



Sexual and Reproductive Health Rights Network Position Paper

15 May 2019

Introduction

The health status of persons with disabilities is often poorer than that of the general population. Until relatively recently such differences were frequently viewed as an inevitable consequence of disability, but it is increasingly recognized that they may actually be the result of inequalities and inequities in access to healthcare¹ The Sexual and Reproductive Health Rights (SRHR) Network in Zimbabwe applaud the Parliament Portfolio Committees on Health and Youth's efforts to enhance access to SRHR services and information for young people in Zimbabwe, and calls for even greater commitment and attention towards SRHR needs for young people with disability (YPWD).

We acknowledge that good health and well-being of all citizens is an indivisible human right for all; particularly for young people with disabilities, as stipulated under Section 79 of the country's constitution, the Adolescent Sexual and Reproductive Health Rights Strategy, the Eastern and Southern Africa Commitments on SRHR, the Abuja Declaration and the Sustainable Development Goal 3 target 7 which call for the accelerated need to ensure access to SRHR services for all.

In line with the mandate of the Parliament Portfolio Committee on Health and Youth, we urge the portfolios to urgently recognize that denying young people with disabilities sexual and reproductive health rights is a form of discrimination and human rights violation under the stipulated SRHR policies and social protection systems and most importantly our constitution.

Accordingly we urge the portfolios to priorities solving the pressing and emerging issues that are impeding the full realization of young people with disabilities access to sexual and reproductive health rights, in Zimbabwe, who, from empirical evidence are sidelined and are at the brink of being silenced.

Our Asks

(i) Solidarity and renewed commitment to address SRHR challenges faced by young people with disabilities, young women, adolescent girls and rural young people

Empirical evidence shows that YPWD are at a higher risk of contracting HIV, sexual abuse and exploitation due to their exclusion and limited access to SRHR information and services. We call for the Parliament Portfolio Committees on Health and Youth's renewed commitment and solidarity with vulnerable groups, especially the YPWD (and young women, adolescent girls and rural young people) who face limited access to SRHR information and services, driven by multiple challenges and to prioritize finding SRHR solutions tailored to their unique challenges and contexts.

(ii) Facilitating for increased accessibility of clinics, hospital facilities and health centers for young people with disabilities

¹ <https://www.un.org/esa/socdev/documents/disability/Toolkit/Inclusive-Health.pdf>





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- We call for the Parliament Portfolio Committees on Health and Youth's to facilitate for the provision of interpreters trained in meaningful youth engagement, and with capacity to interpret SRHR challenges faced by young people in all clinics of the country in a professional and youth friendly way. We recognize that while some clinics have interpreters, most clinics still lack interpreters, causing a barrier to increased access to SRHR services in Harare, Chitungwiza, Mutare, Bulawayo, Bulilima and Mangwe. One young person was quoted saying; *"in Harare District Deaf people are asked to bring their own interpreter and they pay for this interpreter this increases the burden on the Deaf young people in terms of access to services and affordability"*.
- We also call for the Parliament Portfolio Committees on Health and Youth's to facilitate for accessibility of clinics, hospitals and health centers through provision of budgets for infrastructure improvement. Accessibility of doctors' offices, clinics, and other health care providers is essential in providing medical care to people with disabilities. Young people with disabilities are less likely to get routine preventative medical care than people without disabilities. Accessibility is not only legally required, it is important medically so that minor problems can be detected and treated before turning into major and possibly life-threatening problems. We urge the Pcs to ensure full and equal access to their health care services and facilities; and reasonable modifications to infrastructure, physical barriers ,policies, practices, and procedures if necessary to make health care services fully available to individuals with disabilities.
- In addition, we note with concern of the informational barriers that prevent access for persons with disabilities to health literacy and information brochures and leaflets on health promotion. The young people we consulted, noted with concern, how Information Education and Communication materials, awareness campaigns, social media efforts and other information mediums such as television, radio and newspapers are highly inaccessible to YPWD.
- We strongly castigate attitudinal barriers which give rise to discrimination that can have severe implications for the rights of persons with disabilities, particularly for those with psychosocial disabilities. While as civil society, together with other partners, we work towards enhancing the capacity of persons with disabilities to access the healthcare system, we urge the Parliament Portfolio Committees on Health and Youth's to put in place measures that ensure that the system is able to respond in an appropriate, positive and timely manner to their needs.
- Our research indicated that in as much as there are policies in Zimbabwe that speak to disability, the policies are not fully implemented. We recommend that policies mainstream disability and that there be a clear monitoring mechanism because institutional barriers that include legislation, practices and processes largely prohibit access to health services for persons with disabilities.

(iii) **"Not one without the other", we call for a throughput solution to SRHR challenges for young people with disabilities**

While the issues mentioned above were topical, we strongly encourage the Parliament Portfolio Committees on Health and Youth to also address the following issues, for holistic and sustainable solutions that accelerate increased access to SRHR services for young people with disabilities:





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- We call for the Parliament Portfolio Committees on Health and Youth **to urgently facilitate for a nationwide census focusing on people living with disabilities by type, age and location, and the establishment of a live data map on people with disabilities**, enabling data on people with disabilities to be readily available in the country, for planning, decision making, budgeting and program planning purposes. We believe that appropriate solutions are informed by availability of data, especially data on youth with disability.
- **We stress the importance of the Parliament Portfolio Committees on Health and Youth facilitating for increased youth participation, especially of young people with disability in planning, implementation and accountability of SRHR issues affecting themselves.** 821/999 young people we consulted in Harare, Chitungwiza, Plumtree, Bulilima, Mangwe, Mutare and Bulawayo indicated that they are not consulted or involved in decision making processes monitoring, evaluation and planning of SRH services is²
- We also urge the Parliament Portfolio Committees on Health and Youth PCs to facilitate ensure access to free SRHR services (including but not limited to all family planning services, HIV Testing and Cancer screening) for all young people, especially for young people living with disabilities, young girls and women and young people in rural communities at all public hospitals. **The minimal user fees must be removed as most young people are unemployed and cannot afford to pay the fees**
- **We urge Parliament Portfolio Committees on Health and Youth to lobby for a budget that goes towards training of Health Service Providers in provision of youth friendly service, attitude change and provision of awareness campaigns, accessible to all**, particularly accessible to young people living with disabilities. Service providers confessed that; “we do not have schedules for outreaches, we ride on Non Government Organisations programs” Respondent from the Key Informant Interview³
- We urge the **Parliament Portfolio Committees on Health and Youth** to invest in ICT technology that is accessible to young people with disability through devising innovative ICT and social media solutions. Our research evidence indicated that there is a de-link between SRHR Information shared by CSOs, government and service providers on SRHR and the way that young people with disability comprehend the messages. One young person noted that “the English is too deep and does not make sense to me”

Conclusion

The exclusion of young people with disability in accessing SRHR services and information still largely exists in the country. Addressing the SRHR challenges faced by young people with disability (including adolescent girls and young people in rural communities) and inequalities in all forms and dimensions, is an indispensable urgent requirement to ensure the health agenda is leaving no one behind. We stress the

² National Amplify Change SRHR Research Report

³ Key informant Interview respondent from the Youth Led Research done by advocates.



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mutually reinforcing links between the achievement of good health and well-being for young people with disability and the

We realize that increased access to SRHR services and information for young people will make a crucial contribution to progress across all the SRHR national targets, strategies, policies and goals. We also stress the need to ensure an adequate standard of living for young people with disabilities throughout their lifecycle and through the social protection systems.

We stress the importance of taking targeted measures to eradicate inequalities in all its forms and dimensions, and of implementing nationally appropriate systems and measures, based on national priorities, paying special attention to young people with disabilities, adolescent girls and young people in rural communities. All proposed national policies and programs on SRHR for young people with disabilities need a clear disability sensitive budget to realize the proposed goals with transparent and ethical monitoring.

Position paper by the Sexual and reproductive health network, comprising of six CSOs in Harare, Chitungwiza, Mutare, Plumtree, Bulilima, Mangwe and Bulawayo, namely Restless Development, Elevation Zimbabwe, Youth Advocates Zimbabwe, Youth Aspire Development Trust, YES Trust, Deaf Zimbabwe Trust and Zimbabwe Youth Council.

