabilities	• NGOs • DoH • DSD • DoH, DBE • DSD • DoH

It specifically mentions the need to provide universal design and reasonable accommodation to enable access to services for people with disabilities in several sections. The NSP also provides for peer-led and peer-supported outreach programmes and community sensitisation related to disability issues. In addition, the NSP is the only document that speaks to data collection and research on disability as well as the usage of disability indicators. Interestingly enough, disability data collection has only been applied in the key and vulnerable populations section and disability indicators have been neglected in the other sections of the NSP. Currently there is a specific disability sector strategy under development that will support the disability inclusion agenda of the main NSP.

Summary Impression

All relevant SRHR policies and frameworks have been developed within the last 10 years. With the exception of the *NSP 2017-2022* and the *Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011–2021*, none of the reviewed documents link to existing disability policies or frameworks. However, a number of these documents take into account the vulnerability of different types of populations including people with disabilities. Overall, the health-related policies failed to address vulnerability and with this also the vulnerability of people with disabilities.

	STI Guide-lines 2015	HIV Testing Policy 2016	Ado-lescent Health Policy 2016	School Health Policy 2012	DBI HIV, STI, TB Policy 2017	STI Man-age-ment Guide-lines 2018	SRHR Commit-ments 2011-2021	ASRHR Frame-work 2015	She Con-quers Strategy 2016	NSP 2017-2022	Policy Frame-work to address GBV the Post School 2020	NSP on GBV and Fe-micide 2020
Total out of 84	1	24	14	18	26	2	35	42	23	64	16	37
Percent-age	1%	20%	17%	21%	31%	2%	42%	50%	19%	76%	18%	43%

The policies and frameworks that reach a greater degree of disability inclusion (table 2) have also undergone an intensive process of consultation and engagement with civil society and vulnerable populations and provide some data on vulnerable populations including people with disabilities. The NSP 2017-2022 is the most inclusive framework. This is as a result of evidence being available on disability and HIV, an existing engagement with disability activists, and HIV-researchers and an existing disability sector leadership in the country.

Some documents such as the NSP 2017-2022 begin to identify the need for including disability indicators in routine data collection as well as specific data on people with disabilities. For instance, the NSP identifies that "data collection and reporting will be disaggregated, taking into account age, gender, disability and specific key and vulnerable populations". None of the documents identifies funding mechanisms or budget allocations to ensure inclusion of people with disabilities in SRHR services nor do these documents provide any guidance on measures of accountability. It is therefore likely that even progressive policies or plans will struggle with implementation of disability inclusion.

Inclusion of SRHR in Disability Policies and Programmes

Overview of Disability Policy Environment

After becoming a signatory of the CRPD, South Africa undertook an extensive review and consultation process to domesticate the obligations arising from the CRPD and incorporate them into existing policies, legislation, and programmes (DSD, White Paper). Among other things, this process led to the development of the White Paper on the Rights of Persons with Disabilities (2015). Simultaneously, the country published its Framework and Strategy on Disability and Rehabilitation Services (2015). While the White Paper focuses on rights protection and disability mainstreaming to enhance participation in society across the life-cycle, the Framework and Strategy focuses on the provision of services specific to disability or rehabilitation. Together they can be understood as a twin-track approach which enhances: mainstreaming disability as a cross-cutting issue into all spheres of life (White Paper) and providing specialised services to support functioning and participation (Framework and Strategy). The following chapter provides a more detailed analysis of how the South African disability policies and frameworks perform in terms of SRHR inclusion. We assess each of these documents with the UNFPA Disability and SRHR analysis tool1. Here we present the findings in terms of the documents a) linkage to other SRHR and disability policies and frameworks, b) provision of SRHR data c) identification of vulnerability to adverse SRHR outcomes, d) protection and promotion of SRHR, and e) guidance on access to SRHR services.

Linkages to other Policies and Frameworks

Both documents are very brief with regards to Sexual and Reproductive Health and Rights (SRHR) and do not link to any of the SRHR policies or strategic plans listed in table 1. The White Paper links to key legal regulations and acts such as the Convention on the Rights of Persons with Disabilities (CRPD), the South African Constitution and Bill of Rights, the National Development Plan, the Criminal Law Amendment Act 32 (regulating sexual offences), the Children's Act (2003), the Domestic Violence Act 1998, the National Health Act 62 (2003), and the Sterilisation Act 44 (1998). Through this alignment, the White Paper indirectly links to the right to access sexual and reproductive health and rights services (CRPD article 25), provides special protection for children and those with intellectual or mental disabilities in case of sexual offences (Act 32), protects children with disabilities, and provides protection from forced or coerced sterilisation (Act 44). Similarly, the Framework and Strategy links to the CRPD, the Convention on the Rights of the Child (CRC), the South African Children's Act (38, 2005), the South African Constitution (1996), the National Development Plan (NDP), the National Health Act (61, 2003), and the Mental Health Care Act (17, 2002). Hence, it also provides an indirect link to some elements relating to SRHR protection.

Data on Sexual and Reproductive Health and Rights

Both the *White Paper* and the *Framework and Strategy* provide extensive data on disability, yet no data on people with disability and SRHR or HIV. The *White Paper* mentions that people with disabilities are at increased risk of "abuse and exploitation" and vulnerable to HIV, but does not discuss this further.

Factors of Vulnerability

Although both documents identify factors increasing vulnerability to a number of issues, they lack sufficient detail on the factors increasing vulnerability to SRHR or HIV. The *White Paper* identifies some factors that increase the vulnerability of people with disabilities, in particular women and girls, to economic suppression and sexual violence. The Paper reveals that "women and girls with disabilities do not enjoy all human rights and fundamental freedoms on an equal basis with boys or men with disabilities" and that they are experiencing physical, mental, and sexual violence. In addition, the Paper states that "police personnel often lack the skills to serve persons with disabilities and are not comfortable with opening cases of sexual abuse or assault where the complainant have visual, psychosocial and/or intellectual disabilities". However, despite this acknowledgement, the *White Paper* provides a rather generic vision of a "free and just society inclusive of all persons with disabilities as equal citizens" with a specific focus on "inclusive and equitable socio-economic development" and little specific guidance in relation to SRHR and people with disabilities beyond the sexual violence and protection discourse. The Framework and Strategy does not provide any information on factors that would increase vulnerability to SRHR or HIV. It is therefore likely that access to SRHR beyond the need of violence prevention is not promoted through these policies.

Protection and Promotion of Sexual and Reproductive Health Rights

The protection and promotion of the right to access SRHR services can be read through the general protection and promotion of the right to access services in both the *White Paper* and the *Framework and Strategy*. The *White Paper's*

generic rights protection includes health, education, and the judicial system, while the *Framework and Strategy* covers disability specific education and health services. However, both documents fall short in directly protecting and promoting: access to SRHR services, access to comprehensive sexuality education (CSE), and access to SRHR products such as contraceptives, condoms, PrEP etc. Both documents also fail to identify any specific SRHR services that are needed by people with disabilities. Additionally, both documents fail to mention CSE in any capacity at all.

Guidance on Access to SRHR Services

The *White Paper* and *Framework and Strategy* are relatively silent on SRHR issues. More generally they discuss accessibility of services and environments, poverty reduction and equal opportunities for people with disabilities. With regards to SRHR elements the *White Paper* mentions the need to make HIV and AIDS services accessible to people with disabilities, while the *Framework and Strategy* mentions the need to provide access to sexual and reproductive health services once in the whole document. Both documents do not specify which services are needed and how accessibility needs to be provided in the context of HIV or SRHR.

Summary Impression

Overall, the *White Paper* and the *Framework and Strategy* provide only protection of and access to SRHR services through their generic framework protecting and promoting access to services, but fall short in linking the documents to existing SRHR policies and frameworks or promoting the right to access SRHR services directly (see table 3).

Table 3: Level of Inclusion of SRHR issues in Disability Policies and Frameworks

	White Paper 2015	Framework and Strategy 2015
Total out of 30	13	3
Percentage	38.2%	8.8%

In the development of both the *White Paper* and the *Framework and Strategy*, a combination of people with disabilities and professionals working in the areas of disability or rehabilitation were involved. At the time of the development of these documents, evidence in some areas was much stronger than in others. For instance, the *White Paper* had been informed by a comprehensive inquiry into the economic and financial vulnerability of people with disabilities and thus takes extensive steps to promote "inclusive and equitable socio-economic development". Similar evidence was not available in the context of SRHR at the time of the development of the *White Paper*. It is therefore plausible that research and innovation needs to be strengthened in the context of SRHR and people with disabilities in order to a) understand SRHR and HIV risk and vulnerability in the diverse groups of people with disabilities, b) identify promising innovations that will enhance access to a diverse set of SRHR services including CSE, and c) develop SRHR inclusive disability policies and programmes.

Furthermore, disability policies and programmes that are inclusive of SRHR need to conceptualise people with disabilities as sexual beings who have the right to privacy and sexual expression and may also be parents and/or partners. Such an approach to policies would shift thinking from the "risk protection" SRHR discourse towards seeing people with disabilities as equal beings with the same sexual and reproductive health needs and rights as people without disabilities. Such a policy approach will also need to identify barriers to accessing SRHR services and how the barriers will be overcome. Hence, these policies and programmes need accessibility guidelines and SRHR indicators to identify who is accessing which services and who is left behind (based on gender, race, disability status, age indicators). The policy approach also needs to be aimed at mainstreaming disability into the SRHR policies and programmes in table 1. Rigorous monitoring and evaluation will provide additional evidence for both persistent barriers and progress towards improved access to SRHR services for those who have been left behind.

Recommendations for South Africa

Considering South Africa's current policy, plan and strategy framework the following opportunities for further actions appear:

1. Train policy makers on how to write disability inclusive health policies and avoid working in silos when drafting these policies in order to make them inclusive.

2. Advocate for standard monitoring disability indicators across all SRHR programmes similar to gender, race, and age. Monitor the implementation of these policies by implementing a common monitoring tool across the board.

3. Fund research on SRHR and disability to provide evidence for policy amendments and development through both a) obligatory reporting on disability in mainstream funded SRHR project and b) targeted research on disability and SRHR

4. Leverage existing obligations such as these laid out in the NSP 2017-2022 such as:

    - Sensitise and train healthcare, educational and judicial staff about the vulnerability of people with disabilities and the need to provide universal access and reasonable accommodation (as this is already highlighted in the NSP).
    - Conduct demonstration projects on key SRHR or HIV interventions in the country that are accessible to people with disabilities (e.g. CSE, PrEP, Violence prevention programmes) – as these are listed as core services for people with disabilities in the NSP.
    - Collaborate and consult with organisations implementing key strategic SRHR interventions such as CSE, PrEP, violence prevention and ensure they implement strategies and allocate funds to ensure participation of people with disabilities. This can aid in the prevention of sexual exploitation of women/people with disabilities.

5. Leverage existing commitments from the 2020 NSP on GBV and Femicide, in particular the accessibility goals set for training manuals, shelters and services

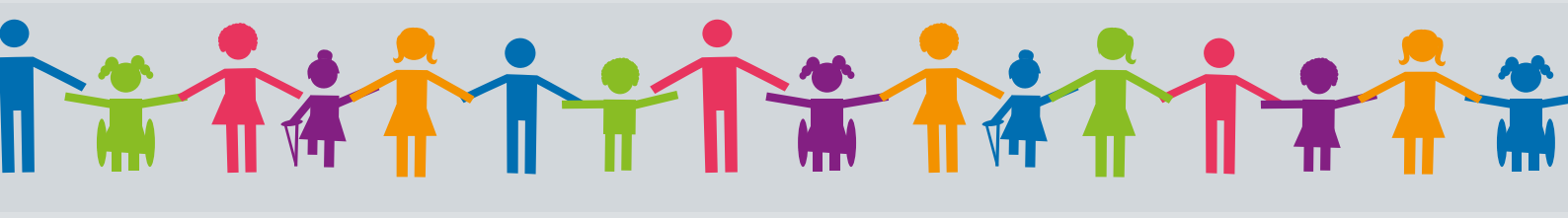
6. Utilise the Department of Education's role in SRHR programs and ensure they provide access to inclusive education including comprehensive sexuality education

7. Conduct disability audits on all SRHR policies and frameworks and improve disability inclusion in updated versions. Ensure that new health policies and frameworks such as the NIH and COVID-19 regulations mainstream disability inclusion, provide universal design and cater for disability support needs and accommodation/adaptations where universal design is not enough

8. Conduct a disability audit of DOH Policy on Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011-2021 and beyond (Final Draft 2011) and improve disability inclusion in next version

9. Conduct a policy audit on current disability policies and strategies and improve SRHR inclusion

10. Monitor budgeting in all SRHR policies (e.g. in South Africa at least 7.5% of people have a moderate to severe disabilities – hence, in all services and programmes at least 7% of the clientele reached should be people with disabilities)



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