POLICY BRIEF

HOW CAN WOMEN AND YOUNG PERSONS WITH DISABILITIES REALIZE THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND THEIR RIGHT TO LIFE FREE FROM VIOLENCE IN THE UNITED REPUBLIC OF TANZANIA?

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1. Executive Summary

- Women and young persons with disabilities are some of the most marginalized in the United Republic of Tanzania. The evidence shows that their sexual and reproductive health and rights (SRHR) remain unrealized. They also experience high rates of gender-based violence (GBV).
- Multiple international and national legal and policy instruments affirm that people with disabilities are equal in the eyes of the law and require legislative and legal protections to uphold and protect their rights; harmful stereotypes and stigma throughout society must also be combatted by raising awareness, including at the family level.
- A rights-based, gender and social norms transformative framework for disability-inclusive GBV and SRHR health-related action is essential.

2. Introduction

The focus of this policy brief is to inform advocacy, resource mobilization and accessible service delivery to ensure women and young people with disabilities can realize their sexual and reproductive health and rights and their right to live free from violence.

People with disabilities include those with long-term physical, mental, intellectual or sensory impairments, which when they interact with attitudinal, environmental and institutional barriers, makes it hard for them to fully and effectively participate in society on an equal basis with others. The World Health Organization (WHO) estimates that globally over 1 billion people live with some form of disability – almost one-fifth are women. This corresponds to about 15 percent of the world›s population, with up to 190 million (3.8 percent) people aged 15 years and older having significant difficulties in functioning.

In Mainland Tanzania **the prevalence of disability** stands at 6.8 percent (5.7 percent male; 7.8 percent female) while in Zanzibar this figure is 3.2 percent (3.3 percent male; 4.1 percent female). This prevalence rate is below the WHO global average and could be due to underreporting and/or stigma related to disability. Disability rates are higher in rural than in urban areas.

Persons with disabilities in Tanzania are among the poorest, most marginalized and socially excluded groups. Irrespective of where they live and their gender, persons with disabilities are more likely to be unemployed, unable to read and/or write, to have less formal education, and to have less access to support networks and social capital than persons without disabilities.

Sexual and reproductive health and rights (SRHR) relate to a state of physical, emotional, mental, and social well-being concerning all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity (International Conference on Population and Development Programme of Action (1994)). Persons with disabilities have unique and at times greater sexual and reproductive health (SRH) needs. Their marginalization is increased when they face significant barriers to accessing SRH information, education and services that are adequate, comprehensive and delivered respectfully. This results in higher rates of pregnancy due to sexual violence, HIV infection or sexually transmitted infections and an overarching environment of stigma. Persons with disabilities are more likely to experience challenges accessing SRH services, because of physical inaccessibility, communication barriers, the negative attitudes of service providers, a lack of confidentiality, cost, mistreatment, and the inadequacy of service delivery.

Numerous studies document high rates of **GBV against persons with disabilities**. Gender-based violence is acts of violence (physical, emotional, psychological, sexual and economic) that occur against a person's will based on gendered differences between women and men. Girls and women with disabilities are significantly more likely to experience sexual violence and violence specific to their disabilities. The COVID19-pandemic has increased the risk of GBV for women and girls with disabilities. Underreporting of GBV against persons with disabilities is common due to dependency on caregivers; social norms idolizing caregivers and thus protecting perpetrators within families; a lack of confidentiality and privacy; a lack of prosecutions and trust in professional services and legal processes; inaccessible services; and stigma related to both gendered violence and disability.

Gender and social norms have a particularly adverse impact on the lives of women and young persons

with disabilities. Disability, gender and age are subject to various social norms and when these intersect they create unique forms of discrimination including increased risks of violence. Social norms also influence the acceptance of discrimination and violence against women with disabilities. Cultural and social norms often deem persons with disabilities incapable of making decisions about their bodies and health. Despite evidence that young persons with disabilities are as sexually active as their peers, they are perceived as not having similar needs to SRH information and services. This is compounded by the belief that persons with disabilities are asexual and unable to bear children and they are often excluded from SRH services.

3. International Human Rights Framework

Multiple international instruments shape the global human rights framework and state obligations to respect, protect and fulfil the SRHR of persons with disabilities. Listed below are key international agreements that pertain to SRHR and GBV protections for women and young persons with disabilities:

- **Convention on the Rights of Persons With Disabilities (CRPD)**. *The United Republic of Tanzania signed the Convention in March 2007 and ratified it in 2009.*
- **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW):** *The United Republic of Tanzania signed the Convention in August 1985 and ratified it in 1986.*
- **Convention on the Rights of the Child (CRC):** *The United Republic of Tanzania signed the Convention in June 1990 and ratified it in 1991.*
- **International Conference on Population and Development (ICPD) Programme of Action (1994) and 2019 Nairobi Statement on ICPD25: Accelerating the Promise.**
- **Sustainable Development Goals (SDGs).**

4. National Legal and Policy Frameworks

The 1977 Constitution for Mainland Tanzania and the 1984 Constitution for Zanzibar provide fundamental rights to all persons, but do not explicitly mention the fundamental rights of persons with disabilities. On the policy front, the Government of Tanzania formulated the National Disability Mainstreaming Strategy (NDMS) 2015-2010 and the National Policy on Disability, 2004 for Mainland Tanzania and the National Disability Policy 2018 for Zanzibar.

As for legislative measures, both Mainland Tanzania and Zanzibar have enacted specific laws on disability – **the Persons with Disability Act, 2010, and the Persons with Disabilities (Rights and Privileges) Act, 2006,** respectively.

Apart from specific rights and duties on disability, the laws establish implementing mechanisms including advisory councils – in response to Article 33 of the CRPD. Section 7 of the Mainland law establishes the **National Advisory Council (NAC)** for persons with disabilities and Zanzibar's law also has a similar provision. Both governments have established **a special department of disability** within the Prime Minister's Office in Mainland Tanzania and the National Disability Council within the Office of the First Vice President of Zanzibar.

On the issues of access to health, including SRHR and GBV, Mainland Tanzania developed the **National Plan of Action to End Violence Against Women and Children (2017/18-2021/22)**, which focuses on strengthening the legal system's responsiveness to the needs of vulnerable groups, such as women and girls with disabilities, and the **Health Sector Strategic Plan (HSSP IV)**, which provides guidance for access to fundamental services.

In Zanzibar, the **National Plan of Action to End Violence Against Women and Children (2017-2022)** centres on primary education and early intervention efforts to prevent and respond to violence. **The Zanzibar Health Sector Strategic Plan III (2013/14-2018/19)** includes some concrete actions, e.g., for malnutrition that could benefit children and women with disabilities.

5. Framework for Future Action

The chart below provides a framework for action for providing rights-based and gender and social norms transformative services to address SRHR and GBV prevention and response for women and young persons with disabilities.

FOUNDATIONAL GUIDELINES FOR ACTION

1. Creating enabling legislative and policy environment
   a. Legal Environment Assessment and Monitoring
   b. Legislative Advocacy and Lobbying
   c. National Policies and Plans

2. Programme development, implementation and monitoring
   a. Engagement of Women and Young Persons with Disabilities
   b. Engagement of Faith-Based Actors, Community and Traditional Leaders
   c. Capacity Building
   d. Programme Delivery
   e. Available Services
   f. Effective Identification of Needs and Referrals
   g. Accessible Services/ Accommodation
   h. Acceptable Services
   i. Quality Services
   j. Rights-Based Services
   k. Data Collection and Monitoring

3. Accessible facilities
   a. Identifying Barriers
   b. Physical Accessibility
   c. Sensory Accessibility
   d. Information and Communication Accessibility
   e. Economic Accessibility

Gender-Based Violence Services	Sexual and Reproductive Health and Rights Services
1. GBV prevention 2. Health services for GBV victims/ survivors 3. Justice and policing services 4. Social services — protection services 5. Social services — rehabilitation services 6. GBV services for women and young persons with disabilities in institutional settings 7. Adolescent and youth-friendly GBV services	1. Contraceptive information, goods and services 2. Maternal and newborn health services 3. Comprehensive sexuality education and information 4. Information, testing, and treatment services for sexually transmitted infections, including HIV 5. Access to health information and services on equal basis with others 6. Adolescent and youth-friendly health information and services

6. Key Actions

Ensuring women and young persons with disabilities realize their sexual and reproductive health and rights

- Including women and young persons with disabilities in the development of laws, policies and action plans on healthcare, SRH services.
- Conducting an assessment on the full range of accessibility measures at SRH facilities.
- Establishing an action plan to address gaps in accessibility.
- Providing guidance to SRH facilities on how to ensure facilities and equipment are physically accessible, services and goods are economically accessible, patients are provided with information in accessible formats, and sign language interpreters or other trained support persons are available.
- Ensuring SRH providers and staff receive training on human rights, particularly gender and disability rights, and as part of medical training/ education. This includes understanding the role of support persons when accessing services, including when COVID19- related measures are in place.
- Ensuring SRH workers have received training on quality and rights-based care for persons with disabilities and on how to communicate and work directly with persons with disabilities to monitor for violence.

Preventing and addressing gender-based violence against women and young persons with disabilities

- Engaging meaningfully with women and young persons with disabilities in the development, implementation and monitoring of national plans and policies related to GBV. Linking these developments to economic empowerment.
- Building a multisectoral response to GBV that increases the level of safety and support for GBV victims/survivors through an effective, immediate and consistent services framework that brings durable and sustainable changes and creates an institutional and community culture that GBV against persons with disabilities is not acceptable or tolerable.
- Recognizing in laws, policies, and action plans that women and young persons with disabilities may experience the same forms of GBV as others and also experience unique forms of violence, such as violence perpetrated by caregivers or support staff or the withholding of medications, assistive devices or assistance with daily living tasks, and all of these forms are included in the definition of GBV.
- Placing explicit references in the National Plans of Action to End Violence Against Women and Children (NPA-VAWC) that specifically relate to preventing and addressing GBV experienced by women and young persons with disabilities. This includes a plan on adapting service delivery

for persons with disabilities during lockdowns or other mobility restricting emergencies (such as COVID19-). The NPA-VAWC should include the monitoring of residential institutions and establishing appropriate and accessible reporting mechanisms to guarantee the right to safety and privacy for all institution residents.

- Establishing accountability mechanisms – and funding – to ensure the effectiveness of laws, policies, and action plans, including monitoring of the provision of GBV support services.
- Ensuring policies and procedures are in place safely and in a non-discriminatory manner to screen persons with disabilities accessing SRH services for GBV, including referrals to appropriate and accessible services and the provision of treatment in line with survivor-centered approaches.

Strengthening access to data and research to support policy dialogue and programming

- Collecting prevalence data that can be disaggregated by type of GBV and disability. This will enable a better understanding of how women and young persons' experience of disability intersects with their experience of different forms of GBV. This might include incorporating Washington Group questions on disability in Demographic and Health Surveys (DHS) and Violence Against Children (VAC) surveys conducted in Tanzania. Comparable data generated by different surveys is essential to drive programmes and policies that effectively meet needs.
- Disaggregating health service data to understand access to services. Research can help explain how barriers to services might influence SRH and GBV outcomes for women and young persons with disabilities to inform contextually specific programmes and policies and remove barriers.
- The participation of persons with disabilities in research about them is crucial to ensure they experience the full benefits of the research.

Aligning social norms and sexual and reproductive health and rights and the bodily integrity of women and young persons with disabilities

- Emphasizing the benefits that stronger SRHR, including better access to SRH services and GBV prevention and response services, can have on society and women and girls in particular.
- Highlighting how the ability to exercise reproductive rights, greater access to SRH services and more inclusive GBV prevention and response will improve the health, education and livelihood outcomes of women and young persons with disabilities.
- Educating civic and religious leaders about disability and the benefits of SRHR and GBV-related information and services for families and

communities. Undertaking public awareness campaigns about the risks of GBV for persons with disabilities including in rural areas.

- Including information in these campaigns on GBV perpetrated against women and young persons with disabilities and their rights, as well as information on access to GBV support services and how individuals at risk of violence can seek help. Campaigns should provide age-appropriate information and portray women and young persons with disabilities in a positive way.
- Providing information about GBV in several accessible formats (such as digital formats accessible to screen readers, braille, sign language, plain language, and easy-read formats).
- Strengthening the capacity of the media to make their messages accessible and understandable, so that persons with disabilities can be made aware of their SRHR.
- Sensitizing the media on their role in realizing the SRHR of persons with disabilities and their right to live free of GBV, including through access to GBV prevention and response services.
- Raising awareness across media professionals on disability inclusive and respectful communication language that does not reaffirm negative stereotypes.

Mobilizing domestic and foreign resources and increasing technical support

- Demonstrating the importance of ensuring SRH services and GBV prevention and response programmes are fully accessible and inclusive and of preventing discrimination, violence, and poor SRH outcomes for women and young persons with disabilities.

- Highlighting gaps in knowledge, insufficient capacity of service providers and the lack of adequate resources, which limit the ability of persons with disabilities to fully realize their SRHR and be protected from GBV.
- Demonstrating the role that expanded access to SRH and GBV prevention and response services can play in protecting SRHR and improving health, education, and livelihood outcomes for women and young persons with disabilities.
- Illustrating the need to increase funding for SRHR-related initiatives and GBV prevention and response services, including expanding accessibility.

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