



TECHNICAL BRIEF

# DISABILITY INCLUSION IN UNFPA'S PROGRAMMES: **MAKING IT A REALITY**





## ACKNOWLEDGEMENTS

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# THE RATIONALE

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*The rationale for disability-inclusive, gender transformative and rights-based programming on ending gender-based violence and realizing sexual and reproductive health and rights*

## Background

In 2006, the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol were adopted by a resolution of the United Nations General Assembly. The Convention represents a major opportunity to generate breakthroughs for approximately 15 per cent of the world's population. It is dedicated to realizing participation, equality and non-discrimination of persons with disabilities with particular attention to women and children with disabilities. In 2011, the World Health Organization and the World Bank estimated that more than one billion people globally live with some form of disability, most of whom are women. They projected that disability is increasingly relevant as its prevalence is on the rise. This is due to ageing populations and the higher prevalence of disability among older persons as well as the global increase in chronic health conditions. The same year, United Nations system entities together with civil society spearheaded a collaborative effort, the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD).

Similarly, the International Conference on Population and Development (ICPD) marked a revolution in 1994. It reimagined how the world thinks about population, development and reproductive rights through a people-centred approach. In 2019, the 25th anniversary of the ICPD was celebrated in Nairobi, where 179 governments and partners re-affirmed that human rights, including reproductive rights, are fundamental to development and in addressing inequality.

The ICPD Programme of Action calls on states to direct their attention to the sexual and reproductive health needs of persons with disabilities, and it demands the elimination of discrimination that undermines the reproductive rights of persons with disabilities. Despite progress made since 1994, prejudice and systemic discrimination against persons with disabilities remain widespread. UNFPA, the United Nations Population Fund, responsible for monitoring the implementation of the ICPD Programme of Action and the outcome documents of its reviews, is fully committed to ensuring that persons with disabilities everywhere are free from violence and discrimination, have full access to sexual and reproductive health services, and enjoy reproductive rights on an equal basis with others.

Building on these developments and its longstanding intersectional approach to population development, youth empowerment and gender equality, UNFPA launched the **We Decide** programme in 2016 to promote the human rights and social inclusion of women and young persons with disabilities. Access to sexual and reproductive health services, information and education for persons with disabilities, including prevention and addressing sexual and gender-based violence (GBV), are at the centre of the programme. **We Decide** has accelerated the strengthening of disability-inclusive programming at UNFPA at all levels through strengthening expertise on disability and by generating evidence<sup>1</sup> and guidance.<sup>2</sup>

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<sup>1</sup> UNFPA (2018). Young Persons with Disabilities: UNFPA Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights. Available from: [www.unfpa.org/publications/young-persons-disabilities](http://www.unfpa.org/publications/young-persons-disabilities)

<sup>2</sup> UNFPA (2018). 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. Available from: [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI\\_Guidelines\\_Disability\\_GBV\\_SRHR\\_FINAL\\_19-11-18\\_0.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf)



At UNFPA's "wall of dreams", where visitors of the SDG fair could put up their wishes for young people with disabilities, a woman with a physical impairment is looking at the wall after having put up a message herself. © UNFPA Ecuador, Juhee Kong

UNFPA strategies towards disability inclusion are drawn from sound evidence and comprehensive approaches to disability inclusion anchored in the United Nations Disability Inclusion Strategy (UNDIS).<sup>3</sup> UNDIS lays out the foundation for entity-wide sustainable and transformative progress on disability inclusion as well as has informed the UNFPA Disability Inclusion Strategy. UNFPA performance on disability-inclusive programming – which is one of the key accountability areas of UNDIS – is measured and reported annually. UNFPA leads by example, which is demonstrated by exceeding the requirements for disability-inclusive programming in the second year of UNDIS reporting, and in numerous good practices.

## About this technical brief

This document is informed by the ICPD Programme of Action, CRPD, UNDIS and UNFPA Disability Inclusion Strategy. It builds on public sources and a questionnaire sent to the programme countries of the **We Decide** initiative and to UNFPA Country Offices that implement joint initiatives funded through the UNPRPD. It also builds on technical knowledge generated through experiences in disability-inclusive programming, which encompasses data and evidence generation, programming strategies and interventions, as well as approaches to collaborating with organizations of persons with disabilities and governments.

UNFPA mainstreams disability inclusion into all its programming and has a wealth of experience in disability-inclusion beyond the **We Decide** programme. This document is a snapshot that highlights good and promising practices for advancing disability-inclusive gender transformative and rights-based programming within UNFPA, its implementing partners, and the wider United Nations system; it seeks to inform programming both internally and externally. In addition, this resource showcases success stories and lessons learned to UN Member States, including UNFPA's current and potential donors, and enables learning about the work that has been carried out on disability inclusion. Moreover, the document facilitates opportunities for future collaboration and funding.

<sup>3</sup> United Nations (2018). United Nations Disability Inclusion Strategy. Available from: [www.un.org/en/content/disabilitystrategy/](http://www.un.org/en/content/disabilitystrategy/)

# UNFPA'S KEY APPROACHES TO DISABILITY INCLUSION



## Twin-track

Twin-track programming integrates disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programmes, while also providing disability-specific initiatives to support the empowerment of persons with disabilities.



## Gender transformative

Applying a gender-transformative approach in disability inclusion means addressing the causes of gender-based inequalities that intersect with disability. Through this approach harmful gender roles, norms and power relations can be transformed and positive norms that support equality and an enabling environment can be recognized and strengthened.



## Intersectionality

Persons with disabilities may experience intersectional discrimination and experience various forms of rights violations due to one or more intersecting factors, including gender plus 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. 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.



## Coordination and collaboration

The principle of “nothing about us without us” underlines that coordination and collaboration with representative organizations of persons with disabilities (OPDs) is critical for any efforts for disability inclusion, including women- and youth-led OPDs. For UNFPA, collaborating with persons with disabilities has created opportunities in making initiatives fit for purpose. This enables the organization to define relevant and realistic goals; facilitates access to 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.

# DISABILITY INCLUSION: HOW AND WHAT?

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## Data and evidence

- Undertaking research on persons with disabilities' access to sexual and reproductive health is an essential first step
- Disaggregating data on GBV by disability is necessary for effective programme monitoring
- Disability inclusion aligns well with UNFPA's thematic focus on population data
- Censuses including the Washington Group questions<sup>4</sup>, have been an important entry point in generating data for disability-inclusive programming



## Mainstreaming

- Disability-inclusive programming often does not require setting up a new disability-specific programme, but rather means mainstreaming disability inclusion into ongoing work through target indicators
- Disability-inclusive programming fits well within the different thematic focuses including sexual and reproductive health and rights and GBV, and enables collaboration across the United Nations Country Teams, implementing partners and donors
- Mainstreaming disability often requires catalytic funding or dedicated technical capacity



## Participation

- Partnering with organizations of persons with disabilities is a key approach for disability-inclusive programming
- Ensuring meaningful and active participation of persons with disabilities at all stages of programming guarantees sustainable and effective results
- Systematizing engagement of persons with disabilities often requires a more intentional approach
- Innovations within recruitment practice and governance systems have been a good lever for advancing inclusion



## Multisectoral response

- Engaging different actors including the health sector has been a beneficial approach for disability-inclusive programming
- A wide range of actors bring a comprehensive and multisectoral response to disability inclusion
- Further efforts are needed in engaging policymakers and legislators as it has demonstrated potential for creating enabling environments for sexual and reproductive health and rights of women and youth with disabilities

<sup>4</sup> The Washington Group on Disability Statistics. Question Sets. Available from: [www.washingtongroup-disability.com/question-sets/](http://www.washingtongroup-disability.com/question-sets/)

# WE DECIDE AND BEYOND

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The **We Decide** Global Programme is the UNFPA flagship initiative to promote rights and choices for women and young persons with disabilities. Beyond the **We Decide** Global Programme, UNFPA innovates and advocates to ensure persons with disabilities everywhere are empowered to exercise their sexual and reproductive health and rights and live free from violence and discrimination.

## Evidence and data

More robust evidence and reliable data is a crucial step towards fully uncovering the dire situation facing persons with disabilities in regard to gender inequality, and sexual and reproductive health and rights.

**DID YOU KNOW?** The Washington Group questions aim to offer common definitions and methodologies in the collection of statistics on persons with and without disabilities. The short set includes questions to identify persons with disabilities at risk of limited participation in society due to difficulties in six functional areas: walking, seeing, hearing, cognition, self-care and communication.

**Multiple UNFPA Country Offices have undertaken research as well as supported efforts to collect disability- and gender-disaggregated data, and to shed light on disability-related stigma and systemic barriers.** For instance, UNFPA in Morocco is undertaking 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. The evidence from Serbia showed a lack of knowledge of and insufficient awareness on sexual and reproductive health due to low access to quality health information. It also revealed the poor accessibility of health facilities due to physical barriers and lack of accommodation, communication barriers as well as biased attitudes from health providers, and the prevailing stigma and prejudice within society concerning the sexual and reproductive health and rights of women and girls with disabilities.



**Countries have integrated disability as a category in national monitoring mechanisms for GBV to generate disability-specific data.** In Uruguay, UNFPA supported the disability analysis based on the results of the second national survey on the prevalence of gender-based violence. Many countries in South-East Asia and East Africa included questions on disability within national population surveys, with the support of UNFPA. In Zimbabwe, UNFPA conducted a disability assessment, while in Timor Leste, UNFPA supported the inclusion of persons with disabilities in national surveys to assess the socioeconomic impact of COVID-19.



In **Mozambique**, UNFPA supported the integration of disability into the national GBV online data collection tool (InfoViolência). In addition, the 2017 census in Mozambique successfully incorporated questions on disability although challenges were noted in the quality of the data collected due to the lower standard of questions used. However, the Washington Group questions were not used due to cost and adaptability concerns among others. The questions used in the census allowed for yes/no answers instead of grades of disability/difficulty, which led to non-comparable results and the high likelihood that only people with severe disabilities were identified.

## Mainstreaming disability inclusion

The governance and focus of the work that UNFPA is undertaking on disability shows ample synergies between this area and other focus areas, as well as great opportunities for partnership with other United Nations agencies. Moreover, over 70 countries have been implementing the **We Decide** guidelines.

**DID YOU KNOW?** The new United Nations Sustainable Development Cooperation Framework frames its commitment to leave no one behind (LNOB) as its overarching and unifying principle, underpinned by human rights, gender equality and women's empowerment, sustainability and resilience, and accountability. LNOB means to eradicate poverty in all its forms, end discrimination and exclusion, and reduce inequalities and vulnerabilities, moving beyond assessing average and aggregate progress towards ensuring progress for all population groups. This requires disaggregating data and qualitative analysis, which helps identify who is being excluded or discriminated against, how and why, as well as who is experiencing multiple and intersecting forms of discrimination and inequalities. This includes UN system-wide inclusion of persons with disabilities.

*UNSDG (2019). United Nations Sustainable Development Cooperation Framework – Internal Guidance.*

**DID YOU KNOW?** UNFPA found that young persons with disabilities under the age of 18 are almost four times more likely to be victims of abuse, with girls and young women with disabilities being more likely to experience violence than either their male peers with disabilities or girls and young women without disabilities. UNFPA also found that persons with disabilities face persistent inequalities and barriers in accessing prevention and response services, including for sexual and reproductive health, which are compounded by discrimination on the basis of age and gender.

*UNFPA (2018). Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights.*



Two young women stand looking at the horizon and smiling. One woman has dark skin and wears a purple shirt with an orange scarf. The other woman is a woman with albinism, she wears a white jacket printed with brown, black and yellow birds and flowering tree branches.  
© UNFPA Mozambique, Mbuto Carlos Machili

**Most countries under study have integrated their initiatives on disability inclusion into existing projects on GBV and sexual and reproductive health, underlining the importance of protection from violence and non-discrimination in access for this population group.** This is the case in Zimbabwe where UNFPA has defined that 15 per cent of all its programmes on GBV should benefit women and girls with disabilities. In Timor Leste, UNFPA has capitalized on its existing work with health authorities to address disability inclusion. While Mozambique, for example, is leveraging two joint programmes focusing on GBV and sexual and reproductive health and rights, the Spotlight Initiative and the Rapariga Biz programme<sup>5</sup>, to increase action for disability inclusion with a focus on young women and girls. In Ecuador, the disability inclusion initiative was built within the gender programming framework of the country programme with catalytic financial support from Spain.

**The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) has proven a great platform for UNFPA in collaborating with other UN entities on disability inclusion.** Indeed, UNFPA in Serbia has built its disability inclusion work within the joint framework of the UNPRPD, focusing on the autonomy, voice and participation of persons with disabilities. UNFPA, in particular, supported women and girls with disabilities by informing and educating them about sexual and reproductive health and reproductive rights, building their capacities to claim their rights and to reduce stereotypes and prejudice in their communities, supporting the implementation of existing legal and policy frameworks, and by strengthening the health sector response.

In **Uruguay**, UNFPA leveraged the UNPRPD to work with health personnel and civil society in increasing access to sexual and reproductive healthcare for persons with disabilities, raising awareness of the violence experienced by this population group and providing GBV care services to women and girls with disabilities, and strengthening information systems for greater gender-responsiveness and disability-inclusion.



<sup>5</sup> Spotlight Initiative Fund, available from: <http://mptf.undp.org/factsheet/project/00111642>. The Rapariga Biz programme, available from: <http://mptf.undp.org/factsheet/fund/JMZ10>

**With much work done on GBV in relation to persons with disabilities, UNFPA Country Offices have adopted a myriad of approaches and prioritized a wide range of interventions.**

In Ecuador, groundbreaking investigations focusing on gender and disability helped place these issues on the policy agenda. In Morocco, joint advocacy with persons with disabilities helped galvanize support for combating violence within specialized institutions as well as strengthening the capacity of these institutions. In Mozambique and Timor Leste, UNFPA equipped trainers and mentors with knowledge on gender-based violence and disability.



In **Zimbabwe**, UNFPA focused on providing shelter and care to survivors while also exploring specific support during legal proceedings. UNFPA adopted a participatory approach, conducting an assessment of disability inclusion, guided by questions articulated by the Washington Group, to identify barriers to accessing shelter and one-stop centre services by girls and women with disabilities. The assessment revealed that the infrastructure was not accessible, and staff did not have the skills to communicate with survivors who have hearing or intellectual impairment.



In **Morocco**, UNFPA has adapted and aligned the Essential Services Package for Women and Girls Subject to Violence<sup>6</sup> for women and girls with disabilities based on the UNFPA disability inclusion guidelines.<sup>7</sup> This included development of training modules on protocol for early detection and guidance, and on social inclusion for thematic associations and institutional partners.

**For many UNFPA Country Offices, disability-inclusive programming and participation of persons with disabilities has required catalytic investments and/or operational adjustments.**

In Ecuador, UNFPA is leading this work through the gender programme officer and the sexual and reproductive health programme officer, supported by three consultants. Similarly, UNFPA in Mozambique has been able to lead this area of work by designating a staff member as focal point for disability inclusion, responsible for all follow-up activities, representation within the national disability ecosystem, as well as coordination with different programme areas. In Serbia and Timor Leste, on the other hand, additional human resources were not engaged when the offices decided to mainstream disability into all programme areas.

<sup>6</sup> UN Women, UNFPA, WHO, UNDP & UNODC (2015). Essential Services Package for Women and Girls Subject to Violence. Available from: [www.unfpa.org/resources/essential-services-package-women-and-girls-subject-to-violence-module-1](http://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-to-violence-module-1)

<sup>7</sup> UNFPA (2018). 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. Available from: [www.unfpa.org/featured-publication/women-and-young-persons-disabilities](http://www.unfpa.org/featured-publication/women-and-young-persons-disabilities)

## Participation of persons with disabilities

For UNFPA, collaborating with persons with disabilities has created opportunities in making our initiatives fit for purpose. Although important steps have been taken to involve persons with disabilities and their organizations, this engagement is yet to be systematized.

**DID YOU KNOW?** A human rights instrument with an explicit social development dimension, the Convention on the Rights of Persons with Disabilities (CRPD) shifted the paradigm from viewing persons with disabilities as “objects” of charity, medical treatment and social protection towards “subjects” with rights who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) aims to support countries to fully implement the CRPD. Its Multi-Partner Trust Fund (UNPRPD Fund) was launched to fund joint projects and facilitate coalition-building and capacity development at country level.



Two women smile at the camera. One woman is on a wheelchair and the other one is standing next to her. Both have their right hand with the index, middle, and ring fingers pointing at their fronts. © UNFPA Ecuador, Lauren Anders Brown



A young woman stands in profile at a counter. She looks down holding a large whisk in her right hand and smiling. She wears a white chef's hat, a white apron and a white coat. © UNFPA Morocco, Lauren Anders Brown

**All UNFPA Country Offices consulted for this brief had at least one organization of persons with disabilities as a main partner.** These partners were either specialized on gender and disability or were a coalition of OPDs at the regional or national level. Such is the case of Ecuador where UNFPA is working with RIADIS, a regional platform of non-governmental organizations, to build the leadership of women with disabilities. Likewise, UNFPA in Serbia has collaborated with Out of Circle, an organization specializing in sexual and reproductive health and rights. Good practices were noted in Uruguay where UNFPA involved the national platform of OPDs, la Alianza, as part of its project governance by engaging them through all stages of programming, starting with project design. Moreover, UNFPA in Morocco facilitates the participation of young persons with disabilities through cultural and sports activities and their engagement in decision-making processes. This directly supports their social inclusion.

**Three main factors** that determined how the network of 28 Uruguayan OPDs, called Alianza, maintained the project's focus and actions on the rights, needs and interests of persons with disabilities. First, participation in programmatic, communication and financial decision-making was carried out through Alianza's full integration into the governance of the management committee. Second, a person with disability was fully integrated into the technical coordination team to support the Alianza's activities and to ensure the perspective of persons with disabilities was reflected in all the components. Third, Alianza's direct implementation of the project's funds for a set of activities was defined by its member organizations.



**Active and meaningful engagement with OPDs has offered UNFPA various opportunities to develop disability-inclusive programming.** Engagement with OPDs has enabled the organization to define relevant and realistic goals; facilitated its access to women and girls with disabilities; strengthened capacity building of partners; and allowed the organization to be more responsive in regard to the accessibility of facilities and information. UNFPA staff note the importance of ensuring safe transportation for persons with disabilities and the physical accessibility of buildings that host meetings, as well as providing sign language interpretation and audiovisual materials wherever necessary.

**Several challenges have impeded the full participation of persons with disabilities and their organizations at all stages of programming, including in decision-making.** UNFPA in Mozambique noted that OPDs need support to increase their organizational and programmatic capacity to establish formal partnerships with the UNFPA Country Office. As a result, UNFPA worked with the Ministry of Child, Gender and Social Action to advance the disability agenda, eliminate discriminating barriers towards persons with disabilities, and ensure capacity building activities for OPDs. Likewise, UNFPA in Timor Leste also worked directly with the government.

**A variety of innovative approaches have been employed, despite limitations.** Two measures were taken in Uruguay, for example: the appointment of a person with disabilities within the technical coordination team, and direct allocation of funds to OPDs for implementation of programme activities. Zimbabwe dedicated additional resources to recruiting assistants to remove any barriers to participation by persons with disabilities at meetings. In Serbia, online opportunities to participate in sessions provided in the context of COVID-19 made it possible for UNFPA to reach a new audience of women with disabilities.



A blind woman smiles looking at the horizon. She wears a green scarf on her head and her skin is brown. It is possible to see a bit of her front hair. Both her eyebrows and hair are black. © UNFPA Bangladesh, Ferdous Alka



A young woman, a big smile on her face, looks straight ahead as she kneels in the middle of a light-filled hallway with white walls and a white-tiled floor. She has dark skin and very short black hair, and wears large silver hoop earrings. To her right are large windows, with a long pale green leaf poking in, and to her left there is a wall with open, wood-framed shutters. Behind her, the hallway ends in a closed brown wooden door. © UNFPA Mozambique, Mbuto Carlos Machili

**Applying intersectional lenses to programming has been essential when partnering with persons with disabilities and their representative organizations.** Layers of discrimination are often added to the experiences of persons with disabilities when combined with age, gender and type of disability. Identifying and partnering with youth and women-led organizations with disabilities is key to diversifying partnerships and to ensuring that persons with disabilities in all their diversity are represented. For UNFPA in Ecuador, an important part of the **We Decide** programme has been the strengthening of leadership of young persons with disabilities. For instance, an Ecuadorian young adult with visual disability is the co-founder of an organization called *Comparlante* that dedicates itself to the topic of accessibility and works all around the Americas. He was hired to develop an accessible website for young persons with disabilities to create exchange between young people and organizations in Ecuador with a focus on sexual and reproductive health. This idea was developed in a meeting between *Comparlante* and two local NGOs: Huertomanías, an organization working on the labour market inclusion of people with psychosocial disabilities, and Colectiva Sordas Feministas, a collective for deaf women in Ecuador who fight for the rights of deaf women.

## Partnerships with key stakeholders

Experiences shared by UNFPA Country Offices have highlighted UNFPA's operational strength in engaging many sectors of government to deliver accessible and responsive services for persons with disabilities. These experiences also point towards avenues for growth with promising achievements in influencing laws and policies.

**DID YOU KNOW?** During COVID-19, persons with disabilities face more discrimination, violence and barriers to accessing information, education and services related to GBV and sexual and reproductive health. Women and girls with disabilities are at higher risk. Persons with disabilities have the same rights as others during COVID-19. COVID-19 response must engage organizations of persons with disabilities (OPDs) and networks in decision making. To prevent GBV during COVID-19, persons with disabilities should be able to use accessible hotlines, reach trusted family and caregivers and have persons who check on them to ensure their safety.

*UNFPA and AECID (2020). WE DECIDE – COVID-19 and Persons with Disabilities: Key Messages.*

**The ministries of health and their affiliated personnel have been a privileged partner for many UNFPA Country Offices in their work to address disability inclusion.** This is the case in Ecuador, where UNFPA provided technical assistance to the Ministry of Health in updating the technical norm on GBV while ensuring the mainstreaming of disability inclusion and the comprehensiveness of the mainstreaming approach. UNFPA in Timor Leste successfully integrated the health sector response for persons with disabilities within the Ministry of Health programmes. Disparities in health services experienced by young persons with disabilities were noted during consultations held by UNFPA in Mozambique. Constituencies stressed that professionals in health centres and youth centres often dismissed sexual and reproductive health needs of youth with disabilities and prioritized those of persons without disabilities instead. As a result, UNFPA has trained health personnel on the rights of persons with disabilities and basics of sign language.



In **Serbia**, UNFPA interviewed key decision makers in the Ministry of Health and health personnel to inform its research findings. This helped secure ownership of the results around gaps in the accessibility of health facilities and services due to physical barriers and communication barriers, but also lack of capacity and biased attitudes from health professionals.

**Beyond the health sector, several UNFPA Country Offices have collaborated with broad coalitions of actors, including many sectors in government, to provide a comprehensive and multisectoral response.** In Uruguay, UN agencies worked with a broad coalition of government actors including health, social development, social security and gender administrations to address the multiple intersecting discriminations facing persons with disabilities.

**Some UNFPA Country Offices have demonstrated promising practices of policy-level engagement, though this area is relatively less advanced in comparison to operational-level work.** In Mozambique and Zimbabwe, UNFPA took part in the planning of the national disability policy. In Zimbabwe, this was an opportunity to organize dialogues between parliamentarians

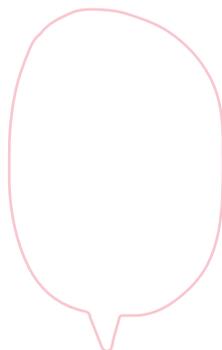
and women and girls with disabilities. UNFPA's policy analysis in Mozambique revealed the advanced nature of the 2006-2010 National Disability Policy that provided linkages between the empowerment of persons with disabilities and their public sector employment, political participation and economic equality but acknowledged that more advocacy is needed to integrate disability within laws and policies related to UNFPA's mandate. A great milestone for UNFPA in Ecuador, was the publication of the Comprehensive Organic Law for the Prevention of Violence against Women in accessible formats. Together with the National Council on the Equality of Disabilities (CONADIS), four modules were developed for a self-training course on the National Council's website on gender, human rights, national and international legislation, and empowerment.



**Zimbabwe** adopted the approach of policy-level engagement wherein a multisectoral team on sexual and gender-based violence in the Ministry of Justice coordinates action in favor of survivors. UNFPA engaged the Ministry of Justice, Legal and Parliamentary Affairs; the Ministry of Home Affairs; the Ministry of Public Service, Labor and Social Services; the Ministry of Health and Child Care and the Ministry of Women's Affairs, Community and Small to Medium Enterprises Development to conduct its disability assessment.



In **Ecuador**, UNFPA collaborated with the National Council on Gender Equality (CNIG) to render visible different forms of violence faced by adolescents and women with disabilities through two in-depth qualitative investigations. They were entitled "Pregnancy among adolescent women with disabilities, its link to GBV and challenges in human care" and "Case study on gender-based violence (GBV) among girls, adolescents and women with disabilities – Debunking Myths: The Practice of Incest". The study on pregnancy has been recognized as a good practice at a global level and within the country. Both studies have raised awareness of invisible practices. The results of these investigations have been disseminated broadly through a social media communication strategy in accessible and user-friendly formats.



## NEXT STEPS

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For UNFPA, programming and advocating with and for persons with disabilities represents a formidable opportunity to take forward the United Nations system-wide pledge to leave no one behind. Through leveraging the organization's expertise in multiple areas, including population data, sexual and reproductive health and gender-based violence, UNFPA Country Offices and their respective United Nations Country Teams are in a unique position to support Member States in delivering inclusively on the Sustainable Development Goals.

The prevalence of disability rises worldwide, and women are being more affected in most countries. Disability inclusion will require a more systematic approach and coordination efforts, in partnership with civil society and across the United Nations system. Building on the model of social inclusion established by the CRPD, the joint approach taken by the UNPRPD and the ICPD Programme of Action, UNFPA can leverage lessons from its global initiative to address the discrimination, violence and structural barriers that are often exacerbated by the intersection of disability, age and gender.

State parties to the Convention on the Rights of Persons with Disabilities are then encouraged to continue to collaborate with persons with disabilities and their organizations, building on lessons from the UNPRPD joint programme and the **We Decide** programme. In this way, they can ensure that their institutions, laws, policies and services uphold the equal rights of women and young persons with disabilities, including access to sexual and reproductive health information and services and prevention and response to gender-based violence. The guidance provided in this document may serve UNFPA Regional and Country Offices as they support state parties in this important endeavor. Similarly, the good practices and lessons learned described in this brief are useful for other United Nations Country Teams, civil society, and for state parties in general in scaling up those practices that have proven effective and have shown positive outcomes in regard to disability inclusion.



A group of five young people stand on a line in different poses looking at the camera. There are two men and three women, they all are of different heights and skin colors and wear sports and comfortable clothes. © UNFPA Thailand, Chalit Saphaphak



