Promoting the Rights of Persons with Disabilities through the Sustainable Development Goals

A RESOURCE PACKAGE

GENDER EQUALITY

Policy Guidance for Inclusive Sustainable Development Goals

UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

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Achieve gender equality and empower all women and girls



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Overview

Promoting the Rights of Persons with Disabilities through the Sustainable Development Goals: a Resource Package provides guidance on the implementation of the Sustainable Development Goals with a view to advancing the development and rights of persons with disabilities in relation to policymaking, training, awareness-raising and monitoring.

The Resource Package comprises the following:

- Policy Guidance for Inclusive Sustainable Development Goals
- Overview of Thematic Issues and Policy Recommendations
- Indicators on the Convention on the Rights of Persons with Disabilities
- Frequently asked questions on the indicators on the Convention
- Data sources guidance
- Training materials on disability-inclusive Sustainable Development Goals

The Policy Guidance for Inclusive Sustainable Development Goals begins with an introduction supporting the navigation of the Resource Package. The Foundations component should be read prior to the Goal-specific guidance and the Overview of Thematic Issues and Policy Recommendations. A set of human rights indicators for each article of the Convention on the Rights of Persons with Disabilities is offered to provide guidance on how to measure the implementation of the Convention. These indicators are also referred to in the Policy Guidance and the Overview as guidance for policy implementation. Each human rights indicator is accompanied by data sources guidance and examples thereof to inform the measure of an outcome. Lastly, the Resource Package includes training materials to build capacity in the areas covered by the Policy Guidance.

I. In brief

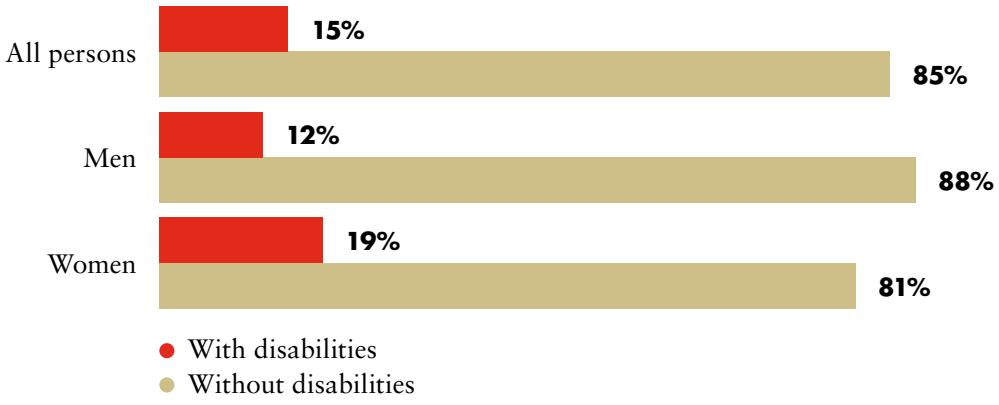
I. In brief

1. What is the situation?

Women and girls with disabilities are a substantial group: globally, an estimated 19 per cent of women have a disability, compared to 12 per cent of men, as presented in figure I (World Health Organization (WHO) and World Bank, *World Report on Disability* (WHO, 2011). In low- and middle-income countries, 75 per cent of persons with disabilities are women, as presented in figure II (Sophie Browne, "Making the SDGs count for women and girls with disabilities", Issue Brief (United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2017)). While the leadership and the movement of women and girls with disabilities have been gaining strength over the years, concerted efforts are needed to promote their rights, participation and inclusion. Women and girls with disabilities experience complex layers of discrimination on the basis of gender, disability and other characteristics. This manifests in lower rates of literacy (see figure III), employment (see figure IV) and access to health services (including sexual and reproductive health care) than those of both men with disabilities and women without disabilities. In addition, women with disabilities are less likely to participate in political, economic or public forums or occupy positions of leadership. Out of 18 countries in the Asia-Pacific region, only 4 included women with disabilities in their parliaments and legislatures (*Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2019), p. 110).

FIGURE I

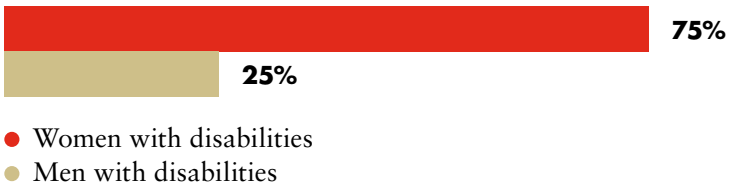
Higher prevalence of disability among women



Source: World Health Organization (WHO) and World Bank, *World Report on Disability* (WHO, 2011).

FIGURE II

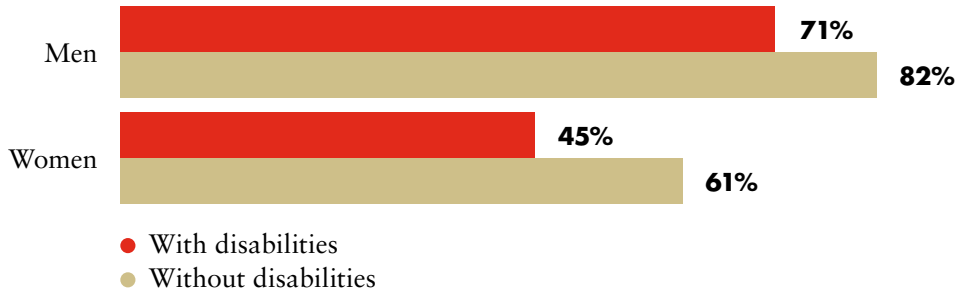
Higher proportion of women among persons with disabilities



Source: Plan International (2011), as cited in Sophie Browne, "Making the SDGs count for women and girls with disabilities", Issue Brief (United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2017).

FIGURE III

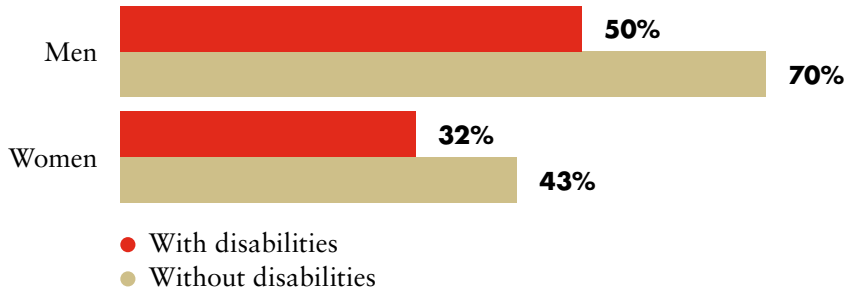
Literacy rate by sex and disability



Source: *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2019), pp. 107 and 108.

FIGURE IV

Employment rate by sex and disability



Source: *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2019), p. 109.

Women and girls with disabilities are more likely to experience gender-based violence and to face significant barriers in access to the justice system. While data continue to be scarce, figure V shows the available data from 28 European countries, indicating that 34 per cent of women with disabilities had experienced physical or sexual violence by an intimate partner, compared to 19 per cent of other women (European Union Agency for Fundamental Rights, *Violence against Women: an EU-Wide Survey – Main Results* (2015)). Women with disabilities experience the same forms of violence as women without disabilities, as well as additional forms of violence as a result of disability discrimination; women with disabilities represent a rate of being forcibly sterilized that is up to three times higher than the rate for the general population (report of the Special Rapporteur on the rights of persons with disabilities on sexual and reproductive health and rights of girls and young women with disabilities (A/72/133), para. 29). See also the video on the sexual and reproductive health and rights of women and girls with disabilities developed by the Special Rapporteur on the rights of persons with disabilities.

FIGURE V

Gender-based violence in 28 European countries

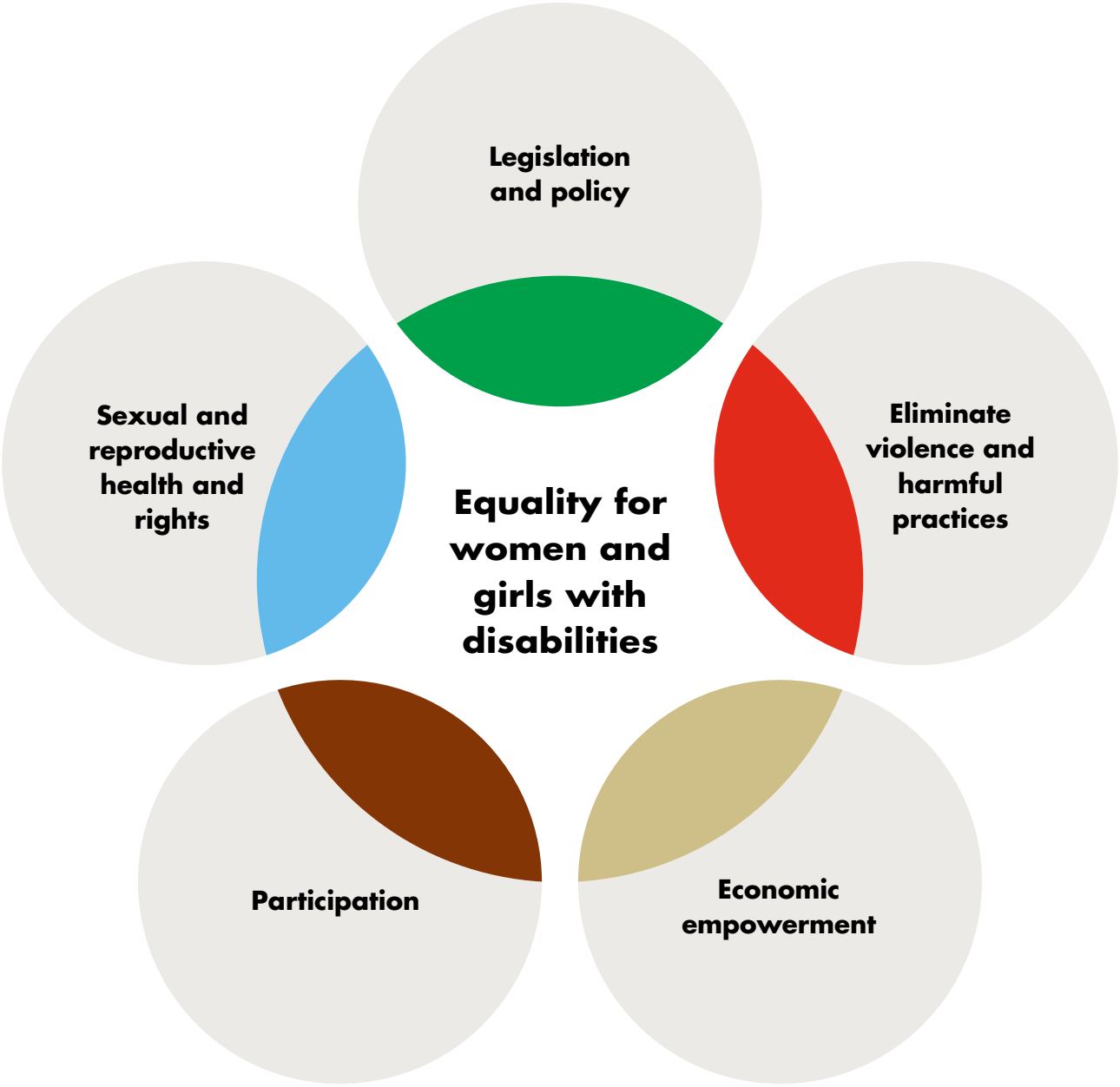


Source: European Union Agency for Fundamental Rights, *Violence against Women: an EU-Wide Survey – Main Results* (2015), p. 187, table A3.2.

2. What needs to be done?

FIGURE VI

Main areas of intervention to achieve Sustainable Development Goal 5



Equality for women and girls with disabilities: actions applicable across all targets of Sustainable Development Goal 5

Goal 5: Achieve gender equality and empower all women and girls



To achieve the targets of Goal 5, the following actions and approaches should be taken:

1. Impact assessments: Design and carry out gender and disability impact assessments to evaluate laws, policies, programmes, budget allocation, investments and other government actions, to prevent undermining the equality and inclusion of women and girls with disabilities;
2. Twin-track approach: Apply a twin-track approach to ensure that women and girls with disabilities are referred to, and reflected in, legislation and policymaking specific to women and gender equality, as well as those targeting persons with disabilities;
3. Coordination: Ensure coordination across ministries and from national to subnational levels to strengthen policy coherence and implementation for women and girls with disabilities, in consultation with them and their representative organizations;
4. Access to justice: Ensure that complaint mechanisms and investigations are accessible, gender-responsive and disability-inclusive, and enable the possibility to file complaints on the basis of multiple and intersecting forms of discrimination;
5. Active consultation: Promote the development and strengthening of organizations of women and girls with disabilities;
6. Awareness-raising: Carry out awareness-raising campaigns to inform, educate and train stakeholders, including the public, about the rights of women and girls with disabilities, promoting their empowerment and combating stigma and stereotypes against them;
7. Budget allocation: Ensure an adequate budget for disability inclusion and gender equality, and allocate and monitor budgets directed at women and girls with disabilities, through the adoption of gender and disability markers;
8. Data collection: Collect disaggregated data to monitor and enhance the inclusion of women and girls with disabilities across all sectors;
9. International cooperation: Develop international cooperation strategies, policies and agreements to promote the rights of women and girls with disabilities by applying a twin-track approach, engaging in gender and disability impact assessments, and tracking investments and expenditures on the basis of gender and disability.

> Related indicators on the Convention on the Rights of Persons with Disabilities: 1/4.7, 1/4.9, 1/4.11, 1/4.21, 1/4.16, 6.1, 6.3, 6.5, 6.6, 6.11–6.13, 8.1, 8.2, 31.2, 31.3, 32.1 and 32.7

Legislation and policy



Target 5.1: End all forms of discrimination against all women and girls everywhere

Target 5.c: Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

To achieve these targets, the following actions should be taken:

1. Ensure that legislation on equality and non-discrimination on the basis of sex includes women and girls with disabilities;
2. Ensure that legislation on persons with disabilities includes a gender perspective;
3. Ensure that legislation on access to justice is inclusive of women and girls with disabilities.

Related indicators on the Convention: 5.1, 5.2, 5.7, 6.1, 6.3, 6.5, 13.1, 13.3 and 13.6

Eliminating all forms of violence and harmful practices against women and girls with disabilities



Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

To achieve these targets, the following actions should be taken:

1. Promote legislation and adopt policies that are inclusive of women and girls with disabilities to prevent violence;
2. Raise awareness and empower women and girls with disabilities to prevent violence and harmful practices against them;
3. Ensure that health, protection and rehabilitation services are accessible and available to women and girls with disabilities;
4. Ensure that police and justice services are accessible to and inclusive of women and girls with disabilities.

Related indicators on the Convention: 13.12, 13.14, 16.1, 16.3, 16.4–16.6, 16.14–16.17 and 16.19

Economic empowerment of women with disabilities



Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

Target 5.a: Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

Target 5.b: Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

To achieve these targets, the following actions should be taken:

1. Prevent and mitigate the impact of structural inequalities that push women with disabilities to be economically inactive;
2. Ensure the right of women with disabilities to legal capacity and to engage in financial and legal affairs;
3. Develop programmes to facilitate access to information and communications technology (ICT) inclusive of women with disabilities.

Related indicators on the Convention: 12.1, 12.2, 21.4, 21.5, 27.8, 28.4 and 28.5

Equal participation in political, economic and public life



Target 5.5: Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

To achieve this target, the following actions should be taken:

1. Ensure the inclusion of women with disabilities in measures to increase the political participation of either women in general or persons with disabilities;
2. Promote the empowerment of women and girls with disabilities to know and claim their rights;
3. Adopt specific measures to promote the participation of women with disabilities in public life, including support for organizations of women with disabilities.

Related indicators on the Convention: 1/4.17, 6.2, 6.7–6.9, 6.14, 6.15, 6.17, 29.1, 29.2, 29.7 and 29.25

Sexual and reproductive health and rights of women and girls with disabilities



Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

To achieve this target, the following actions should be taken:

1. Ensure access to sexual and reproductive health information and services by women and girls with disabilities;
2. Respect the right of women and girls with disabilities to free and informed consent.

Related indicators on the Convention: 16.2, 23.5, 23.12, 23.16, 25.6–25.8, 25.15 and 25.18

3. Dos and don'ts

TABLE 1

Ensuring the consideration of persons with disabilities in the implementation of Sustainable Development Goal 5

Law, policy and programmes	
Do	**Don't**
Include explicit references to women and girls with disabilities and address their specific requirements in legislation that recognizes, promotes and protects the rights of all women and girls in general.	Refer to the rights of women and girls with disabilities only in disability-specific legislation.
Include explicit references to women and girls with disabilities and address their specific requirements in legislation and policies relating to persons with disabilities.	Assume gender-neutral disability legislation and policy sufficiently protect the rights of women and girls with disabilities.
Adopt specific measures to address equality and non-discrimination and promote the participation and empowerment of women and girls with disabilities.	Assume that measures for participation and empowerment targeting persons with disabilities in general address the specific situation of women and girls with disabilities.

Governance and inter-institutional coordination	
Do	**Don't**
Coordinate across and within ministries, assigning focal points on gender and disability within each ministry/department and actively engage with women with disabilities and their representative organizations.	Assume that assigning a gender and disability focal point under one ministry/department is sufficient for securing disability-specific expertise for the entire Government.
Actively engage and consult with women with disabilities and their representative organizations, including, where relevant, youth-led organizations inclusive of girls with disabilities.	Assume that women with disabilities are being consulted because either organizations of persons with disabilities or women's rights organizations are being consulted.
Practice and implementation	
Do	**Don't**
Actively engage diverse women and girls with disabilities in designing and implementing gender and disability impact assessments.	Make assumptions without consulting women and girls with disabilities about the impact on them of laws, policies and other government action.
Identify underrepresented groups in each specific context and assess attitudes, norms, relations and inequalities that have an impact on women and girls with disabilities.	Assume that risks and concerns affecting women and girls in general, or people with disabilities in general, fully encompass those affecting women and girls with disabilities.
Develop a plan to address discrimination against women with disabilities, considering their diversity (girls, older women, women with different impairments, migrants, indigenous women and girls with disabilities, etc.).	Consider women with disabilities as a homogenous group, or overlook the barriers specific populations of women and girls with disabilities face (such as deaf women and girls, and women with psychosocial disabilities).
Awareness-raising	
Do	**Don't**
Promote social change that challenges the attitudes, stigma, stereotypes and discrimination faced by women and girls with disabilities, ensuring a rights-based approach informed and led by women and girls with disabilities themselves.	Reinforce negative stereotypes of women and girls with disabilities in public campaigns and capacity-building activities on gender and/or disability.

Training	
Do	**Don't**
Train service providers, including first responders, to work with women and girls with disabilities and provide services that are based on equality, non-discrimination and respect for personal autonomy. This includes the understanding of appropriate referral mechanisms.	Overlook staff, including emergency support staff, in capacity-building activities, resulting in either inadequate or inappropriate referrals for women with disabilities (e.g. a health worker referring a woman experiencing violence to an institution on the basis of psychosocial disability and/or homelessness).
Provide capacity-building opportunities directed at women and girls with disabilities, the Government and service providers.	Focus all capacity-building initiatives on women and girls with disabilities and neglect strengthening the "supply" side (such as the Government and service providers).
Adopt specific measures to address discrimination and ensure that women's empowerment initiatives are inclusive of women and girls with disabilities, while also engaging in targeted capacity-building activities for women and girls with disabilities.	Address the empowerment of women with disabilities only through disability-specific actions, or overlook their inclusion in gender equality initiatives.
Participation	
Do	**Don't**
Provide both financial and capacity-building support to organizations of women with disabilities.	Assume that women's rights organizations and/or organizations of persons with disabilities are representative of women with disabilities.
Data collection and disaggregation	
Do	**Don't**
Disaggregate data consistently by sex and impairment in all population-based data collection efforts (such as censuses and surveys), ensuring participation, self-identification, transparency, privacy and accountability. Ensure that adopted indicators call for disaggregation by sex and impairment.	Limit data collection of, and disaggregation by, disability to disability-specific surveys.
Collect context-specific data on women and girls with disabilities and on the attitudinal and environmental barriers that prevent the enjoyment of their human rights, with their participation.	Assume that data on persons with disabilities and the barriers they face appropriately capture the situation of women and girls with disabilities.

II. In depth

II. In depth

1. Introduction

This section provides detailed guidance for policymakers on the measures that are required to implement Sustainable Development Goal 5 on gender equality in a way that is inclusive of women and girls with disabilities.

Part II, section 2 shows the connection between the Policy Guidance on Sustainable Development Goal 5 and other resources, including the human rights indicators on the Convention on the Rights of Persons with Disabilities and other related tools.

Part II, section 3 provides an overview of the situation of inequality and discrimination faced by women and girls with disabilities, demonstrating why Goal 5 is key for their development.

Part II, sections 4 and 5 provide guidance on policy measures and actions that should be adopted for the inclusive implementation of Goal 5. Specifically, section 4 addresses the measures for the inclusion of women and girls with disabilities that are applicable across all targets, while section 5 provides considerations and guidance on key actions specific to each target of Goal 5. Targets 5.1 and 5.c are considered together, as they call for legislative and policy measures; targets 5.2 and 5.3 are considered together, as they focus on violence and harmful practices; targets 5.4, 5.a and 5.b are grouped because they are connected to economic life and empowerment. Target 5.5 on political participation and target 5.6 on sexual and reproductive health and rights are considered independently.

It is important to note that gender equality and the rights of women and girls with disabilities should be integrated throughout all the Sustainable Development Goals. See part II, section 3.3 on putting non-discrimination into practice by addressing diversity and identity in the Foundations Guidance.

2. Connection to other tools

- Indicators on article 6 (women with disabilities) of the Convention on the Rights of Persons with Disabilities
- Other related articles of the Convention and the indicators thereon: articles 1–4, 5, 7, 8, 9, 12, 13, 15/17, 16, 19, 21, 23, 24, 25, 27, 28, 29, 31, 32, 33
- Data sources guidance on article 6 and other related articles of the Convention
- Training materials for Sustainable Development Goal 5
- Video for Goal 5

3. Why is Sustainable Development Goal 5 important for women and girls with disabilities?

Global estimates suggest that disability prevalence is 19 per cent for women, compared to 12 per cent for men (WHO and World Bank, *World Report on Disability*). In addition, women with disabilities represent 75 per cent of persons with disabilities living in low- and middle-income countries (Plan International (2011), as cited in Sophie Browne, "*Making the SDGs count for women and girls with disabilities*".

Despite these data, women and girls with disabilities are among the most marginalized groups in society and face multiple and intersecting forms of discrimination based on gender, age and disability, among others. This makes them more likely to be excluded from education, employment, political and public life, and access to justice, as well as from exercising their autonomy in relation to their health, including sexual and reproductive health. This discrimination leads to worse rates in literacy (45 per cent) and employment (32 per cent) when compared to men with disabilities (at 61 per cent and 43 per cent, respectively) (*Disability and Development Report*). Relevant laws for women with disabilities (such as laws on disability and on gender equality) do not usually take into account the intersectionality of disability and gender and thus fail to acknowledge and protect their rights. By 2016, in Latin America, 12 out of 20 countries had measures targeted at women with disabilities in their gender equality plans and only 6 countries addressed women in their disability laws (United Nations, Department of Economic and Social Affairs and Economic Commission for Latin America and the Caribbean, "*Report of the United Nations Expert Group Meeting on Advancing the Rights and Perspectives of Women and Girls with Disabilities in Development and Society*: *report*", Santiago, 15–17 November 2016, pp. 34–35).

Over the years, the movement of women and girls with disabilities has been gaining force. The Fourth World Conference on Women, held in Beijing in 1995, marked a turning point. A total of 200 women with disabilities from 25 countries participated and succeeded in ensuring the inclusion of women and girls with disabilities in the Platform for Action to advance women's rights. Since then, the rights of women and girls with disabilities have risen steadily on the global agenda and women with disabilities have taken up leadership positions (such as Catalina Devandas, the first Special Rapporteur on the rights of persons with disabilities, Maria Soledad Cisternas Reyes, the Special Envoy of the Secretary-General on Disability and Accessibility, and the majority composition of women with disabilities on the Committee on the Rights of Persons with Disabilities). While there have been important advances, women and girls with disabilities continue to face significant barriers to the equal enjoyment and exercise of their rights.

Women and girls with disabilities face higher risks of being subjected to various forms of physical and sexual violence. A survey from 2012 indicated that, in 28 European countries, 34 per cent of women with disabilities had experienced physical or sexual violence by an intimate partner, compared to 19 per cent of other women (European Union Agency for Fundamental Rights, *Violence against Women: an EU-Wide Survey – Main Results* (2015)). Furthermore, women with disabilities represent a rate of being forcibly sterilized that is up to three times higher than the rate for the general population.

Women with disabilities face several barriers to their participation in economic life and access to economic resources. Lower employment rates coupled with restricted participation in social life and existing stereotypes on gender roles lead to a higher risk of unpaid care and domestic work.

Limitations on women's property rights may be exacerbated for women with disabilities, due to restrictions on the exercise of legal capacity, which prevents them from administering their assets. Lastly, access to, and the use of, enabling technology that could empower women with disabilities, including for economic life, are also lower. For example, in 13 low- and middle-income countries, only 21 per cent of women with disabilities use the Internet, compared with 33 per cent of other women (*Disability and Development Report*, p. 133).

Women with disabilities are less likely to participate in political, economic or public leadership. In 2017, 14 out of 18 countries in the Asia-Pacific region had no women with disabilities in their parliaments or legislatures (*Disability and Development Report*, p. 110).

Women with disabilities face specific barriers in access to sexual and reproductive health information, education and services. The available literature consistently affirms that women and girls with disabilities have less access to education and have less knowledge in this area. Lesser access of persons with disabilities to sexual education places them at a higher risk of exposure to sexually transmitted infections (*Disability and Development Report*, pp. 65–72). For instance, a meta-analysis of the literature on sub-Saharan Africa shows an increasing gradient in the risk of contracting HIV according to gender and disability (P. de Beaudrap, M. Mac-Seing and E. Pasquier, "Disability and HIV: a systematic review and a meta-analysis of the risk of HIV infection among adults with disabilities in sub-Saharan Africa", *AIDS Care*, vol. 26, No. 12 (July 2014), pp. 1467–1476).

Women with disabilities, in particular those with intellectual and psychosocial disabilities, have been disproportionately subjected to forced, coerced and otherwise involuntary sterilization based on negative stereotypes relating to their sexuality and capability for motherhood, as well as on eugenics and other discriminatory discourse. Authorities of institutions may allow for, and decide on, forced sterilization to prevent pregnancies and manage menstruation against the will and preferences of the person concerned. In addition, treatment and surgeries for menstrual management purposes imposed on women with disabilities are invasive and can lead to irreversible consequences, such as the loss of fertility.

4. Equality for women and girls with disabilities: actions applicable across all targets of Sustainable Development Goal 5



Goal 5: Achieve gender equality and empower all women and girls

4.1 Gender and disability impact assessments

Women and girls with disabilities face significant barriers due to multiple and intersecting forms of discrimination (on the basis of both gender and disability) and are disproportionately excluded when compared to either men with disabilities or women without disabilities. Recognizing the unique and diverse experiences of women and girls with disabilities is key to ensuring that policy solutions aimed at the advancement of women, as well as those targeting persons with disabilities, also embrace women with disabilities without undermining their inclusion.

Impact assessments are critical to gauge the intended and unintended impact of actions and to better design and plan them. They are also important in order to ensure that relevant and context-specific concerns of all populations are taken into account. For example, gender impact assessments are centred on detecting whether a law, policy or programme reduces, maintains or increases the inequalities between women and men. To address the situation of women and girls with disabilities, it is imperative that impact assessments consider both gender and disability throughout the different stages of action (see table 2). For example, a campaign to prevent gender-based violence may be aimed at protecting all women but, if the information and communications are not accessible, women with disabilities would be excluded from the campaign benefits.

TABLE 2

Steps to carry out a gender and disability impact assessment

Step 1: Defining the policy purpose	• Will the purpose/objectives of the policy contribute to equality in relation to both gender and disability? • Will the purpose/objectives of the policy contribute specifically to the equality of women with disabilities?
Step 2: Checking gender and disability relevance	• Are women and girls with disabilities, including the diverse constituents of this group, explicitly identified as a target group? • Will the policy have an impact on the situation of women and girls with disabilities? What are the direct and indirect impacts?
Step 3: Gender and disability analysis	Are the compounded and intersecting forms of discrimination experienced by those marginalized by gender, disability and other characteristics explored when: • Assessing the current and future situation without interventions in the target group? • Assessing the expected impact of such interventions? Do this by: • Collecting and analysing gender and disability disaggregated data, as well as data on other identities marginalized in the target area • Consulting with diverse target groups, including women and girls with disabilities, who experience intersecting inequalities • Identifying and addressing specific inequalities experienced by women and girls with disabilities Assessments should consider the impact in terms of the diversity of women and girls with disabilities and their multiple layers of identity (such as deaf women, women with psychosocial disabilities, women with multiple disabilities, migrant women with disabilities and older women with disabilities) and address the issues and their effects accordingly (such as forced treatment, including forced sterilization and institutionalization).
Step 4: Measuring the effects of gender and disability	Do the purposes/objectives of the policy lead to positive, negative or neutral effects on women with disabilities? This should be weighed in terms of participation, access to services and resources, and the transformation of social norms and attitudes towards women with and without disabilities. Policy gaps between women with disabilities and other women arise when there are: • Positive effects on women in general and neutral or negative effects on women with disabilities

	• Positive effects on women in general but less positive effects on women with disabilities For example, a gender quota measure for women to have access to higher education may not consider the requirements or accommodations needed by women with disabilities. The measure will likely increase the number of women in higher education but, at the same time, contribute to widening the gap in enrolment rates between women with disabilities and other women.
Step 5: Findings and proposals	What are the policy gaps that directly or indirectly undermine the inclusion of women with disabilities? What measures can be recommended to improve policy design? The participation of women and girls with disabilities and their representative organizations in designing these assessments and measures is crucial to the success of policy design and implementation.

Source: Adapted from the European Institute for Gender Equality, *Gender Impact Assessment: Gender Mainstreaming Toolkit* (Vilnius, 2016).

Recommendation

Governments should design and carry out gender and disability impact assessments to evaluate laws, policies, programmes, budget allocation, investments and other government actions to promote the equality and inclusion of women and girls with disabilities.

- Related indicators on the Convention: 6.3 and 6.10

4.2 Twin-track approach

National legislation and policies often overlook women and girls with disabilities and leave them unprotected from the inequalities and rights violations they experience on the basis of both gender and disability. On the one hand, domestic violence legislation and policies that target women may not reflect the specific forms of violence experienced by women and girls with disabilities and may leave unaddressed the specific barriers that they face in seeking assistance and gaining access to justice. On the other hand, legislation specific to the rights of persons with disabilities may fail to recognize the experiences of women with disabilities in enjoying and effectively exercising their rights, such as the right to pregnancy and parenting. This neglect leads to gaps in protection for women and girls with disabilities, both in law and in its practical application.

Recommendations

For the full protection of the rights of women and girls with disabilities, Governments should apply a twin-track approach to legislation and policymaking by ensuring that:

1. Legislation on gender equality and women's rights, such as that on gender-based violence, includes a disability perspective and explicitly refers to women and girls with disabilities;
2. Legislation on persons with disabilities includes a gender perspective.

- Related indicators on the Convention: 6.1, 6.3 and 6.5

See also part II, section 1.2.1 on the twin-track approach in the Foundations Guidance.

4.3 Coordination for inclusive policies

While an increasing number of countries are establishing gender focal points and ministries responsible for gender equality and women, on the most part policies on gender continue to be distributed across multiple ministries and departments. For example, among the targets of Sustainable Development Goal 5, those relating to discrimination, violence and harmful practices and equal participation in political life tend to fall within the mandate of the ministry of justice, with economic empowerment under the ministry of social development and employment, and sexual and reproductive health and rights under the ministry of health. By contrast, disability-related policies tend to be concentrated under the mandates of the ministries of welfare and health or centralized within a disability focal point. Coordination among public agencies with relevant expertise is key to ensure the inclusion of gender and disability perspectives across policies emerging from different ministries. Similarly, vertical coordination from central government policymakers down to local government implementers is key for the successful delivery of results. Decision-making processes through this coordination must involve women and girls with disabilities.

Recommendations

To ensure coordination for inclusive policies, Governments should:

1. Appoint focal points on gender and disability issues within different ministries/departments;
   - Related indicator on the Convention: 33.1
2. Establish procedures for coordination, including through an interministerial coordination mechanism, and for internal vertical coordination – from national to subnational levels – for successful policy implementation;
   - Related indicator on the Convention: 33.2
3. Ensure close consultation with, and the active involvement of, women with disabilities and their representative organizations by gender and disability focal points and coordination mechanism(s).
   - Related indicators on the Convention: 6.9, 6.12, 1/4.9 and 33.4

See also part II, section 1.1 on institutional set-up for good governance inclusive of persons with disabilities in the Foundations Guidance.

4.4 Access to justice for women with disabilities

Women with disabilities face significant barriers in access to justice and in participating in legal proceedings, due to both gender and disability discrimination. First, they may not have access to information about their rights, including information on the opportunities available to have access to justice and seek redress. Second, legal assistance and legal aid may be both inaccessible and unaffordable for women with disabilities.

Furthermore, women and girls with disabilities are less likely to have their complaints taken seriously, owing to stereotypes concerning both gender and disability. For example, women and girls with disabilities who are survivors of violence may have their complaints dismissed by the police or authorities due to a perceived lack of credibility.

On account of inaccessible information and services, they are also less likely to have access to the support services available to other women, such as hotlines and shelters. In addition, women and girls with intellectual disabilities and those with psychosocial disabilities are more likely to be denied their right to legal capacity, thus either being prevented from lodging complaints and testifying or having their testimony discredited as unreliable.

In some countries, women and girls with disabilities cannot bring claims on the basis of intersecting or multiple discrimination, as this is not reflected in law or legal procedures.

Recommendation

Governments should ensure that complaint mechanisms and investigations are accessible, gender-responsive and disability-inclusive, and enable the possibility of filing complaints on the basis of multiple and intersecting forms of discrimination.

- Related indicators on the Convention: 13.1, 13.4, 13.6 and 13.11–13.13

See also part II, section 4.4 on access to justice in the Foundations Guidance and the International Principles and Guidelines on Access to Justice for Persons with Disabilities.

4.5 Active consultation with, and support for, organizations of women with disabilities

In many countries, women and girls with disabilities have limited participation or a limited voice within both organizations of persons with disabilities and women's rights organizations. As a consequence, they are excluded from consultation and participatory processes and their specific concerns and views remain neglected in public decision-making.

Recommendations

Governments should promote the development and strengthening of organizations of women and girls with disabilities by:

1. Providing targeted capacity-building to women and girls with disabilities on their rights, empowerment, and the management and development of their representative organizations;
   - Related indicators on the Convention: 1/4.17, 6.3, 6.7–6.9 and 6.12
2. Providing financial support for the development of organizations of women and girls with disabilities;
   - Related indicators on the Convention: 1/4.11, 1/4.16, 6.3, 6.9 and 33.9
3. Ensuring close consultation with, and the active involvement of, women and girls with disabilities in the design and development of legislation and policies that concern them, whether they relate directly to persons with disabilities, women, gender equality or any other subject that has an impact on them.
   - Related indicators on the Convention: 6.9, 6.12 and 7.14

See also part I, section 2.4 and part II, section 2 on the participation of persons with disabilities in the Foundations Guidance and the video on participation developed by the Special Rapporteur on the rights of persons with disabilities.

Consultation with women with disabilities

Given the long-standing marginalization of women and girls with disabilities, they have had fewer opportunities to establish organizations representing their concerns as women and as persons with disabilities. As a result, few countries currently have organizations of women with disabilities.

However, this should not prevent Governments from consulting directly with women with disabilities. Choosing channels of consultation may be challenging and it is thus advisable to:

1. Ask organizations of persons with disabilities whether there are women with disabilities who could represent the organization in consultations;
2. Consult with mainstream women's organizations that have proven experience defending the rights of women with disabilities in accordance with the human rights-based approach to disability (in line with the Convention on the Rights of Persons with Disabilities) and ask whether there are women with disabilities who could represent the organization in consultations;
3. Ensure that consultations are open and accessible to individual women with disabilities and ask women with disabilities to look within their own formal and informal networks to reach out to groups that are underrepresented, such as women with psychosocial disabilities and women with intellectual disabilities, including women who face compounded barriers based on how their impairment intersects with their other identities and characteristics, such as race, age, ethnicity or sexual orientation.

4.6 Awareness-raising

Women and girls with disabilities experience unique attitudinal barriers, stereotypes, prejudices and stigma based on both gender and disability. For instance, their role as a mother may be contested and they therefore face barriers in access to family planning and sexual and reproductive health information and services. Awareness-raising plays a key role in educating and informing both Governments and society at large about the rights of women and girls with disabilities, preventing violence against them and promoting their empowerment.

Recommendations

To raise awareness, Governments should:

1. Disseminate information about the rights of women with disabilities and enhance their portrayal and visibility as active members of society through awareness-raising campaigns;
   - Related indicators on the Convention: 6.11, 6.12, 8.7 and 8.2
2. Promote social change and combat stigma and stereotypes through targeted training, including with the direct participation of women and girls with disabilities;
   - Related indicators on the Convention: 6.11, 6.12, 8.2 and 8.20

3. Build the capacity of women with disabilities, as well as the capacity of public officials, professionals and service providers (such as first responders, health workers, social workers and police officials), particularly those working on policies or services combating discrimination, hate crimes and femicide, including gender-based or disability-based violence against women.

   Related indicators on the Convention: 6.10, 8.9 and 1/4.20

See also part I, section 2.5 on awareness-raising in the Foundations Guidance.

Raising awareness about gender-based violence among women with disabilities in the refugee community

The Women's Refugee Commission and the International Rescue Committee piloted and evaluated actions to promote disability inclusion in gender-based violence programming. In Ethiopia, traditional "coffee discussions" were being used in 2018 as a vehicle for conversations about gender-based violence and the services available in the refugee community. Women with disabilities volunteered to host coffee discussions in their homes, inviting other women who lived near them to join the activity. In this way, women with disabilities who were isolated in their homes had the opportunity to learn more about gender-based violence and to strengthen protective peer networks within their neighbourhoods. (United Nations Population Fund and Women Enabled International, *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* (2018), p. 33.)

4.7 Budget allocation and expenditures

The success of policies and programmes is highly dependent on both the resources allocated to implement them and the actual expenditures. Increasing investments and/or allocating specific budget lines to women or persons with disabilities may not necessarily have an impact on women and girls with disabilities and may in fact contribute to widening the gap between women and girls with disabilities and both the wider groups of women and persons with disabilities.

Recommendation

Specific budget allocations should be directed to actions supporting women and girls with disabilities, and expenditures should be trackable through the adoption of gender and disability markers, to assess the commitment behind legislation and policies.

Related indicators on the Convention: 6.4 and 6.6

See also part II, section 1.3 on finance and budgeting in the Foundations Guidance.

4.8 Data collection and disaggregation by gender and disability

Data collection and disaggregation by gender and disability allow for the identification and tackling of the barriers and causes of structural discrimination against women and girls with disabilities.

Improving programming on the rights of persons with disabilities through disability-inclusive data collection

With the support of the United Nations Partnership to Promote the Rights of Persons with Disabilities, the Plurinational State of Bolivia strengthened its disability reporting by integrating disability information in the statistics collected in three key sectors, namely, education, health and justice. The Ministry of Justice sought to improve justice for persons with disabilities by introducing disability variables into the integral system of prevention, care, punishment and eradication of gender-based violence. This also led to the publication of a guide for users of the system, addressing disability rights and gender-based violence and disability-inclusive data collection (United Nations Population Fund and Women Enabled International, *Women and Young Persons with Disabilities*, p. 27.).

Recommendations

With regard to data collection and disaggregation by gender and disability, Governments should:

1. Collect and analyse qualitative and quantitative data on women and girls with disabilities and the attitudinal and environmental barriers that prevent the enjoyment of their human rights;
2. Disaggregate data by gender and disability, as well as by other characteristics that may more commonly lead to discrimination in the country/local context (such as race, ethnicity, sexual orientation, age, caste, migratory status or indigenous background).

> Related indicators on the Convention: 31.1 and 31.2

See also part II, section 1.5 on data collection and disaggregation in the Foundations Guidance.

4.9 International cooperation

For many countries, both donors and recipients, international cooperation policies provide an opportunity to implement Sustainable Development Goal targets relating to women and girls with disabilities in line with the Convention on the Rights of Persons with Disabilities.

Recommendation

Governments should consider all of the actions referred to in previous sections when developing international cooperation strategies, policies and agreements, particularly by undertaking gender and disability impact assessments, having a twin-track approach to programming, and creating separate gender and disability markers to capture information on investments and expenditures.

> Related indicators on the Convention: 6.3, 6.4, 32.1 and 32.3

See also part II, section 6 on international cooperation in the Foundations Guidance.

5. Other key actions by target

5.1 Legislation and policy: targets 5.1 and 5.c



Target 5.1: End all forms of discrimination against all women and girls everywhere

Target 5.c: Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

5.1.1 Ensure that legislation on equality and non-discrimination on the basis of sex includes women and girls with disabilities

Legislation on gender equality and on persons with disabilities should be explicit in including women with disabilities and responding to their specific requirements, in order to uphold their rights and prevent violations. In addition, specific measures adopted to increase the participation, empowerment and enjoyment of the rights of women should address the additional barriers faced by women and girls with disabilities so that they too benefit from them, such as legislation on gender parity in Congress.

Recommendations

In particular, Governments should:

1. Ensure that the legal framework on gender equality explicitly refers to discrimination based on disability and recognizes that the denial of reasonable accommodation, applicable to all rights and areas of life, constitutes discrimination;
   - Related indicators on the Convention: 6.1, 5.1, 5.6, 5.9 and 5.10
2. Prohibit multiple and intersecting forms of discrimination, including those based on gender and disability, in equality and non-discrimination legal frameworks;
   - Related indicators on the Convention: 6.1, 5.1 and 7.1
3. Integrate the prohibition of multiple and intersecting forms of discrimination, including those based on disability and gender, in sector-specific legislation (on education, employment, health and protection from violence, among others);
   - Related indicator on the Convention: 5.5
4. Urge that any legislation providing measures to increase the participation and empowerment of women and girls be explicitly inclusive of women and girls with disabilities and contemplate their specific requirements.
   - Related indicators on the Convention: 6.3, 5.11 and 7.2

See also part I, section 2.1 and part II, section 3 on non-discrimination and equality in the Foundations Guidance.

5.1.2 Ensure that legislation on persons with disabilities includes a gender perspective

Legislation on persons with disabilities does not usually explicitly consider the situation of women with disabilities or the potential impact legislation may have on them. For example, if not explicitly addressed when adopting the measure, employment quotas tend to disproportionally benefit men with disabilities over women with disabilities, due to gender stereotypes that exclude women from employment.

Recommendation

Governments should design legislation on persons with disabilities keeping in mind that neither the provisions nor their implementation should reinforce or deepen inequalities for women with disabilities.

- Related indicators on the Convention: 6.1 and 6.5

5.1.3 Ensure that legislation on access to justice is inclusive of women and girls with disabilities

Rights-based legislation requires both the recognition of violations and mechanisms for the enforcement of laws. Thus, legislation should provide for effective remedies for violations of the rights of women and girls with disabilities. In addition, their requirements for gaining access to complaint mechanisms and the justice system, as well as for participating effectively in proceedings, should be considered. This applies across a range of settings, including in relation to housing, employment, parental rights, political participation, gender-based and disability-based violence, and other human rights violations.

Support for access to justice

The National Union of Women with Disabilities of Uganda trained 32 women with disabilities as paralegals and on the rights of women and girls with disabilities relating to sexual and reproductive health and rights and gender-based violence. The paralegals offer peer-to-peer support in reporting violations and conducting the follow-up necessary to ensure justice is achieved (report of the Special Rapporteur on the rights of persons with disabilities on sexual and reproductive health and rights of girls and young women with disabilities (A/72/133), para. 49).

Recommendations

Governments should ensure that legislation, including procedural legislation and regulations (such as criminal procedural law):

1. Allows for the effective and direct access and participation of women with disabilities in proceedings, including by recognizing their legal standing, legal capacity (e.g. as a party or as a witness) and right to age- and gender-appropriate procedural accommodations;
2. Provides mechanisms to ensure access to free legal aid for women with disabilities;

3. Provides effective remedies for women and girls with disabilities who have experienced violations, and applies sanctions against the perpetrators of those violations.

> Related indicators on the Convention: 5.5, 6.1, 6.13, 7.7, 7.19, 13.1, 13.4 and 13.5

See also part II, section 4.4 on access to justice in the Foundations Guidance and the International Principles and Guidelines on Access to Justice for Persons with Disabilities.

5.2 Eliminate all forms of violence and harmful practices against women and girls with disabilities: targets 5.2 and 5.3



Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.2.1 Promote legislation and adopt policies that are inclusive of women and girls with disabilities to prevent violence

Compared to both other women and men with disabilities, women and girls with disabilities are disproportionately at a higher risk of violence due to discrimination, stigma, traditional superstitious beliefs and stereotypes of vulnerability or helplessness. They are also more likely to be subjected to child marriage and female genital mutilation.

Recommendations

To promote legislation and adopt policies that are inclusive of women and girls with disabilities to prevent violence, and in addition to the legislation considered under part II, sections 4.2 and 5.1, Governments should promote the adoption and review of disability-inclusive legislation and policies to prevent and combat gender-based violence, trafficking, sexual, economic or other types of exploitation, child, early and forced marriage, female genital mutilation, and harmful practices against women and girls with disabilities, such as forced sterilization and forced abortions. They should do so in particular by:

1. Adopting and implementing a national policy and action plan to prevent and eradicate these practices;
2. Ensuring that prevention measures effectively address the needs of women and girls with disabilities by engaging in consultation with their representative organizations;
3. Ensuring access to services and support for survivors of violence (such as housing, health, social or rehabilitation services) and addressing existing barriers in gaining access to services, including through the provision of reasonable accommodation;
4. Adopting and implementing accessibility standards for facilities, and information and communications relating to those services;
5. Ensuring the confidentiality of information and communications, including disability-related information;

6. Creating or appointing monitoring mechanisms, in particular those of all public and private facilities and programmes designed to serve persons with disabilities;
7. Providing remedies and redress for all women and girls with disabilities who experience any form of violence, exploitation, abuse or harmful practices, and applying sanctions and penalties against perpetrators.

Related indicators on the Convention: 6.1, 16.1, 16.2, 16.6–16.12 and 15/17.3–15/17.6

Right to legal capacity

Discriminatory laws often deny women and girls with disabilities their right to legal capacity and to decision-making about their own bodies. Formal and informal types of substituted decision-making by professionals, parents or guardians give rise to numerous violations of fundamental rights, including the right to liberty, parental rights and the right to make autonomous and voluntary decisions about their health, including their sexual and reproductive health.

In addition, women and girls with disabilities face multiple barriers in access to justice for violence and abuse due to beliefs that they are unreliable or incompetent. This can affect their ability to report abuse, make complaints and testify in proceedings.

The exercise of legal capacity is a fundamental human right. A legislative and policy environment that is inclusive of women and girls with disabilities should respect and safeguard their right to legal capacity. It should also take all measures necessary to ensure that women with disabilities can exercise this right and have access to supported decision-making.

See also part II, section 3.5 on legal capacity in the Foundations Guidance and the video on legal capacity developed by the Special Rapporteur on the rights of persons with disabilities.

5.2.2 Raise awareness and empower women and girls with disabilities to prevent violence and harmful practices against them

Women and girls with disabilities are more prone to be victims of violence, abuse, exploitation and harmful practices. Due to isolation, stereotypes, unconscious bias and a lack of support services (which makes them dependent on relatives or others), women and girls with disabilities may be prevented from reporting these situations. In addition, economic dependence may exacerbate the risk of violence against them.

In order to address these issues, the primary prevention of violence through measures of awareness-raising and empowerment must address the specific situations of women and girls with disabilities. These efforts should be complemented by measures to combat violence, as well as to address the consequences of violence, that are inclusive and take into consideration women and girls with disabilities. (See also part II, section 5.2.3.)

Recommendations

With regard to awareness-raising and empowerment to prevent violence against women and girls with disabilities, Governments should:

1. Develop awareness-raising campaigns directed at women and girls with disabilities and the public to inform about:
   a. The right of women and girls with disabilities to be free from violence;
   b. The available complaint mechanisms to report violations, and how to gain access to such mechanisms;
   c. The services and organizations available to provide assistance;

   Related indicators on the Convention: 6.11 and 16.20
2. Develop training and other activities based on previous context assessments, to empower women and girls with disabilities and to build the capacity of relevant staff, such as:
   a. Inclusive educational programmes on building healthy relationships, to enable women and girls with disabilities to identify situations of violence, exploitation and abuse;
   b. Inclusive and comprehensive sexuality education that is made accessible and available to women and girls with disabilities;
   c. Community-based support directed at reducing the isolation of women and girls with disabilities;
   d. Training for service providers, professionals and community workers, so they can better detect violence and provide assistance to women and girls with disabilities who experience violence;

   Related indicators on the Convention: 6.7, 6.8, 16.15, 16.20 and 24.12
3. Develop counselling and psychosocial support services inclusive of women and girls with disabilities in order to provide for primary and secondary prevention of violence;

   Related indicators on the Convention: 16.15 and 16.18
4. Adopt measures for the economic empowerment of women and girls with disabilities.

   Related indicators on the Convention: 6.2, 6.3, 6.20, 6.21, 27.19–27.21 and 27.24

5.2.3 Ensure that health, protection and rehabilitation services are accessible and available to women and girls with disabilities

Women and girls with disabilities face great barriers in access to health, protection and rehabilitation services. A lack of availability, affordability and accessibility of health-care services is a common problem for persons with disabilities. In the same vein, protection and rehabilitation services for women who have experienced violence, such as helplines, emergency housing and psychosocial support, tend to be inaccessible to women with disabilities and not responsive to their requirements.

In all cases, service providers may lack training opportunities to better address the requirements of women with disabilities.

Persons who face violence usually begin by seeking general health services to treat the physical, social and psychological consequences of violence. At this point, health workers are in a unique position to identify disability- and gender-based violence. Quality health services should be able, at the first contact, to support and refer the person to the appropriate protection, rehabilitation, and justice and policing services (see also part II, section 5.2.4). Furthermore, quality health services should be inclusive and avoid providing referrals to long-term institutionalized care services for persons with disabilities.

Recommendations

With regard to ensuring that health, protection and rehabilitation services are accessible and available to women and girls with disabilities, Governments should:

1. Ensure that health service providers are equipped to provide secondary and tertiary prevention of violence and harmful practices against women and girls with disabilities, including by:
    a. Training staff on the identification of disability- and gender-based violence, abuse, exploitation and harmful practices;
    b. Enabling health and social services, especially first-line services, to provide disability- and gender-sensitive care;
    c. Establishing mechanisms for referrals to other services, including protection and rehabilitation services;
2. Ensure that protection services are accessible to, and inclusive of, all women and girls with disabilities, including:
    a. Crisis hotlines that allow for alternative modes of communication;
    b. Crisis information and counselling;
    c. Crisis centres;
    d. Emergency shelters accessible to, and inclusive of, women with disabilities;
    e. Financial and material assistance provided directly to women with disabilities;
3. Ensure the availability of community-based rehabilitation services to women and girls with disabilities who are survivors of violence and harmful practices, including:
    a. Psychosocial support to address the long-term consequences of violence, including peer-support groups;
    b. Social reintegration services, such as assistance with recovering or replacing identity documents;
    c. Assistance towards economic independence, recovery and autonomy.

Related indicators on the Convention: 16.3, 16.14–16.16, 16.18, 16.19 and 15/7.3

See also the Policy Guidance on Sustainable Development Goal 3.

5.2.4 Ensure that police and justice services are accessible to and inclusive of women and girls with disabilities

Women and girls with disabilities face great barriers in access to police and justice services. Accessible information on their rights and on the services and mechanisms available is usually lacking (e.g. on programmes to facilitate access to justice). Even when women and girls with disabilities have access

to some information, facilities and procedures tend to be inaccessible and unresponsive to their requirements. Furthermore, stereotypes and prejudice against women with disabilities may lead to their complaints not being taken seriously or effectively investigated, prosecuted or sanctioned by law enforcement agents.

In this policy area, there are an array of actors with different functions and responsibilities who should coordinate to ensure the inclusion of women and girls with disabilities throughout their activities. They include:

1. Agencies within the public administration, such as the police, legal aid services for women and girls who have experienced violence, the public health system and protection services;
2. National human rights institutions, which may have complaint mechanisms;
3. The publication prosecution office;
4. The judiciary, notably civil and criminal jurisdictions, and/or traditional justice systems, including customary courts;
5. Civil society organizations working in the area of the rights of persons with disabilities, women's rights organizations and civil society organizations providing services relating to gender-based violence.

Recommendations

To ensure access to justice and policing services for women and girls with disabilities, Governments and justice systems should:

1. Ensure that women and girls with disabilities are able to report violence and seek assistance, including by:
    a. Providing police officials and other staff with training, including on accessible communication methods, and on combating stereotypes and prejudices to ensure that the complaints and testimonies of women and girls with disabilities are appropriately registered;
    b. Establishing protocols to facilitate the process to report and submit claims autonomously by women and girls with disabilities;

    | Related indicators on the Convention: 13.1, 13.2, 13.6, 13.14 and 13.16

    c. Providing legal aid services accessible to and inclusive of women and girls with disabilities (in collaboration with other agencies, such as public prosecution offices);

    | Related indicators on the Convention: 13.4 and 13.16

    d. Ensuring the safety and protection from retaliation of the persons concerned;
2. Ensure the participation of women with disabilities in all procedures on an equal basis with others, including by ensuring:
    a. The provision of procedural and age-appropriate accommodations, when required;

    | Related indicators on the Convention: 13.6 and 13.16

    b. The accessibility of all facilities (such as courts, legal aid centres and police stations), information and communication throughout procedures;

    | Related indicators on the Convention: 13.8, 13.11 and 13.19

c. The direct participation of women and girls with disabilities in legal proceedings;

Related indicators on the Convention: 13.1 and 13.5

3. Provide effective remedies for women and girls with disabilities who have experienced violence, including by ensuring:

a. Efficient proceedings and timely decisions, be it administrative or judicial, including protection orders to prevent further violence;

b. Effective sanctions against perpetrators of violence, abuse, exploitation or harmful practices against women and girls with disabilities;

c. Full reparations to women and girls with disabilities, including through compensation and other services.

Related indicators on the Convention: 5.5, 6.1, 6.13, 7.7, 7.19, 13.1, 13.4, 13.5 and 13.8

See also part II, section 4.4 on access to justice in the Foundations Guidance.

5.3 Economic empowerment of women with disabilities: targets 5.4, 5.a and 5.b



Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

Target 5.a: Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

Target 5.b: Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

5.3.1 Prevent and mitigate the impact of the structural inequalities that push women with disabilities to be economically inactive

Exclusion from education and employment and a lack of support are some of the problems that restrict the participation of women and girls with disabilities in society and push them to remain in their homes. Families may lack the means to support women and girls with disabilities and resort to institutions, which especially affects women and girls with intellectual disabilities.

Women with disabilities are less likely than other women to be employed and have an income – the employment rate of women with disabilities is estimated to be 32 per cent, compared to 50 per cent for other women (*Disability and Development Report*, p. 109). In addition, many women with disabilities face barriers in access to financial services to aid the development of their own economic activity. In many countries, gender stereotypes based on conservative views on the role of women in society contribute to perpetuating these inequalities, preventing women from seeking or gaining access to employment. For women with disabilities, this is compounded by the prejudicial view that they are unproductive, which leads to low expectations and low attainments. A lack of specific research on this and other related areas means that the issue is not being addressed effectively.

Recommendations

To address this situation and to bring women with disabilities into economic life, Governments should:

1. Develop policies for independent living targeting women with disabilities, including by strengthening support services and social protection schemes;

   > Related indicators on the Convention: 19.1, 19.2, 19.8–19.10, 19.14, 19.27, 19.30, 28.16 and 28.17

2. Develop policies for the promotion of employment and self-employment specifically directed at women with disabilities, including through the adoption of specific measures prioritizing their employment;

   > Related indicators on the Convention: 6.3, 6.5, 27.3, 27.4, 27.12 and 27.19–27.21

3. Research and address structural barriers to the participation of women with disabilities, including barriers that relate to domestic and unpaid care work.

   > Related indicator on the Convention: 27.13

See also the Policy Guidance on Sustainable Development Goal 8.

5.3.2 Ensure the rights of women with disabilities to legal capacity and to engage in financial and legal affairs

Article 12 (5) of the Convention on the Rights of Persons with Disabilities upholds the right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit. However, many women with disabilities are deprived of their right to exercise legal capacity – it is substituted by third parties, such as guardians. Consequently, women with disabilities do not manage their own assets, in law or in practice.

Women with disabilities face more barriers in controlling their assets and in gaining access to economic resources and financial services than men with disabilities, owing to their gender. In many countries, access to and control of assets and land are limited for women – and even more so for women with disabilities. All measures to promote women's rights to land, assets and their economic independence should also apply to and be inclusive of women with disabilities.

Recommendation

To ensure the rights of women with disabilities to legal capacity and to engage in legal and financial affairs, Governments should promote the review of legal frameworks to explicitly ensure women with disabilities, among all women, have equal rights to own and inherit land and property and to sign contracts, including the right to exercise legal capacity.

> Related indicators on the Convention: 6.1, 6.2, 5.5, 12.1–12.3, 27.8 and 28.5

5.3.3 Develop programmes to facilitate access to information and communications technology inclusive of women with disabilities

Digital literacy and access to ICT are nowadays key for overall access to information by, and the empowerment of, women with disabilities.

Recommendations

In order to increase and improve access to ICT, Governments should:

1. Ensure that programmes to facilitate access to ICT are inclusive of women with disabilities and provide for accessible goods and services that are respectful of the diversity of their impairments;
   - Related indicators on the Convention: 21.25, 21.26 and 9.25
2. Ensure that digital literacy programmes are inclusive of women with disabilities, whether within or outside formal education;
   - Related indicator on the Convention: 24.30
3. Promote a legal and/or regulatory framework for public procurement that includes accessibility standards and requirements for goods and services (such as computers, mobile phones, software and applications).
   - Related indicators on the Convention: 9.1, 9.4, 9.25, 21.1.2, 21.2, 21.23, 21.25 and 21.26

5.4 Equal participation in political, economic and public life: target 5.5



Target 5.5: Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.4.1 Ensure the inclusion of women with disabilities in measures to increase the political participation of either women in general or persons with disabilities

Women with disabilities face legal and practical barriers to their political participation. They experience the same restrictions on participation in political life as other persons with disabilities, such as being denied the right to vote or to stand for election. Furthermore, in some countries, all women are restricted in law or in practice from exercising the right to vote, to be elected and to hold office.

Women with disabilities tend to be more excluded than both women without disabilities and men with disabilities, in all areas of political participation.

Recommendations

In order to ensure women with disabilities benefit equally from specific measures to increase the political participation of either women in general or persons with disabilities, Governments should:

1. Repeal legal provisions allowing for restrictions on the right to vote on the basis of disability and/or gender;
   - Related indicators on the Convention: 29.1 and 29.2

2. Include explicit measures to increase the political participation of women with disabilities within existing gender parity schemes or other specific measures;

   Related indicator on the Convention: 6.3

3. Include explicit measures to increase the political participation of women with disabilities (e.g. having an equal distribution of reserved seats for men and women with disabilities in parliaments).

   Related indicators on the Convention: 29.7 and 29.21

See also part II, section 2 on the participation of persons with disabilities in public life in the Foundations Guidance.

5.4.2 Promote the empowerment of women and girls with disabilities to know and claim their rights

Effective participation in, and inclusion as an active member of, the community require empowerment – taking hold of one's inherent power to shape one's own life and the life of the community. Many women and girls with disabilities have been denied opportunities to take charge and make decisions about their body, aspirations and life trajectory. As both women and individuals with disabilities, women and girls with disabilities experience compounded barriers, within their family, school, workplace and community, to asserting their rights and interests; they may be unaware of their rights and/or how to claim them or they may not have accessible information or opportunities to do so.

Recommendations

To promote the empowerment of women and girls with disabilities, Governments should:

1. Conduct training and empowerment activities targeting women and girls with disabilities and ensure their inclusion in activities targeting women, persons with disabilities and other groups, to support and foster their agency and equip them with the competences, knowledge and environments to enable them to know and exercise their rights;
2. Disseminate accessible information and engage in accessible communications to raise awareness and educate women and girls with disabilities about their rights and how to ensure they are upheld in the justice system;
3. Take actions to eliminate measures and practices that undermine the rights and empowerment of women and girls with disabilities;
4. Increase the ability and accountability of individuals and institutions that are responsible for respecting, promoting and fulfilling the rights of women and girls with disabilities.

   Related indicators on the Convention: 6.1, 6.3, 6.4, 6.7–6.9 and 6.12

5.4.3 Adopt specific measures to promote the participation of women with disabilities in public life, including support for organizations of women with disabilities

Women with disabilities are underrepresented in all aspects of public life and civil society, including in organizations of persons with disabilities and women's rights organizations. There are also few organizations that are specifically of women with disabilities. This prevents them from expressing their opinions and participating in public decision-making processes.

Recommendations

To complement the actions recommended in part II, section 4.5 and to promote the participation of women with disabilities in public life (including providing for organizations of women with disabilities), Governments should:

1. Adopt specific measures to promote the inclusion of women with disabilities in leadership positions in the Government and within civil society, notably in organizations of persons with disabilities and women's rights organizations. This could include, for example, requiring a percentage of women with disabilities to occupy leadership positions or to participate in consultations;

   Related indicators on the Convention: 6.9, 6.17 and 29.24

2. Ensure that programmes and training on human rights, leadership, civic participation and advocacy are inclusive of women and girls with disabilities, and engage in outreach to ensure their inclusion.

   Related indicators on the Convention: 6.7, 6.8 and 8.6

See also part I, section 2.4 and part II, section 2 on the participation of persons with disabilities in the Foundations Guidance.

5.5. Sexual and reproductive health and rights: target 5.6



Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.5.1 Ensure access to sexual and reproductive health information and services by women and girls with disabilities

Women and girls with disabilities face challenges in gaining, and are commonly denied, access to sexual and reproductive health services based on stereotypes, prejudice and a lack of accessibility of facilities, information and communications (e.g. a lack of availability of sign language interpretation). For instance, they may have less access to family planning and maternal health care than other women. However, women with disabilities have the right to sexuality education and to have access to sexual and reproductive health information and services, including family planning, on an equal basis with others.

Sexual and reproductive health programmes tend to overlook the specific requirements that women with disabilities with different impairments may have. In addition, stereotypes lead to their exclusion, in practice, from mainstream services. Some women with disabilities may require specific services, which should be factored into the programming of sexual and reproductive health initiatives at all levels.

Recommendations

To ensure access to sexual and reproductive health information and services by women and girls with disabilities, Governments should:

1. Promote and ensure that legislation and policies explicitly recognize the sexual and reproductive health and rights of women and girls with disabilities, on an equal basis with others;

   Related indicators on the Convention: 25.1–25.3, 23.2 and 23.5

2. Ensure that comprehensive sexuality education and information is accessible to, and inclusive of, women and girls with disabilities;

   Related indicators on the Convention: 24.12, 25.2, 25.4, 25.9 and 25.10

3. Develop inclusive regulations and programmes to ensure that women and girls with disabilities have access to family planning information and services, including the prevention of and testing for sexually transmitted infections, access to contraceptives, safe abortion, post-abortion care, and voluntary and confidential counselling that respects and supports their autonomy in decision-making (see also part II, sections 5.2.1 and 5.5.2);

   Related indicators on the Convention: 23.2, 23.5, 25.2, 25.3 and 25.28

4. Ensure the access of women and girls with disabilities to maternal and newborn health services, including antenatal care, skilled birth attendance, emergency obstetric care, post-partum care and newborn care;

   Related indicators on the Convention: 25.2–25.4, 25.9, 25.10, 25.15 and 25.20

5. Ensure that information and awareness-raising campaigns for the prevention of, and testing and treatment services for, sexually transmitted infections, including HIV, are available and accessible to women and girls with disabilities;

   Related indicators on the Convention: 25.3, 25.4, 25.9, 25.10, 25.19 and 25.23

6. Ensure that women with disabilities have access to women's health information and services, including on safe abortion (according to national laws), pelvic exams, Pap smear tests, vaccinations, mammograms and cancer screenings;

   Related indicators on the Convention: 25.4, 25.9 and 25.10

7. Develop programmes for the dissemination of age-, development- and disability-appropriate information on adolescent- and youth-friendly health information and services, tailored to girls and young women with disabilities.

   Related indicators on the Convention: 25.4, 25.9 and 25.10

See also the video on sexual and reproductive health and rights of women and girls with disabilities developed by the Special Rapporteur on the rights of persons with disabilities.

Training health-care and community workers, teachers and other public officials on the sexual and reproductive health and rights of girls and young women with disabilities

In Guwahati, India, a team of service providers was trained to provide young persons with disabilities with support in gaining access to sexual and reproductive health and rights, information and services and identifying sexually abusive behaviours.

In Uruguay, the Government developed a guide on the sexual and reproductive health and rights of persons with disabilities, which has been distributed to all health centres across the country.

Source: Report of the Special Rapporteur on the rights of persons with disabilities on sexual and reproductive health and rights of girls and young women with disabilities (A/72/133), para. 45.

5.5.2 Respect the right of women and girls with disabilities to free and informed consent

Women with disabilities, especially those with intellectual disabilities and those with psychosocial disabilities, are often restricted in their autonomy in decision-making in the areas of sexual relations, contraceptives and reproductive health. This includes rights violations such as forced contraception and forced abortion.

In particular, the forced sterilization of women and girls with disabilities represents a widespread rights violation and research indicates that the sterilization of women and girls with disabilities is up to three times higher than the rate for the general population.

End forced treatment

Women with disabilities are more likely than other women to be subjected to forced interventions that infringe upon their sexual and reproductive rights, such as forced sterilization, forced contraception and forced abortions.

Where laws against forced sterilization exist, they commonly prohibit sterilization without the free and informed consent of the individual concerned and some also carry a blanket prohibition on the sterilization of children. However, these same laws often provide an exception when it comes to women and girls with disabilities, permitting sterilization to be performed without the consent of the individual concerned.

These exceptions are widely accepted, in both law and practice, based on:

1. Prejudices that women with disabilities are incapable of giving consent and/or are unfit to raise children;
2. The restriction or denial of the legal capacity of the woman concerned, with substituted decision-making being exercised by a third party (such as a guardian or family member);
3. The intervention being deemed to be in the "best interest" of the woman, the intervention being deemed to be required by "medical or therapeutic necessity" to avoid a threat to the life or health of the woman, or the pregnancy posing a "danger for the psychological state" of the woman.

All of these exceptions constitute discrimination against women and girls with disabilities on the basis of gender and disability.

Menstrual management may also be used as a pretext, based on medical grounds, for forced treatment that results in the sterilization of women and girls with disabilities. This disproportionally affects women and girls with psychosocial disabilities and those with intellectual disabilities. Forced contraception and forced abortions are carried out based on the same rationale.

Other surgical procedures and hormonal treatments, such as oestrogen treatment, have been administered to girls and young women with higher support requirements. The treatment limits their growth (in terms of height and weight) and their entry into puberty, which prevents the onset of menstruation. The ultimate purpose of these kinds of treatment can never be justified on medical grounds, and their principal objective is to facilitate care provided by parents and caregivers.

Legal and policy frameworks should remove exceptions permitting forced treatment and practices without the informed consent of women and girls with disabilities and ensure their protection against them as a key component of the achievement of Sustainable Development Goal 5.

- Related indicators on the Convention: 15/17.3–15/17.5, 15/17.12, 15/17.13, 23.2 and 23.20

See also the video on the sexual and reproductive health and rights of women and girls with disabilities and the video on legal capacity developed by the Special Rapporteur on the rights of persons with disabilities.

Recommendations

To respect the right of women and girls with disabilities to free and informed consent, Governments should:

1. Promote, in legislation, the prohibition of non-consensual and harmful practices, such as forced sterilization, forced abortion or forced contraception, regardless of the age or legal capacity status of the individual concerned;
   - Related indicators on the Convention: 25.6, 25.7, 15/17.3, 15/17.5, 12.1, 12.2 and 16.2
2. Develop protocols to ensure that sexual and reproductive health programmes, services and education are founded on respect for the sexual and reproductive autonomy of all women, including women and girls with disabilities. Protocols should include the provision of specific measures for accessibility and reasonable accommodation so that women and girls with disabilities can have access to information and exercise their sexual and reproductive health rights on an equal basis with others;
   - Related indicators on the Convention: 25.6 and 23.5
3. Train health-care workers on the right to free, prior and informed consent of women and girls with disabilities.
   - Related indicators on the Convention: 23.12, 25.18 and 16.19

Key points for free, prior and informed consent

The following steps can be practiced to uphold the free, prior and informed consent of women and girls with disabilities:

1. Ensure that all information and services convey the availability of alternative modes of communication and supported decision-making for the exercise of free, prior and informed consent;
2. Ensure that all relevant staff are trained in the right to free, prior and informed consent of women and girls with disabilities, including by ensuring accessible communications and services, alternative modes of communication and supported decision-making. Keep records of all training completed by staff members;
3. Assess and determine whether the individual concerned may benefit from alternative modes of communication or the provision of supported decision-making in order to communicate their consent or refusal to receive medical treatment;
4. Document the process to ensure voluntary, prior and informed consent to receive a specific treatment or service (including communication regarding medical procedures, side effects and any alternative treatments offered) and the type of alternative modes of communication and/or support measures offered and implemented;
5. Keep records of signed informed consent forms together with the documentation of the process used to obtain consent.

Additional resources

Browne, Sophie. Making the SDGs count for women and girls with disabilities. Issue Brief. United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2017.

United Nations, Committee on the Rights of Persons with Disabilities. General comment No. 3 (2016) on women and girls with disabilities.

United Nations, Department of Economic and Social Affairs. *Disability and Development Report*: *Realizing the Sustainable Development Goals by, for and with Persons with Disabilities*. United Nations publication, 2019.

United Nations, Human Rights Council. Report of the Special Rapporteur on the rights of persons with disabilities on sexual and reproductive health and rights of girls and young women with disabilities. 14 July 2017. A/72/133.

United Nations, Office of the United Nations High Commissioner for Human Rights. International Principles and Guidelines on Access to Justice for Persons with Disabilities. Geneva, 2020.

United Nations Population Fund and Women Enabled International. *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*. New York, 2018.

World Health Organization. *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization: an Interagency Statement — OHCHR, UN-Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO*. Geneva, 2014.

World Health Organization and World Bank. *World Report on Disability*. Geneva, 2011.

Annex: Key concepts

This annex contains key foundational concepts referred to throughout the Policy Guidance for Inclusive Sustainable Development Goals. It is designed as a quick reference and refresher for readers as they use the Policy Guidance. An elaboration of these concepts is provided in the Foundations Guidance, which should be read prior to, or together with, the other guidance for a deeper understanding of the required foundations for inclusion.

Ableism considers certain typical characteristics of body and mind as essential for living a life of value. Ableist perspectives view impairments as undesired, which leads to unconscious bias, prejudice, discrimination and exclusion. Ableism is usually behind negative perceptions and stereotypes about persons with disabilities. See also part I, section 1.3 of the Foundations Guidance.

Accessibility is the quality that allows persons with disabilities to have access to and enjoy physical environments, transportation, facilities, services, information and communications, including new technologies and systems. When planning for accessibility, the principles of universal design should be used. See also part I, section 2.2 of the Foundations Guidance.

Assistive technology, devices and mobility aids are external products (devices, equipment, instruments and software), specially produced or generally available, that maintain or improve an individual's functioning and independence, participation or overall well-being. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids and specialized computer software and hardware that improve mobility, hearing, vision or the capacity to communicate. See also part I, section 2.3 of the Foundations Guidance.

Awareness-raising actions are those that are aimed at informing about rights and changing negative attitudes towards persons with disabilities. They include training, campaigns and mass-media communications. Awareness-raising activities should target persons with disabilities and others and should involve persons with disabilities in their design and delivery. See also part I, section 2.5 of the Foundations Guidance.

Barriers: Disability results from the interaction between persons with impairments and the barriers in the environment around them. Barriers can be broadly categorized into the following:

1. **Environmental barriers,** which are imposed by the context. To clarify the categories and subcategories, this should be:
    a. **Physical barriers,** such as the presence of steps, preventing access for someone using a wheelchair or others with mobility difficulties.
    b. **Communication barriers,** such as the barriers to participation for a sign language user in a meeting if sign language interpreters are not provided, or the barrier to gaining access to information experienced by blind persons with written text if accessible formats are not provided.

c. **Policy barriers,** such as education systems that prevent the enrolment of children with disabilities in their local school.

2. **Attitudinal barriers,** such as the belief that persons with disabilities cannot learn or work. Attitudinal barriers can lead to apathy or inertia towards addressing other barriers.

In order for persons with disabilities to fully participate and to have opportunities for development, the barriers that limit their participation should be systematically addressed. Persons with disabilities themselves are experts in identifying barriers and the solutions to overcome them. See also part I, section 1.1 of the Foundations Guidance.

Disability discrimination is described in article 2 of the Convention on the Rights of Persons with Disabilities 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." See also part I, section 2.1 of the Foundations Guidance.

Disability mainstreaming is the process of ensuring that the rights of persons with disabilities are embedded in all policy, assessing policy implications for persons with disabilities and ensuring their meaningful participation. It is the way of making the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that persons with disabilities have equal benefits, and inequality is not perpetuated. The ultimate goal is to achieve equality of outcomes and foster an inclusive culture. Disability mainstreaming should be combined with disability-specific actions (see the twin-track approach, described below). See also part II, section 1.2.1 of the Foundations Guidance.

International cooperation is the interaction of persons or groups of persons representing various countries and diverse international and regional organizations striving towards the common goal of realizing the rights of persons with disabilities and the Convention on the Rights of Persons with Disabilities. Persons with disabilities, the organizations that represent them and policymakers collaborate through their ministries of international affairs to receive technical and financial support from international organizations and development banks. Financial support designated for international cooperation should not be used for measures contrary to the Convention and should be planned to be substituted with national funds to ensure policy continuation. Technical cooperation among countries with similar realities is important to identify effective solutions. See also part II, section 6 of the Foundations Guidance.

Intersectional discrimination refers to situations where discrimination is occurring on the basis of multiple and intersecting factors, including sex, gender identity, ethnicity, age, caste, class, faith, sexual orientation, sex characteristics or any other characteristic. Persons with disabilities also have a gender identity, may come from an indigenous group, be young, old, a refugee or living in poverty. See also part II, section 3.3 of the Foundations Guidance.

Legal capacity is the right to make legally valid decisions autonomously. Some countries restrict the right of adults with disabilities to manage their own financial affairs, including owning property, choosing where to live and work, and managing their relationships, health and well-being. Restricting or denying this right is against the Convention on the Rights of Persons with Disabilities and has negative effects across all policies. See also part II, section 3.5 of the Foundations Guidance.

Organizations of persons with disabilities are led, directed and governed by persons with disabilities. They are established at the local, national, regional or international level to promote and/or defend the rights of persons with disabilities. The clear majority of the membership of such organizations should be recruited among persons with disabilities themselves. See also part I, section 2.4 of the Foundations Guidance.

Participation of persons with disabilities refers to the action of allowing and enabling persons with disabilities to take part directly, or through organizations of persons with disabilities, in decision-making processes, including the design, implementation, monitoring and evaluation of policies. To do so, persons with disabilities should be closely consulted and actively involved in all decision-making processes by being invited to give their opinions and to take part in implementation processes.

Participation is an obligation to be met under the Convention on the Rights of Persons with Disabilities for all aspects of policy. "Nothing about us, without us" is the motto that promotes this obligation, and it means that no policy should be developed or implemented without persons with disabilities. See also part I, section 2.4 and part II, section 2 of the Foundations Guidance.

Persons with disabilities include those who have long-term physical, psychosocial, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Hence, persons with disabilities are persons with impairments who experience barriers that restrict their participation. See also part I, section 1.2 of the Foundations Guidance.

Reasonable accommodation refers to modifications or adjustments made for a person with disability who requires them in a particular case, to facilitate participation on an equal basis with others. Reasonable accommodation must be provided on demand – that is, entities responsible for providing it cannot deny it by saying that they are progressively implementing measures. If arbitrarily denied, this constitutes discrimination.

Some examples include adjustments to the school hours of a student, extended breaks to rest, the acquisition of computer software to read screens or a foldable ramp to overcome steps, or the provision of a sign language interpreter in a work meeting. See also part I, section 2.1 and part II, section 3.2 of the Foundations Guidance.

Support for persons with disabilities encompasses a wide range of formal and informal interventions, including live assistance and intermediaries, mobility aids and assistive devices and technologies. It also includes personal assistance, support in decision-making, communication support (such as sign language interpreters and alternative and augmentative communication), mobility support (such as assistive technology or service animals), living arrangement services for securing housing and household help, and community services. Persons with disabilities may require support to perform daily life activities and/or to use general services (such as health, education and justice) on an equal basis with others. See also part I, section 2.3 of the Foundations Guidance.

Supported decision-making is a type of support given to persons with disabilities in relation to legal decisions. This mechanism guarantees that (a) persons with disabilities exercise their legal capacity (see above) and can make their own decisions in every aspect of life, and (b) their decisions are not replaced by the decisions of guardians or others. Supported decision-making is voluntary and can include informal and formal support arrangements. For example, a person with disability may choose a trusted person to support them in making certain types of legal decisions. They may also resort to peer support or self-advocacy networks. Some persons with disabilities may have access to support to help in the communication of their will and preferences. See also part II, section 3.5 of the Foundations Guidance.

A **twin-track approach** is a policy development strategy that:

1. Systematically mainstreams the interests and rights of persons with disabilities in policy design and implementation, across all sectors and areas of life;
2. Adopts targeted policy and programming measures aimed specifically at persons with disabilities.

The balance between mainstreaming strategies and targeted support strategies should be tailored to address the needs of specific communities. See also part II, section 1.2.1 of the Foundations Guidance.

Universal design is the design and composition of products, environments, programmes and services that make them accessible, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability, and without the need for adaptation or specialized design. The principles of universal design facilitate accessibility, including for persons with disabilities. See also part I, section 2.2 of the Foundations Guidance.

The **Washington Group Short Set on Functioning** is a set of six questions on functioning, designed to be used within national censuses and surveys, to provide comparable data cross-nationally for populations living in a variety of cultures with varying economic resources. While not exhaustive, the basic actions represented in this set of six questions are those that are most often found to limit an individual and result in participation restrictions. The information that results from the use of these questions will (a) represent the majority of, but not all, persons with limitation in basic actions, (b) represent the most commonly occurring limitations in basic actions, and (c) be able to capture persons with similar difficulties across countries. See also part II, section 1.5 of the Foundations Guidance.



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