

# Inclusive Access to Sexual Reproductive Health Services and Protection from Sexual and Gender-based violence

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# Policy Brief on Inclusive Access to Sexual Reproductive Health Services and Protection from Sexual and Gender-Based Violence



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## Disclaimer

The opinions expressed in this policy are solely those of the author and do not indicate any official stance from the International Disability Alliance or the participating organization.

## Acronyms and definitions

<b>GBV</b>	Gender Based Violence.
<b>Gender</b>	Socially constructed understanding of the role of men and women.
<b>HI</b>	Humanity and Inclusion.
<b>IDA</b>	International Disability Alliance.
<b>IHL</b>	International Humanitarian Law.
<b>OPDs</b>	Organizations of Persons with Disabilities
<b>SRH</b>	Sexual Reproductive Health.
<b>SDGs</b>	Sustainable Development Goals.
<b>UN</b>	United Nations.
<b>UNCRPD</b>	United Nations Convention on the Rights of Persons with Disabilities.
<b>UNFPA</b>	United Nation Population Fund.
<b>Youth</b>	For the purpose of this policy brief, youth means any person between the ages of 18 to 35

This policy examines the existing partnership between two organizations: the South Sudan Union of Persons with Disabilities (SSUPD) and the South Sudan Women with Disabilities Network (SSWDN), both of which serve as umbrella organizations for Persons with Disabilities. On one side of the collaboration are the United Nations Population Fund (UNFPA), UN Women, and Humanity and Inclusion (HI) International Organization. These entities also operate in consortium, with HI focusing on women with disabilities and UNFPA concentrating on youth with disabilities.

The United Nations High Commissioner for Refugees (UNHCR), despite being a prominent protection actor, has not been included in the analysis. This omission is due to a lack of prior experience working with Organizations of Persons with Disabilities (OPDs). Currently, the UNHCR is in the process of developing a Protection Analysis Framework to guide their approach to protection in the realm of disability.

## Methodology

This policy brief is the result of research that combines a literature review with key informant interviews. The information gathered through consultations with relevant institutions, observation, and an objective analysis of existing programs has been compiled to form the basis of this brief.

The primary aim of this policy is to clearly outline the operational scope of disability-inclusive Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) protection services in South Sudan. By focusing on the defined scope, the policy seeks to provide guidance and set parameters for programming in these areas. The implementation approach follows a contextually relevant, logical, and well-structured framework.

## Policy rationale

This policy brief seeks to highlight best practices and replicable aspects of NGO/UN Agency partnerships with OPDs as well as apparent gaps by answering the following overarching questions:

- ➔ To what extent are persons with disabilities affected by gender-based violence (GBV) and limited access to sexual reproductive health services (SRH)?
- ➔ What are the steps taken by humanitarian actors to address those challenges?
- ➔ How have persons with disabilities been involved in the process?

- It's important to emphasize that SRH and GBV protection consistently emerge as critical issues. They frequently intersect, especially concerning unwanted pregnancy, early marriage, and the transmission of sexually transmitted diseases. Additionally, they contribute to trauma and unnecessary suffering among various groups and individuals, forming a complementary and mutually reinforcing relationship.
- This policy focuses on two separate yet closely interconnected issues: health and protection. The goal is to provide guidance to both government and humanitarian actors in addressing protection concerns related to persons with disabilities and sexual and gender-based violence.

## Background

South Sudan, situated in northeastern Africa, spans approximately 631,930.0 square kilometers and is home to around 13 million people. The country, a member of the United Nations, African Union, East African Community, and Intergovernmental Authority for Development (IGAD), gained independence from Sudan in 2011 through a popular referendum but unfortunately descended into civil conflict in 2013.



Map of South Sudan

The conflict, characterized by a political power struggle and various communal dimensions resulting in communal violence, has a history marked by civil strife both before and after independence. Additional challenges include climatic shocks, economic deterioration due to factors like plummeting oil prices, and global crises such as the conflict in Ukraine and recent violence in neighboring Sudan, leading to an influx of returnees and refugees.

Despite these challenges, there has been some positive development. After negotiations, the warring parties signed a peace agreement in 2018 mediated by IGAD, known as the Revitalized Agreement for the Resolution of the Conflict in South Sudan. While progress has been made through the continuous implementation of this agreement, sporadic violence has persisted, prompting an extension of the agreement until the end of 2024 due to slow-paced implementation.

In this humanitarian context, men, women, youth, and children face obstacles in accessing services, with intersecting factors hindering access. Persons with disabilities, experiencing discrimination and barriers, encounter difficulties accessing basic services such as SRH and protection from GBV compared to their peers in society.

The active involvement of persons with disabilities in decision-making processes in South Sudan is consistently overlooked, leading to the persistence of their challenges without the implementation of essential affirmative actions. Women, in particular, face various forms of discrimination and gender-based violence, making it difficult for them to access protection due to negative social and cultural practices. In response to this issue, the GBV sub-cluster has devised a strategy.

Recognizing the paramount importance of human dignity and the universality of human rights, intervention efforts are based on these principles. The initiation of the ratification process, marked by the adoption of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) by the parliament and subsequent presidential approval on February 24, 2023, is a crucial step forward that should be expedited. Both government leadership and international actors need to continue playing a critical role in advancing the entire process.

It is noteworthy that humanitarian actors often encounter challenges in collaborating with OPDs due to difficulties in meeting predetermined partnership standards. Many actors implement mechanisms to ensure continued cooperation while adhering to these standards. This is partly because several OPDs, mainly based in cities or urban areas, are more development-focused, with a prior orientation toward human rights advocacy.

In South Sudan, a significant number of women marry between the ages of 15 and 19, leading to early pregnancies among girls below 18. Despite sex being considered taboo, health education is discouraged or resisted, and violence is tolerated as a disciplinary measure. Deeply rooted beliefs and social practices contribute to this situation, resulting in increased trauma, physical harm, and limited access to services for persons with disabilities. These factors hinder their full enjoyment of the right to health and protection from violence and abuse.

Additionally, negative perceptions, such as the belief that persons with disabilities are sexually inactive and blaming and shaming those who marry them, contribute to exclusion, inequality, and discrimination. Many families reportedly hide their members with disabilities due to fears of social perceptions, which may reduce opportunities for other family members, perpetuating exclusion and discrimination based on disability.

Furthermore, the majority of persons with disabilities languish in extreme poverty, limiting their ability to influence and direct their own affairs, let alone contribute to broader societal issues.

SSUPD was formed in 2020, SSWDN was formed in 2014. Both were formed by existing OPDs. The intervention had an impact in the area of focus and the disability movement in South Sudan.




Firstly, concerning participation in Sexual and Reproductive Health (SRH) services, Persons with Disabilities have been enlisted as volunteers and field workers. Their role extends beyond distributing SRH materials solely to persons with disabilities; instead, they actively engage with the entire public.

Secondly, a woman with visual impairment was chosen as a UNFPA youth volunteer to partake in a conference held in Rwanda in 2022.

To strengthen planning, monitoring, and feedback mechanisms in the field of reproductive health, a task team has been established, consisting of individuals with disabilities. This team comprises representatives from various organizations, each advocating for different types of disabilities. UN Women has provided funding for both organizations to conduct public awareness events, such as Women's Day, International Day of Persons with Disabilities, and the recent launch of the UNCRPD.

Persons with disabilities have organized a series of sensitization workshops and radio talk shows, acting as facilitators and, on occasion, unilaterally with funding from partners.

The indirect impact of the project has contributed to achieving some strategic objectives for persons with disabilities in several areas:

-  The formation of a disability forum, a working group that brings together organizations of persons with disabilities, the government, and partner NGOs, though currently small, shows promise.
-  Successful lobbying for the ratification of the UNCRPD and securing the president's signature on April 24, 2023.
-  Engagement with the World Bank, which conducted a comprehensive mapping of the disability situation to inform the social protection framework for South Sudan.

Increased representation and visibility of persons with disabilities in peace-related consultations and various dialogues with the government and NGOs. South Sudan Humanitarian Structure

The South Sudan has Humanitarian Country Team led by the Organization for Coordination of Humanitarian Affairs (UNOCHA). Government participation has taken place via the Ministry of Humanitarian Affairs and South Sudan Relief and Rehabilitation Commission.

The UN Country Team is headed by the special representative of the UN secretary General. Most Non-Governmental Organizations operate under the umbrella of a body known as NGO forum.

These actors work in clusters that are largely led by humanitarian actors and sometimes co-chaired by government agencies. For instance the Health Cluster is chaired by the World Health Organization and the Ministry of Health. The Protection Cluster is chaired by UNHCR, with occasional involvement of the Ministry of Gender, Children and Social Welfare with a special GBV Sub-Cluster.

The coordination mechanism for inclusive humanitarian action is currently insufficient, especially due to the absence of a disability working group in the humanitarian sector and the lack of a robust government body on disability, such as a disability council, to facilitate and oversee policy implementation.

In response to this situation, it is important to emphasize the collaborative efforts made by OPDs to actively participate in clusters. However, it's worth noting that persons with disabilities occasionally engage in cluster activities indirectly or by proxy. The recently developed Protection Analysis Framework serves as one such example.

## Overall policy goal

To promote, protect and ensure equal access to protection from gender-based violence and access to sexual reproductive health services by persons with disabilities in South Sudan.

### Objectives of the policy

- To enhance the protection of persons with disabilities by ensuring disability-inclusive protection from gender-based violence;
- To promote equal access to SRH services for men, women, boys and girls with disabilities.
- To establish a clear mechanism for handling sexual and gender-based violence.

## Context analysis

Advocacy initiatives by OPDs, including SSUPD and SSWDN, have played a significant role in enhancing the Disabilities Humanitarian Response Plan (HRP) and Humanitarian Needs Overview (HNO) for 2023. Compared to their predecessors, the improvements in three key areas are notable:

- **Language and Reference:** There has been an enhancement in language and reference, with a shift from terms like “persons with special needs” or “disabled people” to more inclusive language recognizing and addressing persons with disabilities.
- **Recognition of 15% Estimate:** The HRP and HNO now acknowledge the 15% estimate, as per the disability report by the World Health Organization and World Bank in 2011. This recognition helps in better understanding the demographic representation of persons with disabilities.
- **Accessibility and Removal of Barriers:** The humanitarian response now explicitly targets accessibility and the removal of barriers, addressing critical aspects for the inclusion of persons with disabilities.

Despite challenges in obtaining accurate data on the population of persons with disabilities, with the 2009 census suggesting a figure of 5.1%, well below the global average, some actors have begun adopting the 15% estimate to improve inclusivity. Recognizing the inaccessibility of mainstream services, certain actors are actively working to ensure the inclusion of persons with disabilities.

**15%** in South Sudan are persons with disabilities

The health sector, in general, faces numerous challenges, including limited funding, the absence of entities in certain areas, conflicts, understaffing, and more. The Ministry of Gender, Children and Social Welfare holds a leading role in government institutions, particularly in matters of disability and protection. It has a specialized directorate focused on disability. The Ministry of Health addresses health-related issues, including SRH, with disability integrated into their strategic framework.

South Sudan has initiated the ratification process of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The parliament passed the document, and the President ascended to it on February 24, 2023, signaling a significant step in the country's commitment to disability rights. South Sudan has a policy on disability that can be referred to as the National Disability and Inclusion Policy and Inclusive Education Policy in addition to a Social Protection Policy Framework.

Communities often hold misconceptions that inadvertently tolerate gender-based violence, while sexual reproductive health services are erroneously considered as taboo and confined to domestic matters. The aim of this intervention is to shed light on existing initiatives designed to transform these prevailing attitudes.



## Policy and legal frameworks

This policy is built upon a rights-based approach anchored in the following legal and policy instruments:

- The Transitional Constitution of South Sudan particularly article 30 and 34.
- The Convention on Elimination of All Forms of Discrimination against Women (CEDAW) ratified by South Sudan in 2015.

- The Convention on the Rights of the Child ratified by South Sudan, which also adopted a Child Act.
- IASC guidelines on GBV.

- The National Disability and Inclusion Policy (NDIP) adopted in 2015
- The Sustainable Development Goals, particularly goals 2 and 5 (Hunger and Gender Equality).

- IASC Guideline on Inclusion of Persons with Disabilities in Humanitarian Action.
- Sphere handbook and minimum standards.

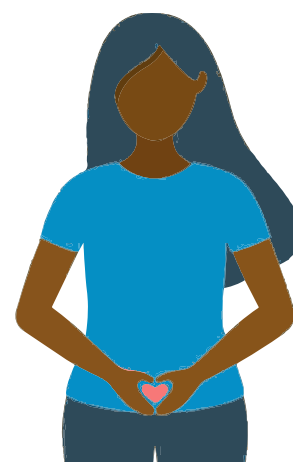
## Strategic approach

This policy is constructed based on the twin-track approach, which involves enabling persons with disabilities to access both mainstream services and targeted interventions, including specific outreach efforts to this group. This approach aligns with the vision and missions of the OPDs.

Additionally, the policy advocates for the removal of barriers through awareness raising and the incorporation of reasonable accommodations for those who require them. These principles are integral to the policy, ensuring that inclusivity and accessibility are prioritized.

## Scope of the policy

This policy outlines the implementation of SRH and protection initiatives across South Sudan. It specifically aims to align and complement existing policies and frameworks by addressing potential gaps that may arise from the inadequate consideration of disability in current mechanisms.



## Gaps and opportunities

Upon examining the partnership under study, the following issues have been identified:

- There is an apparent lack of harmonization of disability-related policies and legal frameworks with other relevant national frameworks. Consequently, disability is often treated as a separate matter and receives less prioritization.
- Organizations of Persons with Disabilities (OPDs) face limited access to funding due to stringent criteria that are challenging for them to meet.
- Official memoranda of understanding are absent, primarily due to the perceived or actual limited capacity of OPDs from the agencies involved.
- There is a lack of awareness among service providers and community members regarding the importance of ensuring access to Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) protection for persons with disabilities.
- A well-established national strategy for ensuring disability inclusion, especially in the areas of SRH and GBV protection, is lacking.
- Preexisting challenges faced by persons with disabilities in both the environment and institutional policies are inadequately considered.
- Limited visibility of persons with disabilities is evident throughout the entire trajectory of the access to SRH and GBV protection program cycle.
- Crosscutting limited capacity in the inclusive programming approach results in OPDs being viewed solely as beneficiaries, hindering their ability to assume a strategic position in engagement with humanitarian and development actors.

## Operational considerations

Crosscutting gaps influence the partnership processes according to interviewees on both ends.

- Resource mobilization and allocation by the OPD and being able to submit reasonable records.
- Advocacy and awareness raising
- Protection of human rights and fundamental freedoms.
- Alliance building and partnership
- Promoting leadership and voice of persons with disabilities
- Removal of barriers and addressing discrimination.
- Ensuring accountability for all beneficiaries and stakeholders.
- Enhancing resilience of the targeted groups.

## Success indicators

This policy is the first to specifically track OPD engagement in South Sudan.

This partnership was guided by several written and unwritten standards for tracking the policy implementation process and guidance:

- degree of change as a direct or indirect impact of the interventions;
- number of persons with disabilities reached by the intervention;
- sustainability and relevance of the intervention;
- innovation and adaptability to the needs and aspiration of persons with disabilities;
- acceptance and perception of the program by persons with and without disabilities.

## Limitations

This policy is based on perceptions and some information in the literature, but practical field information was not collected on how the programs are implemented. The tools used in the program have not been independently verified as to their compliance with inclusion standards. Therefore, it is likely that the policy does not necessarily reflect the exact nature of the projects implemented.

The absence of comprehensive national data that can be easily referenced poses a challenge, as protection monitoring tools currently in use inadequately capture disability as a monitored area. This limitation hinders the ability to obtain accurate on-the-ground information. Moreover, the understanding of disability is limited, and as a result, some persons with disabilities face additional marginalization.

## References

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