## Contents

1. Rationale for action .............................................. 7
2. Key areas of concern ........................................... 9
3. The UNFPA commitment to disability inclusion .................. 13
4. Guiding international normative frameworks ...................... 16
5. UNFPA principles for leaving no one behind and reaching the furthest behind ..... 20
6. UNFPA approaches to disability inclusion ....................... 22
7. Strategic focus areas ........................................... 26
   Implementing the UNFPA Disability Inclusion Strategy .................. 26
   Four strategic focus areas of the accountability framework ............... 26
   Rating system .................................................................. 27
   STRATEGIC FOCUS AREA: Leadership, strategic planning and management ........ 27
      Indicator 1: Leadership .............................................. 28
      Indicator 2: Strategic planning .................................. 29
      Indicator 3: Disability-specific strategy .......................... 30
      Indicator 4: Institutional set-up .................................. 31
   STRATEGIC FOCUS AREA: Inclusiveness .......................... 32
      Indicator 5: Consultation with persons with disabilities ................. 33
      Indicator 6: Accessibility ............................................ 34
      Indicator 6.1: Accessibility of conferences and events .................. 36
      Indicator 7: Reasonable accommodation .................................. 37
      Indicator 8: Procurement ............................................. 38
   STRATEGIC FOCUS AREA: Programming ......................... 39
      Indicator 9: Programmes and projects .................................. 40
      Indicator 10: Evaluation ............................................ 41
      Indicator 11: Country programme documents ......................... 43
      Indicator 12: Joint initiatives ........................................ 45
   STRATEGIC FOCUS AREA: Organizational culture .................. 46
      Indicator 13: Employment ............................................ 46
      Indicator 14: Capacity development for staff .......................... 48
      Indicator 15: Communication ........................................ 49
8. Conclusion: Implementation ...................................... 51
9. UNFPA selected definitions and concepts on disability inclusion .................. 55
10. Key resources on disability inclusion ................................ 58
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>Accountability to Affected Populations</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
</tr>
<tr>
<td>CPD</td>
<td>Country Programme Document</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>CSW</td>
<td>Commission on the Status of Women</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
</tr>
<tr>
<td>HNO</td>
<td>Humanitarian Needs Overview</td>
</tr>
<tr>
<td>HRP</td>
<td>Humanitarian Response Plan</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>LNOB</td>
<td>Leaving no one behind</td>
</tr>
<tr>
<td>OPD</td>
<td>Organization of persons with disabilities</td>
</tr>
<tr>
<td>RFB</td>
<td>Reaching the furthest behind</td>
</tr>
<tr>
<td>UNCT</td>
<td>United Nations Country Teams</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>UNDIS</td>
<td>United Nations Disability Inclusion Strategy</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNPRPD</td>
<td>United Nations Partnership to Promote the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>UNSMS</td>
<td>UN Security Management System</td>
</tr>
</tbody>
</table>
Introduction

We Matter. UNFPA works to ensure persons with disabilities are leading efforts to make the world more inclusive and are championing equal rights and a life free from violence. The UNFPA Disability Inclusion Strategy puts persons with disabilities at the very centre of everything UNFPA does. Disability inclusion means making the work of UNFPA stronger by ensuring sexual and reproductive health and rights (SRHR) for all. Focusing on the rights of persons with disabilities supports the achievement of the Sustainable Development Goals, especially the principle of "leaving no one behind" (LNOB) and "reaching the furthest behind" (RFB), this strategy aligns with the United Nations Disability Inclusion Strategy (UNDIS) as well as the UNFPA Strategic Plan, 2022–2025. Disability inclusion matters because it contributes to all UNFPA transformative results.

We Belong. Disability inclusion is not a separate agenda to UNFPA. It is about accelerating organizational change that welcomes human diversity and ensures equality and non-discrimination of persons with disabilities. Disability inclusion promotes a sense of belonging. This can be achieved by guaranteeing accessibility, reasonable accommodation and social inclusion in meetings and events. Sense of belonging is reinforced through respectful communication. Persons with disabilities belong on an equal basis in UNFPA, also as part of the workforce, and where programmes are designed and implemented, where decisions are made and where wisdom and expertise is shared.

We Decide. Persons with disabilities have a right to make their own choices about their bodies, health and lives. Exercising the right to bodily autonomy is a matter of justice. Everything UNFPA does rests on the commitments to SRHR for all, which is embodied in the 1994 International Conference on Population and Development (ICPD) and its Programme of Action. These commitments are crucial for persons with disabilities, and enhance their decision-making power.

What is the UNFPA Disability Inclusion Strategy?

This corporate strategy outlines a "whole of institution approach" focused on accelerating implementation of the four pillars of the United Nations Disability Inclusion Strategy (UNDIS). The content is aligned with the UNFPA Strategic Plan, 2022–2025 and with the UNFPA LNOB/RFB Operational Plan, which further details specific measures for promoting the rights of persons with disabilities. Focused programmatic guidance in this area is provided by existing and/or other forthcoming tools and resources. UNDIS reporting by UNFPA from 2019 and 2020 was used as a baseline for action. The strategy was developed by the UNFPA-UNDIS Task Force, chaired by Office of the Executive Director and coordinated by the Technical Division. It was co-authored by the Technical Divisions’ Gender and Human Rights Branch in close collaboration with the Division of Human Resources. The strategy was also reviewed and vetted by external stakeholders including organizations of persons with disabilities (OPDs).

The work of UNFPA aims to further strengthen the capacity for quality population data collection, analysis and utilization in policymaking and programming around population issues, gender equality and sexual and reproductive health, including population data in humanitarian settings. Mapping vulnerabilities through increased disability-related data is integral to the UNFPA mandate and fulfilling the three transformative results through leaving no one behind and reaching the furthest behind first. In the UNFPA Strategic Plan, 2022–2025, almost all of the outcome indicators are disaggregated by sex and by one or more of the UNFPA "furthest behind" factors and characteristics: (a) gender; (b) age; (c)
UNFPA takes a human rights-based approach to disability. This strategy draws from sound evidence on human rights-based comprehensive strategies on disability inclusion anchored in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and UNDIS. UNDIS provides the foundation for system-wide sustainable and transformative progress on disability inclusion. Following the UNDIS Entity Accountability Framework and its four strategic focus areas and 15 operational areas, this strategy builds on the UNFPA performance in the UNDIS reporting. The aim is to accelerate meeting the requirements for those strategic focus areas that have remained weakest: Inclusiveness and Organizational Culture. Moreover, UNFPA strives for excellence in the requirements under the Leadership and Programming pillars, many of which UNFPA has already met or exceeded.

The strategy is informed by consultations with implementing partners, representative OPDs, United Nations Member States, affected populations and other stakeholders who have collaborated with UNFPA in its disability inclusion work during recent years. UNFPA recognizes that participation is an important human rights-based principle, and a central tenet of the CRPD, which recognizes the full enjoyment of all human rights by persons with disabilities.
Abstract background with yellow and orange and two circles: a small brown circle to the top left and a larger purple circle in the middle. A young person (female) of African descent cheering with right arm up in the air and left arm by her side wearing a white or light-colored dress.
1. Rationale for action

Nearly one billion people – or 15 per cent of the world’s population – experience some form of disability during their lifetime; in developing countries, this number rises to 20 per cent.¹ The CRPD states that persons with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.² Despite all the progress made, prejudice and systemic discrimination against persons with disabilities continues, and they often face extreme violations of their rights.

Social and gender norms, misconceptions and negative attitudes around disability are some of the leading causes for marginalization of persons with disabilities. The concept of desexualization of persons with disabilities has contributed to their lack of access to sexual and reproductive services. Moreover, persons with disabilities are up to three times more likely to experience physical, sexual and emotional violence. In addition, unintended pregnancies and sexually transmitted infections (STIs) including HIV and AIDS are major threats to their personal development, health and life quality. Legislation, policies and programmes do not adequately address their social inclusion as it relates to employment and livelihood opportunities.³

Data collection on disability is difficult when many youth and persons with disabilities are socially and culturally stigmatized. Similarly, there is no unique definition of disability, and it often varies from one country to another. In other words, disabilities are situational and contextual. Persons with disabilities are often not always included and/or identified in official national statistics, and they are often excluded from national and international development efforts, policies and programmes, unless specifically targeted.

The term “intersecting discrimination” is often used to describe the situation of persons with disabilities due to the exclusion that many persons with disabilities encounter in relation to their gender, age, social and economic status, and their disability. Thus, disability may look different and produce unique forms of disadvantage and privilege when intersecting with various identities.

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³ A more detailed description of the status of youth and women with disabilities can be found in the UNFPA study “Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights” launched in September 2018. This study provides an analysis on the situation of young persons with disabilities concerning discrimination and gender-based violence, including the impact on their sexual and reproductive health and rights. It also provides an assessment of legal, policy and programming developments and specific good practices in service delivery as well as best-standard prevention and protection measures.
Abstract background of yellow with orange, purple and white coloured shapes in a pie chart form. Young person (female) with long black hair is holding a young girl in her arms and reading a book to the young girl. The woman is wearing a light-colored t-shirt and the young girl has black vest on and is wearing her hair pinned back and a white bracelet on her right arm.
2. Key areas of concern

Women with disabilities

Women with disabilities account for almost one-fifth of women worldwide. Their marginalization is increased when they face significant barriers to accessing sexual and reproductive health (SRH) information, education and services that are adequate, comprehensive and free of prejudice. Women with disabilities are up to 10 times more likely to experience gender-based violence. For women with disabilities, gender-based violence (GBV) is often compounded by disability-specific violence such as caregivers withholding or removing assistive devices or refusing to assist with daily living. Women with disabilities are routinely denied their right to bodily autonomy as they experience forced or coerced sterilization, forced contraception, denial of access to contraception, growth attenuation and/or other forced medical procedures to control menstruation, and removal of their children from their custody. In addition, support services for women experiencing violence tend not to be accessible to women and girls with disabilities or respond inadequately to their specific needs; this lack of positive response reinforces a lack of self-confidence and self-respect and reinforces an internalized belief that violence is acceptable.

Most women with disabilities are able to become pregnant, to have normal labour and delivery experiences, and to care for their children similarly to women without disabilities. However, complications during pregnancy, labour or post-partum period are higher among some women with disabilities. For instance, pregnancies among women with intellectual and developmental disabilities were associated with a higher likelihood of poor outcomes that include pre-eclampsia, preterm birth, Caesarean section, longer hospital stays and fetal death. Some of these complications may be linked to the lack of training and experience of medical personnel to respond appropriately to the characteristics of women with disabilities and inaccessibility of sexual and reproductive health services and information before and during pregnancy.

Every day an average of 800 women die of causes related to pregnancy and childbirth. Complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in less developed countries and fragile contexts. About 50 per cent of the nearly 120 million women who give birth each year experience some kind of complication during their pregnancies, and between 15 million and 20 million develop disabilities such as severe anaemia, incontinence, damage to the reproductive organs or nervous system, chronic pain and infertility. These complications can have major social and physical consequences for mothers and their babies.

An individual’s experiences at an early age can influence life at a later stage in life. UNFPA advocates for a life cycle approach by investing in health and well-being from pregnancy through childbirth, childhood and adolescence, and onto adulthood and eventually old age, cultivating community involvement in the process and emphasizing the rights of individuals of all ages.

Populations are ageing rapidly in many regions, and the longer lifespan is associated with increased prevalence of disability. Older women with disabilities have consistently worse life prospects and outcomes than older women without disabilities and older men with disabilities. Gender roles and expectations often push these women into economic dependency. As a result, older women with disabilities are considerably poorer; are likely to be subject to violence, abuse and neglect; and have

7 Barton R. Burkhalter, “Consequences of Unsafe Motherhood in Developing Countries in 2000: Assumptions and Estimates from the REDUCE Model” (Bethesda, MD: University Research Corporation, unpublished).
higher chances of facing human rights violations. In addition, older women with disabilities are more likely to be institutionalized or incapacitated owing to their longer life expectancy compared with men.

**Young persons with disabilities**

Globally, over 180 million persons 10 to 24 years of age live with a disability—mental, intellectual, physical or sensorial—and around 80 per cent of them live in low-income countries. Young persons with disabilities throughout the world are disproportionately isolated within their own communities, are far less likely than their peers to achieve the same educational and employment outcomes, and are often unable to begin families or establish healthy sexual partnerships.

Young persons with disabilities are as likely to be sexually active as their peers without disabilities and have equal rights to sexual and reproductive health services. They have unique, and at times greater needs for such services but they often face challenges accessing them. These greater sexual and reproductive health needs often result from a lack of information; sexual abuse and rape (which increases the likelihood of pregnancy); being infected with HIV or STIs; and an overarching stigma that creates barriers to access. Most of these needs and negative outcomes are exacerbated for girls and young women. Access to sexual and reproductive health services is hindered by physical inaccessibility, communication barriers, negative attitudes of service providers, lack of confidentiality, costs, mistreatment and an overall inadequacy of service delivery.

**Persons with disabilities affected by emergencies**

Humanitarian crises, including conflicts, disproportionately occur in low resource settings, where the majority of youth and adolescents, including youth with disabilities live. In humanitarian emergencies, persons with disabilities may form a much higher percentage than 15 per cent. Girls and young women with disabilities are among the most marginalized people in crisis-affected communities and are disproportionately affected by conflict and emergency situations. In addition, they are at higher risks of exploitation and violence and abuse. In disasters, their mortality rate is two to four times higher than that of persons without disabilities. Moreover, there are roughly 10 million persons with disabilities who experience forced displacement worldwide because of persecution, conflict, violence or human rights violations. When factoring in the issue of underreporting and displacement due to natural disasters, this number is likely much higher.

The design and delivery of humanitarian assistance is not yet systematically inclusive for persons with disabilities in preparedness, response and recovery. Persons with disabilities living in areas where these crises take place are often excluded from almost all decision-making and planning and receive little to no support. Persons with disabilities are often forgotten by humanitarian workers and are less likely to have the means to move on their own to a safer place. The study by UNFPA revealed that women and girls are insufficiently protected from specific forms of GBV, including violence perpetrated in refugee camps and emergency shelters. Young women and adolescent girls who have been displaced are also often targets of sex traffickers and others. It is also during these periods that young persons with disabilities, especially adolescent girls and young women with disabilities, experience the greatest barriers to sexual and reproductive health, which is rarely accessible during a crisis and often the last form of health care to be re-established in its aftermath of a crisis.

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10 Ibid.
Disability, COVID-19 and exacerbated inequalities

The COVID-19 pandemic has made disability inclusion even more relevant and urgent. It has brought new challenges and exacerbated existing barriers that will impact returning to normality for persons with disabilities. Girls and women with disabilities have been at greater risk of contracting COVID-19 as institutionalization, work in essential services and/or living in poverty may have increased their exposure to the virus. Moreover, depending on underlying health conditions and certain medical vulnerability to the virus, they may have been at greater risk of developing more severe cases of COVID-19 in the case of becoming infected.

The pre-COVID-19 barriers to realizing sexual and reproductive health and rights have deepened during the pandemic, often due to strained health care resources or health policies that failed to take into account gender and disability. In addition, during COVID-19, GBV among women and girls with disabilities increased due to social isolation, disrupted routines and lack of access to support persons. Like all women, women and girls with disabilities continue to have the right and need to access SRH and GBV information, goods, and services, exercise bodily autonomy and take their own decisions during a crisis. There must be a particular focus on the availability and accessibility of health care, including SRH and GBV services, and on including persons with disabilities in the COVID-19 response and recovery.14 The importance of remote-based GBV essential services has been highlighted in the context of COVID-19. UNFPA has addressed the gender and disability dimensions of COVID-19 for instance by developing a series of knowledge products and tools within the UNPRPD Joint Programme “Building Back Better for All” and a disability-inclusive guideline for provision of remote-based essential services for victims/survivors of GBV.15

SNAPSHOTS OF DISABILITY INCLUSION
Supporting bodily autonomy by providing accessible information on sterilization in Argentina

The UNFPA Country Office in Argentina has developed an informed consent document for tubal ligation in an easy-to-read format. This document, elaborated by an interdisciplinary team and together with the National Ministry of Health, presents complete, updated and accessible information for women to know their rights regarding this health practice and to be able to make an autonomous decision about their sexual and reproductive life. The office utilized the UNFPA Guidelines for Providing Rights-based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities to support its work in promoting the sexual and reproductive health of women and girls with disabilities.16 In particular, the document draws on the section on "information, products and services on contraception for women and girls with disabilities".

An abstract background of yellow, with a pie chart shape of purple, orange, white and brown pieces. A young person (female) of African descent standing up wearing a t-shirt with an activist print and Maputo 2011 logo and jeans is looking into the distance.
3. The UNFPA commitment to disability inclusion

International Conference on Population and Development

UNFPA is working to promote meaningful, transformative and sustainable inclusion of persons with disabilities across all its programmes and operations, including humanitarian programmes, from headquarters to local communities. The mission of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the ICPD Programme of Action, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”. To attain this goal, it is important to effectively and systematically include persons with disabilities, especially women and young persons with disabilities in development, humanitarian, sustaining peace and peacebuilding settings.

The ICPD Programme of Action has called on states to address the sexual and reproductive health needs of persons with disabilities, and it demanded the elimination of discrimination that undermines the reproductive rights of persons with disabilities. UNFPA is responsible for monitoring the implementation of the ICPD Programme of Action and the outcome documents of its reviews.

UNFPA Strategic Plan, 2022–2025

UNFPA has become a more disability-inclusive United Nations organization both in terms of programming and internal policies. The UNFPA Strategic Plan, 2022–2025 has a prominent focus on marginalized groups, including youth and women and young persons with disabilities. It promotes the rights of persons with disabilities including their sexual and reproductive health needs, including women and youth with disabilities. This focus has been enabled through operationalization of the 2030 Agenda principle of leaving no one behind (LNOB) and the “reaching the furthest behind” operational approach of UNFPA, and dedicated leadership from all levels of the organization. Moreover, UNFPA has a longstanding commitment to equality and ending invisibility through high-quality disaggregated population data so that everyone counts and is counted.

The UNFPA Executive Board has also encouraged a more disability-inclusive approach. As a result, UNFPA has strengthened disability inclusion in its mandate areas, and enabled staff to be more conversant and aware about the importance of disability inclusion. Through disability inclusion at the country level, UNFPA is providing more thought leadership on disability within the development community. The UNFPA corporate human resources policy on disability inclusion has enabled the organization to prioritize reasonable accommodation for staff with disabilities, including through accessible information and communications technology (ICT), and more efforts in recruiting and retaining staff with disabilities. This has been complemented by working to capacitate more staff on the human rights model of disability, and how to ensure a welcoming, inclusive and enabling work environment.

As a cross-cutting matter, disability inclusion contributes to the achievement of the three transformative results by 2030. As a human rights and development issue, disability inclusion will also ensure UNFPA makes a meaningful contribution towards achieving the targets set in the 2030 Agenda for Sustainable Development. Moreover, embedding a systemic design, implementation and monitoring of disability-inclusive humanitarian response and recovery measures will ensure that UNFPA plays a role and contributes in humanitarian crises, including the recent COVID-19 pandemic, to reach marginalized groups including women and young persons with disabilities.

The United Nations Disability Inclusion Strategy

The United Nations Disability Inclusion Strategy (UNDIS) outlines how the United Nations system can strengthen system-wide accessibility for persons with disabilities and mainstream rights of persons with disabilities. Its development was informed by an institutional review led by the Special Rapporteur on the Rights of Persons with Disabilities and the ultimate goal is to achieve equality of outcomes and
foster an inclusive culture within the United Nations system. UNDIS establishes a vision for the United Nations system on disability inclusion until 2030 and is aimed at creating an institutional framework for the implementation of the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development, among other international human rights instruments, as well as for development and humanitarian commitments.

The foundation of this strategy is based on the UNDIS focus areas, while the formulation of this strategy has been guided by the reporting process of UNFPA to the UNDIS in 2019 and 2020. This has allowed the establishment of a baseline that can be used to formulate inputs by UNFPA managers and staff working at all levels from headquarters to the field for UNDIS and UNFPA disability strategy implementation. Similarly, the strategy builds on information gathered through consultations with implementing partners, OPDs, donors, affected populations and other stakeholders who have collaborated with UNFPA in its disability inclusion work during recent years.

**UNFPA Global Strategy for Adolescents and Youth**

The UNFPA global strategy for adolescents and youth, My Body, My Life, My World!, puts young people at the centre of sustainable development in all their diversity. It supports achievement of the Sustainable Development Goals and aligns with Youth 2030: The UN Youth Strategy. The approach of UNFPA is to ensure access to integrated sexual and reproductive health services and information to all young persons; addressing determinants of health and well-being, and promoting the leadership of young persons and their fundamental right to participation. From an intersectional programming approach, the UNFPA Disability Inclusion Strategy will ensure alignment with the UNFPA global strategy for adolescents and youth.

**UNFPA Gender Equality Strategy**

The UNFPA Gender Equality Strategy, 2022–2025 was developed to complement the UNFPA strategic plan and guide operationalization of the gender and rights-related aspects of the framework. The Strategy uses a twin-track approach of mainstreaming gender throughout the work of UNFPA, and having a dedicated set of work for gender equality and reproductive rights. UNFPA is accountable for progress on gender equality from a normative and a results-based institutional, programmatic and financial perspective. Promoting gender equality is at the core of international agreements that underpin the strategy, including the ICPD Programme of Action, Beijing Platform for Action and 2030 Agenda for Sustainable Development. Gender equality is also at the core of the three transformational results UNFPA is working to achieve by 2030, which the UNFPA Disability Inclusion Strategy supports.

**SNAPSHOTS OF DISABILITY INCLUSION**

**Strengthening data and evidence on disability and gender through UNFPA efforts**

UNFPA has contributed to the inclusion of The Washington Group questions on disability statistics in national censuses. The number of countries including these questions has increased from 33 per cent in 2018 to 73 per cent in 2020. In Morocco, UNFPA conducted a research-action project in order to introduce disability-related indicators to the national health information system. In Serbia, UNFPA undertook pioneering research on the experiences of women and girls with disabilities in exercising their rights. Through the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) Joint Programme on Disability Inclusive Response and Recovery Planning for COVID-19, UNFPA organized the global assessment on the pandemic’s impact on GBV and the sexual and reproductive health and rights of women and girls with disabilities.
An abstract background of yellow, purple and orange with purple and white rectangles, triangles and circles. A young person (female) with short hair is in a dancing pose with her left hand raised up in a dance-like gesture. The young person is smiling.
4. Guiding international normative frameworks

Several global and regional frameworks support disability inclusion across the UNFPA mandate.

**The United Nations Convention on the Rights of Persons with Disabilities**

The CRPD, adopted in December 2006 and ratified and ratified by 182 countries out of 193 Member States, has made disability increasingly understood as a human rights and development issue. The CRPD recognizes the full enjoyment of all human rights by persons with disabilities, including the right to equal participation in society and the right to live a life with dignity. The CRPD and its Optional Protocol (2006) is the only Convention of its kind to explicitly make reference to sexual and reproductive health. According to Article 25 of the Convention, States Parties should, “Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes”.

Human rights related to sexual and reproductive health are mentioned under Article 23, which emphasizes respect for home and the family; Article 16, which guarantees freedom from exploitation, violence and abuse; Article 6, which recognizes multiple discrimination that women and girls with disabilities are subjected to; and Article 21, which addresses the right to access to information. Moreover, the CRPD states that all States Parties have a responsibility to ensure the rights of young persons with disabilities during crises. Article 11 on “Situations at risk and humanitarian emergencies” clearly states that it is the States Parties’ responsibility to implement “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”.

**Other relevant United Nations human rights treaties**

Other relevant United Nations human rights treaties include the Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of Discrimination against Women, and the Convention on the Rights of the Child. Their respective Committees have developed soft law relating to disability inclusion, sexual and reproductive health and rights and GBV. For example, the Committee on Economic, Social and Cultural Rights issued a General Comment on the right to sexual and reproductive health with specific references to persons with disabilities, including accessibility and reasonable accommodation. The Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child have also highlighted the importance of ensuring sexual and reproductive health services and ending GBV and harmful practices against women and girls with disabilities.

**Programme of Action of the International Conference on Population and Development**

In the ICPD Programme of Action, persons with disabilities are recognized as constituting a “significant proportion of the population” and it further recognized the needs of persons with disabilities for reproductive health, including family planning and sexual health, HIV and AIDS, information, education and communication. It states that Governments “should eliminate specific forms of discrimination that persons with disability may face with regards to reproductive rights, household and family formation”.

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The ICPD Programme of Action calls for integration of sexual and reproductive health services within primary health care, in an attempt to make them universally accessible. It also encompasses the commitment that individuals and couples should be free "to make decisions concerning reproduction free of discrimination, coercion and violence". The Fourth World Conference on Women in Beijing in 1995 built on this momentum and reiterated some of the consensus language related to the human rights of women that was established by the ICPD Programme of Action. Thus, 2020 marks the twenty-fifth anniversary of the Beijing Declaration, an agenda for women’s empowerment and the key global policy document on gender equality and women’s human rights. In addition, at the Nairobi Summit to commemorate ICPD25, over 1,250 commitments were made to accelerate achievement, including the importance of LNOB.

The 2030 Agenda and the Sustainable Development Goals

The 2030 Agenda for Sustainable Development calls on states to promote inclusive development that recognizes the right of persons with disabilities to equal access to entitlements including education, health, employment, housing, and political participation. Adopted by 193 Member States in 2015, it also sets targets for state action to eliminate violence against all girls and women, including those with disabilities, and to ensure access to sexual and reproductive health services and education for all. This is reflected throughout the Agenda, and embodied in Goal 10 ‘Reduced Inequalities’, particularly in target 10.2. Five of the Sustainable Development Goals expressly include persons with disabilities, and others refer to individuals in vulnerable situations that include persons with disabilities. Both Goal 3 and 5 are of high relevance to the UNFPA mandate and address the need to ensure universal access to sexual and reproductive health.

Charter on Inclusion of Persons with Disabilities in Humanitarian Action

In 2016, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action was adopted during the World Humanitarian Summit by many member states, United Nations agencies and non-governmental organizations and networks. Subsequent work on development of the Inter-Agency Standing Committee (IASC) Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, endorsed in 2019, paves the road for UNFPA to coordinate and engage with partners and stakeholders.

AIFO, an organization of persons with disabilities, has partnered with the UNFPA Country Office in Mozambique to deliver training programmes to prepare mentors from the Rapariga Biz Programme to better support girls with disabilities within their communities and to address the sexual and reproductive health needs of persons with disabilities.

The mentorship approach is the heart of Rapariga Biz, offering a platform for delivery of critical training, information and skills building. The programme reaches adolescent girls and young women with the support of mentors identified within the community. Mentors are girls and young women who are trained to facilitate safe spaces where participants can share knowledge and experiences and receive peer support.

The partnership between AIFO and UNFPA also supported mentorship groups with information about how to avoid contracting COVID-19. The mentors have made a difference for girls like Zainura Júlio Fábula, who joined a group where mentors facilitated conversations with girls about important topics that are often not discussed, such as sex and pregnancy. “I was born with HIV and when I was two years old, I had a relapse so severe that my legs and arms arched and my tongue got stuck. Because of this I have difficulty speaking. My life changed when I met my mentor who invited me to attend the girls’ meetings she holds here in the neighborhood. There I made many friendships and discovered that I could be happy,” she said.
An abstract background of yellow, with a pie chart like shape of purple, orange, white and brown pieces. A young child with curly black hair tied back (female) with a black jersey with white stripes of the Egypt Olympics is holding out her arms and smiling.
The UNFPA Disability Inclusion Strategy is guided by the following principles:

- **DIGNITY, INDIVIDUAL AUTONOMY AND INDEPENDENT DECISION-MAKING**
- **SAFETY AND PROTECTION**
- **NON-DISCRIMINATION**
- **FULL AND EFFECTIVE PARTICIPATION AND INCLUSION IN SOCIETY**
- **HUMAN RIGHTS**
- **GENDER EQUALITY**
- **ACCOUNTABILITY TO AFFECTED POPULATIONS (AAPS)**
- **HUMANITARIAN-DEVELOPMENT-PEACE NEXUS**
- **AAAQ PRINCIPLES**

The principles of Availability, Accessibility, Acceptability and Quality serve to ensure disability-inclusive policy, programming, advocacy and programme support.

- **Availability**: Facilities, goods and services must be available in sufficient quantity and continuous supply
- **Accessibility**: Facilities, goods and services – including trained providers – must be accessible to everyone (physical accessibility, communication accessibility, digital accessibility, affordability, access to information and non-discrimination)
- **Acceptability**: Facilities, goods and services must be acceptable for consumers, culturally appropriate and respond to the characteristics of marginalized groups
- **Quality**: Facilities, goods and services must be of good quality
An abstract background of yellow, with a pie chart-like shape of purple, orange, white, and brown pieces. A young person (female) with black hair tied back is sitting on her wheelchair looking out to her left, wearing glasses. She is wearing a sweater with bold buttons and a skirt and smiling with pursed lips.
6. UNFPA approaches to disability inclusion

**Twin-track approach**

The UNFPA Disability Inclusion Strategy adopts a twin-track approach to achieve its goals and attain results, with disability matters being systematically included in all UNFPA programmes and activities, including internal practices and organizational structures. Similarly, disability-specific actions are broadly promoted as greatly needed to address situations and conditions of particular marginalization.

Utilizing a twin-track approach is commonly accepted as a means to promote disability inclusion. This implies that UNFPA will aim to mainstream disability within all results areas while also focusing on specific disability-related results. With growing expertise at UNFPA at all levels, this has enabled the organization to also ensure stronger disability inclusion within country programme documents. Currently, UNFPA's work globally focuses on developing various programmes promoting the rights of persons with disabilities in an estimated 45 countries worldwide directed at: (1) the collection of data, analysis and information on disability, gender and age; (2) addressing gender-based violence (GBV) and harmful practices; (3) strengthening realization of sexual and reproductive health and rights and related services. Additionally, UNFPA Country Offices and Regional Offices increasingly have experience working with representative OPDs on disability issues. It is expected that this work will expand in the following years. UNFPA also advocates and provides technical support around inclusion of The Washington Group questions in the censuses.

An example of the twin-track approach is the UNFPA-initiated programme "We Decide: Women and Young Persons with Disabilities. A Programme for Equal Opportunities and a Life Free of Violence". The programme builds on existing efforts within UNFPA country programmes globally and promotes the human rights and social inclusion of persons with disabilities. We Decide has become a catalytic initiative within UNFPA to mainstream disability into programmes and interventions. The programme has also contributed to making disability inclusion more human rights-based and systematic in UNFPA. In 2019, a total of 45 UNFPA Country Offices reported promoting the rights of persons with disabilities through their programmes, while all Regional Offices had programmed for disability inclusion. Inspired by the LNOB principle of the 2030 Agenda, and following the twin-track approach, the We Decide programme experience provides model interventions for UNFPA to scale up.

**Intersectionality**

Persons with disabilities may experience intersectional discrimination and may be more vulnerable to various forms of rights violations due to one or more intersecting factors, including gender, age, economic status, ethnicity, sexual orientation, religion, indigeneity, migration status, race and nationality. For instance, the intersection between young age, disability and gender results in both aggravated forms of discrimination and specific human rights violations against girls and young women with disabilities. While in all parts of the world persons with disabilities are faced with violations of their rights and barriers to their participation as equal members of society, girls with disabilities are significantly worse off than boys with disabilities, regardless of the type and severity of impairment. Girls with disabilities are more likely to be excluded from family interactions and activities, and are less likely to have access to education, vocational training and employment, or to benefit from full inclusion. Furthermore, girls and young women with disabilities are more likely to be
denied their rights to exercise bodily autonomy with regard to their reproductive and sexual health, which results in highly discriminatory and harmful practices.

There is a high correlation between ageing and disability. As the population’s life expectancy increases, the number of functional limitations resulting from visual, hearing, motor and intellectual loss in the population.

In this perspective, disability should not be seen as an individual and specific event that involves a determined number of persons, but as a matter of concern for all individuals, considering we are all likely to experience, at one point or another, a temporary or permanent functional limitation, particularly from a life course approach. In part the disability prevalence rate among women may be higher as their longer life expectancy increases the possibility of having a disability as they age.

**Coordination and collaboration**

UNFPA believes that strengthening multi-sectoral coordination at all levels is required in order to achieve effective delivery of results, programme management, coordination and quality assurance, etc. Evidence has shown that effective leadership and coordination of multi-sectoral and multi-agency partnership in support of sexual and reproductive health and rights is important for overall improved outcomes. The scale up of integrated sexual and reproductive health and GBV services for persons with disabilities also requires multi-sectoral coordination and action including capacity-building of service providers across different sectors. Considering the strategic partnerships that UNFPA has with mainstream sexual and reproductive health organizations, UNFPA should leverage these to call for mainstreaming disability inclusion as an essential aspect of action beyond mere disability-specific interventions. Therefore, UNFPA will leverage existing partnerships and collaborations to ensure programme outcomes are achieved.

For instance, UNFPA is part of the Management Committee of the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) and associated Multi-Partner Trust Fund (MPTF). UNFPA Country Offices are increasingly participating in joint programmes of United Nations Country Teams (UNCT) as grantees of the UNPRPD. UNFPA has also been part of the inter-agency subgroup on UNDIS. Moreover, UNFPA has also supported the development of the IASC disability guidelines, which have been launched and used in humanitarian settings, and UNFPA has closely collaborated with the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action to develop the 2020 IASC Key Messages on Applying IASC Guidelines on Disability in the COVID-19 Response.

Moreover, the principle of “Nothing about us without us”, which aligns with the CRPD Article 29, underlines that coordination and collaboration with representative OPDs is critical for any efforts for disability inclusion, including women- and youth-led OPDs. This collaboration is also a legal obligation under the Article 4(3) of CRPD. For UNFPA, collaborating with persons with disabilities has created opportunities in making our initiatives fit for purpose. Active and meaningful involvement of persons with disabilities and their representative organizations has multiple benefits for UNFPA. This enables the organization to define relevant and realistic goals; facilitates access for women and youth with disabilities and strengthening capacity of partners; and allows the organization to be more responsive to persons with disabilities, including ensuring accessibility of facilities, services and information.

UNFPA will remain committed to supporting key partners such as OPDs, including the International Disability Alliance (IDA) and Women Enabled International (WEI) to promote the meaningful

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participation of persons with disabilities, including providing key advocacy and capacity development opportunities. Collaboration with OPDs should be complemented with partnering with disability-focused organizations that engage in inclusive sexual and reproductive health, as well as women’s rights and youth rights organizations to advocate for a disability lens.

SNAPSHOTS OF DISABILITY INCLUSION
Committed to the principle “Nothing about us without us”

In Pakistan, the National Forum for Women with Disabilities (NFWWD) partnered with UNFPA to develop a peer-to-peer support programme to respond to the heightened risk of violence against women and girls with disabilities during the COVID-19 pandemic. In Kenya, UNFPA partnered with This-Ability, a women-led organization focused on women and girls with disabilities, to respond to the COVID-19 crisis. In Kazakhstan, UNFPA partnered closely with OPDs to adapt and ensure accessibility of the GBV services. During the Nairobi Summit, UNFPA and the Special Olympics started a global partnership with a focus on empowering youth with intellectual disabilities, especially girls and women, to receive increased social protection, greater access to health services, and empowerment related initiatives. To date, activities have been taking place within the Eastern Europe and Central Asia region, including in Azerbaijan.
An abstract background of yellow, with a pie chart-like shape of purple, orange, white and brown pieces. A young person (female) standing up using crutches is wearing a white t-shirt with the #ICPD25 logo. She is smiling and holding a brief in her right hand.
7. Strategic focus areas

Implementing the UNFPA Disability Inclusion Strategy

To ensure sustainable and transformative change, the UNDIS includes a system-wide policy, an accountability framework and other implementation modalities. UNFPA applies the accountability framework established by the UNDIS, which consists of four focus areas and 15 performance indicators. Like with other accountability frameworks in the United Nations, it uses a gradated aspirational five-point rating system.

The 15 indicators in this framework specifies core areas of responsibility for the UN as a whole. More specifically, the framework allows UNFPA to find existing gaps and evaluate which interventions are most needed for UNFPA to become a fully disability-inclusive organization. UNFPA performance in the UNDIS reporting indicates certain areas where UNFPA should improve its performance in disability inclusion. The focus areas where significant gaps remain are in the areas of inclusiveness and organizational culture. UNFPA should take stock of programmes and projects mainstreaming disability, apply the guidance to systematize rights-based consultation with persons with disabilities and their organizations, release new and focused programmatic guidance on disability inclusion, and review its policies to ensure institutional accountability for disability inclusion within procurement processes and evaluation practices.

Four strategic focus areas of the accountability framework

- Leadership, strategic planning and management
- Inclusiveness
- Programming
- Organizational culture.

Figure 1. The four strategic focus areas and 15 performance indicators

<table>
<thead>
<tr>
<th>LEADERSHIP, STRATEGIC PLANNING AND MANAGEMENT</th>
<th>INCLUSIVENESS</th>
<th>PROGRAMMING</th>
<th>ORGANIZATIONAL CULTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8. Procurement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rating system

The 15 performance indicators are rated against a graduated scale and support progressive improvement in the UN system’s institutional mainstreaming. Certain strategic actions are to be initiated by UNFPA business units at headquarters level. UNFPA Regional Offices and Country Offices should reflect on adapting these indicators and actions, to develop contextualized strategies and action plans that can contribute to ensuring the work of UNFPA is fully disability-inclusive at all levels. UNFPA Country Offices can use the UNDIS Scorecard to organize efforts at the country level.

The rating system of the UNDIS accountability framework has five levels. The ratings enable United Nations entities to self-assess and report on their standing with respect to each indicator, and move progressively towards excellent performance. It is best considered as an aid to promote leadership and direction and enhance coherence.

The five levels of the UNDIS rating system:

- Exceeds the requirements
- Meets the requirements
- Approaches the requirements
- Missing
- Not applicable.

Each United Nations entity, including UNFPA, should aim to meet the requirements in the Entity Accountability Framework. Entities should consider this to be the starting point rather than the conclusion of their efforts to achieve disability inclusion. The United Nations aspires to lead by example on disability inclusion and it is therefore anticipated that entities will seek to exceed the framework’s requirements.

STRATEGIC FOCUS AREA: Leadership, strategic planning and management

UNFPA’s dedicated leadership from all levels of the organization has enabled UNFPA to become a more disability-inclusive United Nations organization both in terms of programming and internal policies. As noted earlier, the UNFPA Strategic Plan, 2022–2025 is disability inclusive and addresses the sexual and reproductive health and the reproductive rights of those considered excluded, including women and youth with disabilities. To advance gender equality and the empowerment of women and girls with disabilities, the strategic plan aim to strengthen policy, legal and accountability frameworks through demographic data regarding sexual and reproductive health services, and living free of stigma, discrimination and violence. With increasing capacity in UNFPA, the organization can continue to ensure stronger disability inclusion within its interventions and documents. The development of disability-specific policies or strategies is also a key step within this area, which is fulfilled by the current strategy. By taking this strategy as a base, UNFPA regional and country offices are encouraged to develop their own disability strategy considering contextual specificities and needs.

The following section presents the indicators under the leadership, strategic planning and management focus area, highlighting the measures required by UNFPA and the levels of the rating system. Not all indictors are used by all entities, so UNDIS provides a “missing” and a “not applicable” level. However, UNFPA strives to implement these measures and therefore the tables specify three of the five levels: “approaches requirements”, “meets requirements” and “exceeds requirements”.
Indicator 1: Leadership

The commitment of senior leadership is a vital element of successful organizational change, including on disability inclusion. Senior United Nations leaders who are personally committed to disability inclusion will drive change across the organization. When senior leaders champion disability inclusion, they transform their organization’s policies, practices and programmes.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>UNDIS rating level</th>
<th>Performance indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approaches requirements</td>
<td>Senior managers internally and publicly champion disability inclusion</td>
</tr>
<tr>
<td>Meets requirements</td>
<td>Senior managers internally and publicly champion disability inclusion and Implementation of entity disability policy/strategy is reviewed by senior management annually, with remedial action taken as needed</td>
</tr>
<tr>
<td>Exceeds requirements</td>
<td>Senior managers internally and publicly champion disability inclusion and Implementation of entity disability policy/strategy is reviewed by senior management annually, with remedial action taken as needed and A specific senior-level mechanism is in place for ensuring accountability for disability inclusion</td>
</tr>
</tbody>
</table>

ILLUSTRATIVE ACTIONS:
UNFPA will continually work to achieve progress in this area. This includes the UNFPA entity-wide road map towards disability inclusion, which is based on UNDIS performance and highlights the areas that need the most investment for meeting requirements of the UNDIS. In addition to maintaining the high level of commitment to disability by the UNFPA leadership there remains the need to periodically review the current strategy.
**Indicator 2: Strategic planning**

Strategic planning documents are the highest-level planning and governing documents of United Nations entities and set out an entity’s vision, objectives and priorities. When an entity incorporates disability inclusion in these documents, it recognizes the importance of persons with disabilities and commits to strengthening their inclusion. To this end, entities must explicitly and systematically integrate disability inclusion in their strategic plans. The strategic planning indicator captures elements that an entity’s strategic plan or document must address in order to achieve disability inclusion.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Approaches requirements</th>
<th>Entity commitment to disability inclusion is in the overview/preamble of the main strategic planning document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets requirements</td>
<td>Entity commitment to disability inclusion is in the overview/preamble of the main strategic planning document and Entity commitment to targeted and mainstream disability inclusion is reflected in results statements and/or indicators of the main strategic planning document and Disaggregation of data by disability and sex in the main strategic planning document, as relevant</td>
</tr>
<tr>
<td>Exceeds requirements</td>
<td>Entity commitment to disability inclusion is in the overview/preamble of the main strategic planning document and 1.c.ii. Entity commitment to targeted and mainstream disability inclusion is reflected in results statements and/or indicators of the main strategic planning document and Disaggregation of data by disability and sex in the main strategic planning document, as relevant and System implemented to track resource allocation to disability inclusion across the entity</td>
</tr>
</tbody>
</table>
ILLUSTRATIVE ACTIONS:

UNFPA should reinforce disaggregation of data by disability, gender and age at country level, particularly within service provision, as well as address the lack of resources, capacity, and in-depth understanding of mainstreaming disability inclusion. As a next step, UNFPA will explore leveraging the experience from the gender marker to build in a disability component into the UNFPA LNOB/RBF marker or tracking system. This will allow for tracking programming and financial investment on disability within the organization's overall expenditures.

Indicator 3: Disability-specific strategy

Policies and strategies drive institutional change and through them entities commit to meet targets. An entity that has a disability-specific policy or strategy aligned to the UNDIS will work more coherently to achieve disability inclusion, and in doing this will help the United Nations system to achieve disability inclusion. A disability-specific policy/strategy also enables individual entities to adapt the accountability framework of the strategy to their own requirements. This indicator examines whether an entity has a policy and/or strategy on disability inclusion in place, evaluates its implementation, and checks whether the entity’s governing body is periodically provided with reports on its implementation.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Approaches requirements</th>
<th>Policy/strategy on mainstreaming disability inclusion is in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets requirements</td>
<td>Policy/strategy on mainstreaming disability inclusion is in place and implemented</td>
</tr>
<tr>
<td>Exceeds requirements</td>
<td>Policy/strategy on mainstreaming disability inclusion is in place and implemented and Entity provides an update at least every two years to the governing body or equivalent on the implementation of policy/ strategy and implements remedial action as needed</td>
</tr>
</tbody>
</table>

ILLUSTRATIVE ACTIONS:

Periodic reviews of the operationalization of the UNFPA Disability Inclusion Strategy, guided by the dynamic and “living” document of UNFPA road map towards disability inclusion is required. Reviewing the other supportive elements such as the UNFPA Strategic Plan, 2022–2025 and evidence, guidelines and tools for strengthening UNFPA programme areas, as well as a UNFPA policy on employment of persons with disabilities, is also proposed.
Indicator 4: Institutional set-up

An entity cannot successfully implement a policy or strategy on disability inclusion in the absence of a robust institutional set-up. Mainstreaming the rights of persons with disabilities across an entity entails, among other actions, technical guidance, coordination and advocacy. This requires an entity to have an institutional set-up that assigns responsibility and accountability for these functions. A dedicated technical unit or staff member with substantive expertise on disability inclusion can provide valuable technical assistance to different departments, and also advocate for disability inclusion internally and externally.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 4: Institutional set-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
</tr>
<tr>
<td>Entity has a unit/individual with substantive expertise on a human rights-based approach to disability</td>
</tr>
<tr>
<td><strong>Meets requirements</strong></td>
</tr>
<tr>
<td>Entity has a unit/individual with substantive expertise on a human rights-based approach to disability and Entity coordinates a focal point network on disability including all relevant departments and country offices</td>
</tr>
<tr>
<td><strong>Exceeds requirements</strong></td>
</tr>
<tr>
<td>Entity has a unit/individual with substantive expertise on a human rights-based approach to disability and Entity coordinates a focal point network on disability including all relevant departments and country offices and Entity holds a focal point network meeting at least once a year</td>
</tr>
</tbody>
</table>

ILLUSTRATIVE ACTIONS:

Implementation of the UNFPA Employment Policy for Persons with Disabilities by Division of Human Resources and UNDIS reporting should continue to support the institutional set-up for disability inclusion. UNFPA should ensure that there are sufficient human resources and substantive expertise on human rights-based approaches to disability inclusion internally. UNFPA should also institutionalize disability inclusion networks across regional offices, country offices and United Nations country teams. UNFPA should hold a focal point network meeting at least once a year. Moreover, the We Decide Global Programme, which has provided technical guidance, thought leadership, evidence and advocacy on disability inclusion particularly for women and young persons with disabilities at the regional and country levels, has been a catalytic force for disability inclusion. It has inspired disability programming and provided a model initiative on disability inclusion. Initiatives such as We Decide should be secured through additional funding.
SNAPSHOTS OF DISABILITY INCLUSION

Regional disability inclusion technical focal points as accelerators of operationalization of leaving no one behind and reaching the furthest behind

A network of disability inclusion technical focal points is located across the six UNFPA Regional Offices. Their role is instrumental in providing technical support and facilitating capacity-building in the regions, disseminating guidance, facilitating internal and external communication, and coordination of regional initiatives on disability inclusion. They also promote and coordinate South-South and triangular cooperation on disability inclusion.

STRATEGIC FOCUS AREA: Inclusiveness

Guaranteeing the active involvement and participation of persons with disabilities and their representative organizations in UNFPA work is crucial to achieving disability inclusion – as is ensuring full accessibility for all. This includes the construction of an enabling working and programming environment that does not include physical barriers such as accessibility of our buildings and facilities, workspaces, information and communications, conferences and events, and also does not include attitudinal, communicational and informational barriers. At the global level, UNFPA research, programming and advocacy on disability have all been conducted in partnership with disability-focused organizations. From a programming perspective, the UNFPA Strategic Plan is disability-inclusive, and as a principle UNFPA aims to consult all civil society partners including OPDs. Similarly, UNFPA is making progress with regards to assessing accessibility of its premises globally. In 2019, the facilities management team carried out a preliminary survey of UNFPA premises and documented potential challenges to physical accessibility to use of all the buildings. This strategy will enable the planning of further interventions to strengthen this area. Moreover, UNFPA is making efforts to ensure events are accessible. As an example, UNFPA led a significant effort in organizing the Nairobi Summit to commemorate the ICPD+25 in November 2019, where accessibility was prioritized.

Achieving the UNDIS requirements for this indicator on inclusiveness requires the following measures.
Indicator 5: Consultation with persons with disabilities

The UNFPA Disability Inclusion Strategy recognizes that persons with disabilities are actors of change, and possess unique knowledge and lived experience of disability that other party actors do not. The human rights-based approach to disability inclusion affirms that persons with disabilities have the right to participate fully and effectively in decisions that affect their lives. Being able to do so is critical to the removal of systemic barriers to their full inclusion and participation in society.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 5: Consultation with persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
</tr>
<tr>
<td>Systematic close consultation with and active involvement of, organizations of persons with disabilities on all disability-specific issues and Guidelines for consultation are in place</td>
</tr>
<tr>
<td><strong>Meets requirements</strong></td>
</tr>
<tr>
<td>Systematic close consultation with and active involvement of, organizations of persons with disabilities on all disability-specific issues and broader issues and Guidelines for consultation are in place</td>
</tr>
<tr>
<td><strong>Exceeds requirements</strong></td>
</tr>
<tr>
<td>Systematic close consultation with and active involvement of, organizations of persons with disabilities on all disability-specific issues and broader issues and Guidelines for consultation are in place and Entity has a partnership with organizations of persons with disabilities at the headquarters level and guidance on engagement with a diversity of organizations of persons with disabilities at the regional/country level</td>
</tr>
</tbody>
</table>
ILLUSTRATIVE ACTIONS:

Close consultation and active involvement of persons with disabilities and their representative organizations at all stages – from planning and design to implementation and monitoring – is needed to reach programmatic and operational goals and leave no one behind. A network of OPDs should be institutionalized and their periodic consultation systematized. Specific organizational guidelines for consultations should be applied. Resources and attention should be also dedicated to capacity-building of OPDs on gender and sexuality which is a prerequisite for sustainable and effective disability-inclusive sexual and reproductive health action. This should include developing accessible Protection against Sexual Exploitation and Abuse (PSEA) training curriculum and materials that include approaches for persons with developmental disabilities.

Indicator 6: Accessibility

Accessibility is a prerequisite for the inclusion of persons with disabilities in society. If buildings, goods and services are not accessible, persons with disabilities cannot live independently or participate fully and equally in society. Accessibility is relevant in numerous contexts, from the physical environment to public goods, transport, facilities, services, and information and communication (including information and communication technologies and systems). It is relevant both to beneficiaries of UNFPA programmes and all users of UNFPA goods, services and premises, including United Nations staff. Accessibility is equally relevant in development and humanitarian contexts. Universal design aims to ensure that products, environments, and programmes and services, to the greatest extent possible, can be used by all people without adaptation or reconfiguration. Accessibility is the practical implementation of such a design perspective.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 6: Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
</tr>
<tr>
<td><strong>Meets requirements</strong></td>
</tr>
<tr>
<td><strong>Exceeds requirements</strong></td>
</tr>
</tbody>
</table>
ILLUSTRATIVE ACTIONS:

Analysis of baseline data collected by UNFPA on the accessibility of its premises will serve as the basis for development of annual programmes of capital investment in adaptations, accessibility and reasonable accommodation going forward. It is proposed that accessibility will be fully incorporated in UNFPA’s Real Estate Policies and Procedures Manual (PPM) and will be reviewed at least every five years. An investment plan for necessary adaptations and reasonable accommodation is to be established. Adding accessibility as a permanent budget line to sustain the investments ensures that accessibility is realized.

Digital editors across the organization should be trained on the importance of accessibility overall and the proper use of the alt text field. An accessibility review should be carried out by an accessibility expert. UNFPA should address the challenge of accessibility in all of its publications providing, for example, Easy Read and Word versions. In addition, language accessibility should be considered by producing publications in the United Nations languages. UNFPA should ensure that all its multimedia productions are user-friendly and accessible for persons with disabilities by adding captions, transcripts, audio descriptions and sign language translation. Ensuring the UNFPA Protection Against Sexual Exploitation and Abuse PSEA guidance note and related training materials and the PSEA assessment are accessible requires attention.

UNFPA will complete a baseline assessment to determine their current level of accessibility, establish and implement a policy on accessibility, and periodically review that policy.

SNAPSHOTS OF DISABILITY INCLUSION

Progress towards accessibility

The UNFPA Asia-Pacific Regional Office and UNFPA Country Office in Ecuador are on their way to institutionalizing accessibility in webinars and meetings. The Regional Office has established Long-Term Agreements with sign language and Closed Captioning service providers. The Country Office organized an accessibility workshop that was conducted with other United Nations offices in Ecuador.

In Mozambique, UNFPA conducted a comprehensive accessibility audit of two health centres in two provinces by AIFO, a partner OPD, together with national partners including the Ministry of Gender and the national disability umbrella FAMOD. The audit was carried out in order to evaluate the existing conditions regarding the accessibility of the centres as well as access to the services provided in the care units. The audit resulted in an Action Plan with recommendations in several areas: how to enhance inclusiveness and accessibility in terms of structural modifications needed in the facilities; use of equipment with universal design features; communication of information in accessible formats; and accessible service provision and staff training.
UNFPA organizes numerous conferences, events and meetings. More and more persons with disabilities attend these or follow them online via webcasts, websites or online documentation. How UNFPA events are managed establishes highly visible standards of disability inclusion and accessibility. Events and conferences can be made accessible to as many people as possible in a variety of ways. Services that increase access include closed captioning or subtitling, Braille printing on demand, hearing loops, sign language (including via webcasting), easy-to-read documents, plain language documents and more.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Approaches requirements</th>
<th>Baseline assessment of accessibility and reasonable accommodation for conferences and events has been completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets requirements</td>
<td>Baseline assessment of accessibility and reasonable accommodation for conferences and events has been completed and Policies and guidelines on accessibility of conference services and facilities are in place and accessibility targets are established and met</td>
</tr>
<tr>
<td>Exceeds requirements</td>
<td>Baseline assessment of accessibility and reasonable accommodation for conferences and events has been completed and Policies and guidelines on accessibility of conference services and facilities are in place and accessibility targets are established and met and Accessibility action plan for conference services and events is assessed every year and revised, as appropriate</td>
</tr>
</tbody>
</table>

**ILLUSTRATIVE ACTIONS:**

Guidelines on the accessibility of conferences and events have been developed, including establishing accessibility targets. Due to COVID-19, there are now multiple videoconferences and events online. In all virtual events, UNFPA should also consider digital accessibility, use platforms that are accessible of different tools such as closed captioning, sign language interpretation, interpretation to various languages, and any other means to guarantee the participation of persons with disabilities. It is also good to gather feedback periodically from OPDs on accessibility and tools, as there are continuous changes in the digital environment.
**Indicator 7: Reasonable accommodation**

Promotion of an inclusive work environment should include providing qualified persons with disabilities with reasonable accommodation necessary to enable them to enter into and remain within the organization on an equal basis with others, unless doing so will impose an undue hardship to the organization. On an organizational level, UNFPA should review how funds allocated for reasonable accommodation are utilized to inform potential budget adjustments. Conducting the mandatory review of the Policy on the Employment of Persons with Disabilities is needed to examine how fit for purpose this new policy is.

In the context of disability inclusion, reasonable accommodation is an antidiscrimination measure that enables persons with disabilities to exercise their rights on an equal basis with others. A reasonable accommodation is a measure that benefits a specific individual, may modify or complement standard policies and services, may be provided in specific circumstances, and may be offered immediately. It may (or may not) have cost implications. It is relevant to all contexts, for example capacity-building, travel, meetings and events, office workspaces, camp management and transportation, among others.

How to fulfill this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Approaches requirements</th>
<th>Reasonable accommodation policy/strategy is under development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets requirements</td>
<td>Reasonable accommodation policy/strategy has been implemented, including adequately funded mechanism</td>
</tr>
<tr>
<td>Exceeds requirements</td>
<td>Reasonable accommodation policy/strategy has been implemented, including adequately funded mechanism and UNFPA keeps a record of reasonable accommodations requested and provided and of the level of satisfaction with the provision of reasonable accommodation</td>
</tr>
</tbody>
</table>

**ILLUSTRATIVE ACTIONS:**

UNFPA has a fund in place to ensure reasonable accommodation is available to persons with disabilities, and will continue to do so, and the provision of reasonable accommodation will be tracked and monitored. Policies and strategies on reasonable accommodation will be guided by General Comment No. 6 on equality and non-discrimination of the Committee on the Rights of Persons with Disabilities.
**Indicator 8: Procurement**

Procurement can contribute in important ways to disability inclusion and can have transformational effects for persons with disabilities. Accessible procurement ensures that persons with disabilities have the same access as others to goods, facilities, equipment, technology and services. Establishing the mandate, structure and skills required to deliver disability-inclusive procurement is vital to achieving practical improvements across UNFPA programmes and operations. The scale and scope of procurement undertaken by UNFPA also places it in a position to shape and influence markets we procure from to be more disability-inclusive.

**How to fulfil this indicator across the three UNDIS levels:**

<table>
<thead>
<tr>
<th>Approaches requirements</th>
<th>Meets requirements</th>
<th>Exceeds requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement policies ensure that relevant goods and services acquired are accessible or do not create new barriers and Procurement policies ensure that the procurement process is accessible</td>
<td>Procurement policies ensure that relevant goods and services acquired are accessible or do not create new barriers and Procurement policies ensure that the procurement process is accessible and Target is established and met for number/percentage of relevant procurement documents that have accessibility as a mandatory requirement</td>
<td>Procurement policies ensure that relevant goods and services acquired are accessible or do not create new barriers and Procurement policies ensure that the procurement process is accessible and Target is established and met for number/percentage of relevant procurement documents that have accessibility as a mandatory requirement and Procurement policy promotes purchasing from disability-inclusive suppliers, and guidelines have been developed for this purpose</td>
</tr>
</tbody>
</table>
ILLUSTRATIVE ACTIONS:

Procurement procedures need to ensure that processes are conducted ensuring that persons with disabilities have the same access as others to goods, facilities, equipment, technology and services. UNFPA must pay special attention to including the provisions in the Procurement Procedures that would facilitate procurement processes ensuring that the goods and services procured are accessible to the persons with disabilities. In order to promote the procurement of goods and services accessible to persons with disabilities, a review of procurement policies and procedures should be conducted to identify potential barriers for disability inclusion and update accordingly. Specific provisions should be included in the next round of revisions of the procurement procedures. Also, an interim guidance note on solicitation processes for ensuring goods and services procured are accessible to persons with disabilities should be issued. Moreover, the possibility of incorporating requirements for accessible languages and formats as an evaluation parameter in solicitation should be assessed.

UNFPA will enable a procurement process to address disability inclusion: (1) procurement policies will consider accessibility and strive to challenge and overcome barriers for persons with disabilities; (2) the procurement process will be made accessible to everyone, including persons with disabilities; (3) accessibility targets for procurement will be set and met; (4) the UNFPA procurement policy will promote purchasing from disability-inclusive suppliers, and guidelines to enable the same.

STRATEGIC FOCUS AREA: Programming

Disability-inclusive programming must be at the center of UNFPA work and at all levels and in all settings, and corporate funding should be made available for implementation. By using the coordination, collaboration and disability-inclusive approach, UNFPA focuses on joining inter-agency and inter-organizational initiatives to leverage our strengths and accelerate progress towards the achievement of our three transformative results, 2030 Agenda and the principles of LNOB/RFB.

Moreover, UNFPA staff are on the ground in 150 countries and territories and work across the nexus in humanitarian and development settings. UNFPA humanitarian programmes are committed to embedding the Accountability to Affected Populations programming framework in everything UNFPA does. AAP means disability inclusion among the affected populations, encouraging participation of persons with disabilities, and empowering them to state their needs, to have their voices heard and to take part in decisions that affect them. While services should ensure they adhere to the AAAQ framework. Disability inclusion should be an integral part of the humanitarian programme cycle as well as ensuring that the needs of women and girls with disabilities are included and assessed under the Humanitarian Needs Overview (HNO) and that these needs are reflects in targeted activities in the Humanitarian Response Plans (HRP) and address the barriers of persons with disability to protection and humanitarian assistance.

UNFPA has benefited from a twin-track approach to disability in its programming, mainstreaming disability within all results areas and focusing on specific disability-related results. Its dedicated global initiative on access to sexual and reproductive health and rights and protection from GBV for persons with disabilities, We Decide, has also been a catalyst to promote disability-inclusive programming. Through the We Decide initiative, UNFPA is supporting intervention models at country level that provide information and evidence to ensure disability inclusion.

Population Situation Analysis (PSA) for Common Country Analysis produce substantial evidence on persons with disabilities by thematic issues and ensure that programme designs capture these elements in Country Programme Documents (CPDs). The organization also reinforces the need to focus on the rights of persons with disabilities as part of marginalized population groups in CPDs. A dedicated indicator on persons with disabilities was introduced to ensure the fulfilment of this corporate commitment in CPDs, through the UNFPA programme quality assurance mechanism, i.e. the Programme Review Committee, headed by the Executive Director and instituted as part of its Regional Office Management Oversight Checklist for the country programmes. Given the nature of
the UNFPA business model, all country programmes may not specify targeted interventions, focusing on persons with disabilities but as subgroup of the marginalized population. Nevertheless, the focus on persons with disabilities is critical across UNFPA programmes, and the indicator is measured and reported annually. For instance, in 2019, 40 per cent of CPDs specify the focus in the programme priorities with dedicated indicators, while all CPDs identified and planned to address the needs of persons with disabilities as part of broader programme efforts.

UNFPA is part of all United Nations coordination mechanisms on disability inclusion. UNFPA is also part of the Management Committee and the Policy Board of the UNPRPD. UNFPA in North Macedonia, Serbia, Timor-Leste, Uruguay and Zimbabwe participate in joint initiatives within the UNCT with financial support from the UNPRPD. UNFPA is also part of the IASC focusing on humanitarian action, and the Inter-agency support group on persons with disabilities. UNFPA is a member of the IASC Results Group, on Accountability to Affected Populations. In addition, UNFPA is a member of the Humanitarian Disability Reference Group with representation in three working groups.

Achieving the UNDIS requirements for this indicator on disability-inclusive programming requires the following measures.

**Indicator 9: Programmes and projects**

To meaningfully address the rights of persons with disabilities in development and humanitarian contexts, there is a need to mainstream disability inclusion throughout programme and project cycles. The programme/project cycle includes design, planning, implementation, monitoring and evaluation, and reporting. Disability inclusion needs to be mainstreamed in all these phases. Programmes and projects should budget to ensure that persons with disabilities are included, for example, with respect to accessibility and reasonable accommodation. Persons with disabilities and their representative organizations can play a valuable role in all phases of programmes and projects.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 9: Programmes and projects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
</tr>
<tr>
<td>Guidance note or equivalent adopted on mainstreaming disability inclusion at all stages of the programme/project cycle</td>
</tr>
<tr>
<td><strong>Meets requirements</strong></td>
</tr>
</tbody>
</table>
| Guidance note or equivalent adopted on mainstreaming disability inclusion at all stages of the programme/project cycle and  
  Entity establishes and meets the minimum level of programmes and projects that mainstream disability inclusion |
| **Exceeds requirements**             |
| Guidance note or equivalent adopted on mainstreaming disability inclusion at all stages of the programme/project cycle and  
  Entity establishes and exceeds the minimum level of programmes and projects that mainstream disability inclusion |
ILLUSTRATIVE ACTIONS:

Guidance on strategies for mainstreaming disability within different thematic areas based on existing materials in UNFPA, should be further disseminated. A minimum level of programmes and projects that mainstream disability inclusion should be established and met. Operational guidance on LNOB includes specific reference to persons with disabilities and AAP. Applying this guidance will assist in providing further guidance for the programme cycle. UNFPA will also publish lessons learned and good practices from the We Decide programme countries, as well as other joint programmes on disability inclusion that provide UNFPA offices with guidance on including disability into programme design, implementation and evaluation. Incorporating the questions from the Washington Group on Disability Statistics in data efforts to systematically collect, analyse, use and evaluate disaggregated data on the basis of disability to better understand and tackle the challenges faced by persons with disabilities.

Indicator 10: Evaluation

Evaluation is an important tool to capture the extent of disability inclusion across the work of the United Nations. Strengthening disability inclusion in evaluations will help the United Nations system to promote institutional accountability and learning, contributing to implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and the achievement of the Sustainable Development Goals, including the core commitment to leave no one behind. Disability inclusion can be mainstreamed through all evaluations, or addressed and through disability-specific evaluations. The evaluation indicator assesses the extent to which an entity considers disability inclusion in all phases of the evaluation process and in every type of evaluation that it does.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 10: Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Approaches requirements</td>
</tr>
<tr>
<td>Evaluation guidelines contain guidance on how to address disability inclusion</td>
</tr>
<tr>
<td>Meets requirements</td>
</tr>
<tr>
<td>Evaluation guidelines contain guidance on how to address disability inclusion and Disability inclusion is mainstreamed effectively throughout the evaluation process and reflected in the terms of reference, inception and evaluation report(s)</td>
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</table>
### Indicator 10: Evaluation

<table>
<thead>
<tr>
<th>Exceeds requirements</th>
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<tbody>
<tr>
<td>Evaluation guidelines contain guidance on how to address disability inclusion and Disability inclusion is mainstreamed effectively throughout the evaluation process and reflected in the terms of reference, inception and evaluation report(s) and Meta-analysis of evaluation findings, conclusions and recommendations relating to disability inclusion is performed at least every five years</td>
</tr>
</tbody>
</table>

#### ILLUSTRATIVE ACTIONS:

UNFPA is strengthening its capacity to undertake disability-responsive evaluations. UNFPA specific guidance on disability inclusion in evaluations should be complied with when drafting terms of reference for evaluations, implementing them, and producing evaluation reports. The mainstreaming of disability inclusion in the UNFPA evaluation quality assessment system will also add impetus to further encourage evaluation managers and evaluators to systematically and meaningfully mainstream disability-inclusion lens across evaluation processes and products. Enhancing capacity of evaluation managers and external consultants, as part of an overarching evaluation capacity development plan, will further advance this body of work.

The current system of having a dedicated human rights, gender equality and disability-inclusion working group within the United Nations Evaluation Group, in which UNFPA is an active member, will ensure promotion, sustained action and harmonization of reporting on the evaluation indicator of the UNDIS accountability framework. These concerted efforts, in combination with human rights-based, equity-focused and gender-responsive evaluation approaches, will promote strengthened accountability and learning towards the commitment of UNFPA to promote the rights and choices for all in a transformative manner.
Indicator 11: Country programme documents

Country programme documents are one of the most important strategic planning tools for entities operating at country level. Mainstreaming disability inclusion embeds the rights of persons with disabilities in an entity’s work, ensures their meaningful participation and inclusion, and enables the entity to assess the implications for persons with disabilities of any policies or programmes. This indicator covers three critical aspects to support entities with a presence in-country to make CPDs inclusive of persons with disabilities. It examines whether the entity’s guidance for preparation of CPDs mainstreams disability inclusion; the extent to which CPDs themselves mainstream disability inclusion; and whether the entity’s knowledge management promotes disability inclusion in CPDs.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 11: Country programme documents</th>
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</thead>
<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
</tr>
<tr>
<td>Guidance on country programme documents mainstreams disability inclusion</td>
</tr>
<tr>
<td><strong>Meets requirements</strong></td>
</tr>
<tr>
<td>Guidance on country programme documents mainstreams disability inclusion, and All country programme documents include analysis and corresponding programming on disability inclusion</td>
</tr>
<tr>
<td><strong>Exceeds requirements</strong></td>
</tr>
<tr>
<td>Guidance on country programme documents mainstreams disability inclusion, and All country programme documents include analysis and corresponding programming on disability inclusion, and Knowledge management practices and processes promote improved mainstreaming of disability inclusion into country programme documents</td>
</tr>
</tbody>
</table>

**ILLUSTRATIVE ACTIONS:**

Building on the current and future UNFPA strategic plans and the emphasis on leaving no one behind and reaching the furthest behind, there is an imperative for the UNFPA country programmes to analyse marginalized populations, including persons with disabilities, and to ensure that programme priorities capture these elements accordingly. Thus, the strategic plan results framework consists of several indicator disaggregations for disability and specific indicators throughout the framework including in the Organizational Effectiveness and Efficiency. This is to ensure new country
programmes adhere and advance the LNOB and RFB agenda and programmes address the needs of persons with disabilities.

Disseminating disability-inclusive programming knowledge and sharing experiences across regions and countries should be institutionalized to improve knowledge management practices. The institutional quality assurance mechanism, approach and assessment parameters have been critical in ensuring compliance. Still, there is potential for the Policy and Strategy Division and the Technical Division to further assist countries in developing new CPDs, including building capacity towards a more robust, technically sound approach for disability inclusion in CPDs.

SNAPSHOTS OF DISABILITY INCLUSION

Safety and dignity of students with hearing impairments during COVID-19

UNFPA partnered with a school in Ghana to provide materials on COVID-19 to students with hearing impairments. Students were also provided with accessible information and services for reproductive health as well as gender-based violence during the COVID-19 pandemic. Leaving no one behind means taking steps to ensure that every young person’s potential is fulfilled, including those living with disabilities.
Indicator 12: Joint initiatives

Because policies and programmes that promote disability inclusion are multi-sectoral, transformative change depends on strong joint programming platforms and the ability to leverage the comparative advantage of different United Nations entities. Inter-agency coordination and joint programming across programmes and operations are therefore vital to the achievement of disability inclusion. To demonstrate an entity’s involvement in joint programming and initiatives, this indicator assesses the participation of the entity in inter-agency coordination networks on disability, and the number of joint initiatives in which the entity participates.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 12: Joint initiatives</th>
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</thead>
<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
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<tr>
<td>Entity participates actively in inter-agency coordination mechanism(s) on disability inclusion</td>
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<tr>
<td><strong>Meets requirements</strong></td>
</tr>
<tr>
<td>Entity participates actively in inter-agency coordination mechanism(s) on disability inclusion and One joint programme/initiative is in place</td>
</tr>
<tr>
<td><strong>Exceeds requirements</strong></td>
</tr>
<tr>
<td>Entity participates actively in inter-agency coordination mechanism(s) on disability inclusion and More than one joint programme/initiative is in place</td>
</tr>
</tbody>
</table>

**ILLUSTRATIVE ACTIONS:**

UNFPA should continue to advocate for disability inclusion in inter-agency fora and showcase linkages and intersectionality with sexual and reproductive health and rights and gender in ICPD mandate areas. UNFPA could also benefit from expanding the reach of We Decide and building from its lessons learned to provide guidance for United Nations Country Teams globally, including from other joint programme experiences, on strategies to include a more intersectional approach with disability inclusion in programming.
STRATEGIC FOCUS AREA: Organizational culture

Systemic engagement of persons with disabilities in the UNFPA workforce ensures the contribution of their skills and talents into all areas of our work as well as ensures that UNFPA programmes are disability-inclusive. Developing internal policies and systems to attract, recruit, retain and promote persons with disabilities is at the centre of this strategy. It is also a key organizational priority to strengthen our staff's knowledge on disability. UNFPA pays particular attention in communications to using human rights-based language in relation to persons with disabilities, demonstrating that persons with disabilities are part of the human diversity, depicting them as positive and active advocates for change and progress, often with a component of intersectionality.

The UNFPA Policy on the Employment of Persons with Disabilities has enabled the organization to prioritize reasonable accommodation for staff with disabilities and encourage more efforts in recruiting and retaining staff with disabilities, also in high-level positions, while exploring how to build the capacities of more staff on the human rights-based approach to disability, and how to ensure a welcoming and enabling work environment. Guidelines on consultations with OPDs will be used to inform its partnership strategies.

Achieving the UNDIS requirements for this indicator on disability-inclusive organizational culture requires the following measures:

Indicator 13: Employment

Where a workforce is more diverse, organizations’ operational effectiveness and efficiency improve. The more than one billion persons with disabilities are part of human diversity. It is important for UNFPA to lead by example on disability inclusion, including by becoming the employer of choice for persons with disabilities.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 13: Employment</th>
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<tr>
<td><strong>Approaches requirements</strong></td>
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<tr>
<td><strong>Meets requirements</strong></td>
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</table>
### Indicator 13: Employment

**Exceeds requirements**

- Employment policy/strategy and other human resources related policies/strategies include provisions to attract, recruit, retain and promote the career development of employees with disabilities
- Employees with disabilities report satisfaction and well-being at a level similar to that of the general staff body
- Number of persons with disabilities entering the organization through targeted or mainstream recruitment practices has increased

#### ILLUSTRATIVE ACTIONS:

Facilitating a diverse work environment needs to continue and become institutionalized throughout the organization. The Division for Human Resources is taking stock of what the organization is already doing on disability in programming in order to inform and strengthen what the organization aspires to do on the human resources side for the organization. Time should be dedicated to attracting, recruiting and retaining staff with disabilities. A target for recruitment of persons with disabilities should be set and to review meeting the targets, self-identification questions on disability should be inserted in regular anonymous staff surveys. UNFPA should support this with proper accommodation and training of the offices to ensure an inclusive and welcoming environment.

UNFPA should also explore options to document and capture the safety and well-being of staff with disabilities. The United Nations Security Management System (UNSMS) Operational Manual “Disability Considerations in Security Risk Management Guidelines” raises awareness and understanding and provides guidance with regard to challenges in the form of safety and security-related threats and hazards, risks and vulnerabilities of all UNSMS personnel with disabilities and to ensure all security risk management (SRM) processes are inclusive of these considerations.
Indicator 14: Capacity development for staff

UNFPA staff at all levels need to know about and understand disability inclusion and be able to apply it to their area of work. For this reason, entities should target capacity development as a lever of progress. Capacity-building measures enable staff at all levels to develop and implement policies and strategies for programmes and operations that are inclusive of persons with disabilities.

How to fulfil this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 14: Capacity development for staff</th>
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<tbody>
<tr>
<td><strong>Approaches requirements</strong></td>
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<tr>
<td><strong>Meets requirements</strong></td>
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<tr>
<td><strong>Exceeds requirements</strong></td>
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</table>

**ILLUSTRATIVE ACTIONS:**

Global and targeted trainings for all UNFPA offices need to be conducted to ensure more inclusion and supportive organizational culture. Dissemination of existing learning and capacity development tools should continue. Introductory course on disability inclusion and the AAP framework should be developed and added to the mandatory trainings. In addition, tailored learning activities and resources on disability inclusion, in particular for senior managers and staff union representatives should be produced.
Indicator 15: Communication

Persons with disabilities experience stigma and discrimination on a daily basis. Communication can play a positive role in significantly reducing that stigma and discrimination. At the same time, communication that is not sensitive to persons with disabilities can reinforce negative stereotypes and exacerbate the existing stigma and discrimination they experience. Both internal and external communications are important for commitment to mainstream disability inclusion. UNFPA internal communications help to establish its organizational norms, while its external communications present the entity’s public face and affirm its commitments.

How to fulfill this indicator across the three UNDIS levels:

<table>
<thead>
<tr>
<th>Indicator 15: Communication</th>
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<tbody>
<tr>
<td>Approaches requirements</td>
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<tr>
<td>Meets requirements</td>
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<tr>
<td>Exceeds requirements</td>
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ILLUSTRATIVE ACTIONS:

While maintaining the current level of engagement on disability inclusion on internal and external communications, a communications campaign on disability inclusion needs to be launched. In addition, guidance on accessible engagement and communication and on respectful communication on persons with disabilities should be issued based on the UN Disability-Inclusive Communication Guidelines.  

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Abstract background of yellow, with some pie chart shapes in purple, brown and orange. A red circle to the top left and a white circle to the button right. Two young children (boys) arms around each other. Both wearing sports jerseys. The boy to the left has a number 11 jersey and wears glasses. The boy to the left has a number 12 jersey and does not wear glasses.
8. Conclusion: Implementation

- UNFPA will strive to effectively implement this strategy. The following elements and actions will enhance its implementation:
  - UNFPA guarantees high-level commitment across senior management at all levels Global, Regional Offices and Country Offices;
  - Sufficient allocation of human and financial resources to facilitate disability inclusion in the work of relevant business units and offices; and
  - Continued support and attention by UNFPA’s Executive Committee to implementation of the UNFPA Disability Inclusion Strategy and ongoing Road Map aimed at achieving disability inclusion.

The UNFPA-UNDIS Road Map outlines key priority areas and actions that all Business Units should undertake in order to meet or exceed UNDIS Standards. Business Units should ensure compliance with dedicated internal focal points, planning, commitments, and budget to make each area a reality. In addition, Regional Offices should adapt the UNDIS to the regional level, through the development of regional action plans, drawing on UNDIS indicators where relevant. At the country level, the UNCT UNDIS Scorecard\(^{25}\) should be utilized as a key accountability mechanism for UNDIS implementation at country level. Moreover, a working-level Task Force with focal points from all Business Units – including Regional Offices – has been established and will meet on a regular basis and coordinate the work and the implementation of this strategy. Monitoring and evaluation of the implementation process is proposed through reviews to be commissioned in mid-2022 and 2023.

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SNAPSHOTS OF DISABILITY INCLUSION

**Entity-wide accomplishments on disability inclusion**

**Leadership**

UNFPA has benefited from support for disability inclusion at the highest level, as well as the presence of senior technical staff focusing on disability inclusion. UNFPA has also managed to mobilize non-core resources for disability inclusion, which has provided some catalytic funding to strengthen internal programming and encourage a more disability-inclusive UNFPA Strategic Plan, 2022–2025 while increasing awareness internally. The integrated results and resources framework of this strategic plan has included indicators to capture work and results related to disability. For instance, countries will provide data related to the following indicators in the strategic plan: (a) number of countries that have multiple stakeholder mechanisms that include people with disabilities; number of women, adolescents and youth, including women and young people with disabilities benefited from the high-quality services.

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\(^{25}\) UN Country Team Accountability Scorecard on Disability Inclusion. Available from: https://www.un.org/en/content/disabilitystrategy/assets/documentation/UNCT_Accountability_Scorecard_on_Disability_Inclusion.pdf
related to sexual and reproductive health, prevention and protection from gender-based violence; (b) proportion of new country programmes that meet organizational quality standards, including for addressing the rights of persons with disabilities; (c) number of performance indicators for which UNFPA meets or exceeds requirements connected to the UNDIS; and (d) number of country offices that have supported the roll out of United Nations Country Team scorecards including the UNDIS Scorecard. In addition, several indicators are capturing information disaggregated by disability.

**Institutional set-up**

UNFPA has established the UNFPA-UNDIS Task Force which coordinates all the relevant focal points on disability including all relevant HQ units, regional offices, and select country offices. UNFPA-UNDIS Task force has established an UNDIS Road Map that serves as a specific tool for UNFPA to implement the UNDIS. Regional and National UNDIS task forces and road maps for disability inclusion have also been established across UNFPA. UNFPA has also institutionalized a network of disability inclusion focal points in all regional offices and in various country offices.

**Accessibility**

UNFPA has carried out a survey of office premises globally and is analysing the data on physical accessibility to conferences, events and work in general. Guidance has also been developed to help UNFPA assess new office premises from an accessibility lens. UNFPA Digital Content Accessibility guidelines have been published in the One Voice Toolkit and are available to all UNFPA staff. Website accessibility has improved through an accessibility menu available at unfpa.org.

**Evaluation**

The UNFPA Evaluation Office has issued and widely disseminated UNFPA Guidance on Disability Inclusion in Evaluations. This resource guides disability inclusion in all types of evaluations and updated the evaluation quality assessment system to mainstream disability inclusion in the quality assessments of its evaluation reports.

**Employment policy**

UNFPA developed a corporate human resources Policy on the Employment of Persons with Disabilities in 2019. The aim of the policy is to promote an inclusive work environment and to provide equal access to employment opportunities. Through this initiative UNFPA will provide qualified persons with disabilities with
reasonable accommodation necessary to enable them to enter into, and remain within the organization on an equal basis with others.

**Capacity building**

UNFPA’s learning management system has a course entitled “Persons with Disabilities: Ability, Capability, Employability”. The course is available in English, French and Spanish. Technical and programmatic guidance on disability inclusion is developed and disseminated at all levels of the organization.

**Joint initiatives**

UNFPA is part of all United Nations coordination mechanisms on disability including the IASC focusing on humanitarian action, and the Inter-agency Partnership for the Global Network of Young Persons with Disabilities. In the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), UNFPA is part of the Management Committee of the UNPRPD, and additionally, UNFPA is part of several UNCTs Joint Programmes funded through the UNPRPD.
An abstract background of yellow, with a pie chart-like shape of purple, orange, white, and brown pieces OR a rising purple sun. A young person (female) wearing a headband with a heart tattoo or heart-shaped face painting on left cheek smiling. Wearing big dangling earrings.
9. UNFPA selected definitions and concepts on disability inclusion

**Accessibility** is one of the eight General Principles of the Convention and is the focus of Article 9 of the Convention and General Comment No. 2 of the Committee on the Rights of Persons with Disabilities. Accessibility to a social, economic and cultural environment, to health and education, and to information and communication is important to enable persons with disabilities to fully enjoy all human rights and fundamental freedoms.

**Disability discrimination** is defined as any distinction, exclusion, or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Persons with disabilities may experience additional discrimination due to one or more intersecting factors, including gender, age, economic status, ethnicity, sexuality, race and nationality.

**Gender-based violence (GBV)** is defined as acts of violence perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. The term “gender-based violence” is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence Against Women 1993, this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life.

**Inclusion** involves a process of systemic reform embodying changes and modifications in content, methods, approaches, structures and strategies to overcome barriers with a vision serving to provide all persons of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences.

**Person with a disability** is the person-first language used by the United Nations Convention on the Rights of Persons with Disabilities. The CRPD explains that: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. This definition employs the social and human rights model of disability, which “focuses on the high barriers created by the environment (rather than by bodily impairment), including in physical, information and communication contexts, the attitudes and prejudices of society, policies and practices of governments, and the often-exclusionary structures of health, welfare, education and other systems”. The term girls with disabilities refers to women with disabilities below the age of 18 years, whereas the term young women with disabilities refers to women with disabilities between 15 to 24 years of age.

**Reasonable accommodation** is defined as “the necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms” (Article 2, CRPD).

**Sexual and reproductive health and rights (SRHR)** is defined by two key concepts: the right to make decisions on reproduction and sexuality free from discrimination, coercion, and violence; and the right to the highest standard of sexual and reproductive health. Sexual and reproductive health and rights entail a set of freedoms and entitlements. They encompass the right to have control over decisions
concerning sexuality and reproduction without discrimination, coercion and violence, and the right to access a range of sexual and reproductive health facilities, services, goods and information. Sexual and reproductive health services include contraceptive counselling, information, education, communication and services; education and services for prenatal care, safe delivery and postnatal care; the prevention and appropriate treatment of infertility; safe abortion services; the prevention and treatment of sexually transmitted and reproductive tract infections; and sexual and reproductive health information, education and counselling.

**Twin-track approach** has been defined by the Committee on the Rights of Persons with Disabilities as: “systematically mainstreaming the interests and rights of women and girls with disabilities across all national action plans, strategies and policies concerning women, childhood and disability, as well as in sectoral plans concerning, for example, gender equality, health, violence, education, political participation, employment, access to justice and social protection” and “targeted and monitored action aimed specifically at persons with disabilities.”
An abstract background of yellow, with a pie chart like shape of purple, orange, white and brown pieces OR a rising purple sun. A young person (male) wearing a headband is pushing a younger boy wearing a jumper, who is sitting on a wheelchair.
10. Key resources on disability inclusion

United Nations Disability-Inclusive Communications Guidelines, 2021

United Nations Disability-Inclusive Language Guidelines, 2021

COVID-19 and Persons with Disabilities: Key Messages, UNFPA, 2020
www.unfpa.org/resources/covid-19-and-persons-disabilities-key-messages

Digital Content Accessibility Guidelines for UNFPA and UNFPA-funded projects, UNFPA, 2020
https://drive.google.com/file/d/1eAv9LZB7SDbnLSZWD4hD1MfLXBID0dzP/view

HLCM Procurement Network, Guidelines on the Implementation of Indicator 8, Procurement, 2020

Importance of promoting the rights of persons with disabilities particularly in relation to GBV and SRHR. UNFPA and Population Reference Bureau (PRB), 2020
www.youtube.com/watch?v=xlFNizfcT_4&feature=emb_logo

The Path to Equality for Women and Young Persons With Disabilities: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence; ENGAGE multimedia presentation, UNFPA and Population Reference Bureau (PRB), 2020
www.unfpa.org/resources/presentation-guide-path-equality-women-and-young-persons-disabilities

The Path to Equality for Women and Young Persons With Disabilities. ENGAGE Key Messages and Advocacy Guidelines, UNFPA, 2020
www.unfpa.org/resources/key-messages-path-equality-women-and-young-persons-disabilities


Key messages from the We Decide Global Study on Ending GBV and Realizing SRHR for Young Persons with Disabilities, UNFPA, 2019
www.youtube.com/watch?v=6qlmqfjsD6c

Policy on the Employment of Persons with Disabilities, UNFPA, 2019
www.unfpa.org/sites/default/files/admin-resource/DHR_Disability_Policy.pdf

Reasonable Accommodation form, UNFPA, 2019
www.unfpa.org/sites/default/files/admin-resource/Accommodation_Request_Form_Disability_Policy.docx

United Nations Disability Inclusion Strategy, 2019
www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf

United Nations Disability Inclusion Strategy, Technical Notes, 2019
www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_Entity_Technical_Notes.pdf

Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities, UNFPA & Women Enabled International, 2018
www.unfpa.org/featured-publication/women-and-young-persons-disabilities

Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights, UNFPA & Women Enabled International, 2018
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