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

A RESOURCE PACKAGE

CLEAN WATER AND SANITATION

Overview of Thematic Issues and Policy Recommendations

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HUMAN RIGHTS
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Ensure availability and sustainable management of water and sanitation for all



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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.

1. What is the situation?

Persons with disabilities are disproportionately affected by limited access to water, sanitation and hygiene (WASH) facilities and services. While statistical data are scarce, available data demonstrate the current inequalities and barriers faced by persons with disabilities.

Selected global data on access to WASH for persons with disabilities

In some low- and middle-income countries, more than 25% of persons with disabilities do not have an indoor toilet in their dwelling



Persons with disabilities are more likely to live in households without access to WASH

20% ...of persons with disabilities report that their toilet at home is not accessible

50% ...of children with disabilities do not attend school, partly due to a lack of accessible WASH facilities at schools

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

Beyond households, persons with disabilities are often excluded from the design, delivery and use of mainstream WASH services and programmes. For example, developers of sanitation demand creation programmes (such as "open defecation free" campaigns) often fail to consult with persons with disabilities or to respond effectively to their requirements. There is a lack of accessible WASH facilities in public places and institutions, which prevents persons with disabilities from participating in education, employment and other areas of social life. Hygiene information is often developed without considering the hygiene management or communication requirements of all persons with disabilities.

A lack of, or limited access to, WASH carries serious consequences for persons with disabilities, especially because they already experience a greater risk and increased consequences of ill health. Access to WASH is part of human vital functions; thus, depriving persons with disabilities of daily life functions and access to accessible WASH facilities and services leads to their exclusion from, or a restriction of their rights in, all other areas of life (such as employment, education and recreation). In addition, a lack of safe and independent access to WASH at home affects the sense of dignity, privacy and confidence of persons with disabilities and renders them more dependent on family members. For interventions that require universal coverage, such as ending open defecation, excluding persons with disabilities undermines their success and contributes to social exclusion.

Exclusion from WASH is caused by a range of factors or barriers, including:

1. Attitudes, stigma and discrimination relating to disability and WASH (such as the belief that persons with disabilities may contaminate shared water sources, or that persons with disabilities are incapable of contributing to WASH-planning decisions);
2. Physical barriers in the design of WASH facilities, equipment and surrounding environments (such as taps that cannot be easily reached or turned, or latrines that require a person to squat without any support);
3. Inaccessible WASH communication materials and formats (such as complex written information that is difficult to read or understand, or spoken communications being provided without sign language interpretation);
4. Policy and institutional factors (such as a lack of budget allocation to implement inclusive WASH policies, or a lack of disability-related data to inform programming).

Women and girls with disabilities experience barriers in access to WASH relating to both gender and disability. Women and girls with disabilities may be expected to perform household WASH duties, even if their facilities are inaccessible. Those who care for family members with disabilities experience additional challenges relating to WASH, such as increased labour in fetching water or performing hygiene tasks. Girls with disabilities may leave school early if dignified menstrual hygiene management facilities are inaccessible to them.

2. What needs to be done?

Access to WASH for persons with disabilities can be improved through a range of simple measures. The costs of these measures are low, as long as inclusion is built into plans early on. The benefits of inclusive WASH extend beyond persons with disabilities to all members of the community (e.g. accessible hygiene information benefits persons with low literacy, and accessible public toilets benefit pregnant women, older persons and persons with injuries or ill health).

Removing the barriers faced by persons with disabilities requires stakeholders within and outside the Government to take coordinated action. National accessibility standards or guidelines relating to WASH infrastructure and information can guide the design of contextually adapted accessible WASH facilities in a range of private and public settings, or the retrofitting of accessibility features to existing facilities. Mainstream water and sanitation programmes can be extended to reach persons with disabilities by, for example, incorporating accessible technology options and support mechanisms into efforts to achieve universal household sanitation coverage. Information on WASH can be translated and delivered in accessible formats. Training and community awareness campaigns can be designed to address disability-related stigma and discrimination.

Implementing these measures requires enhanced coordination across sectors and increased resource mobilization, especially to reach those in rural and remote areas. International development and humanitarian assistance often include dedicated funds for WASH but may overlook the requirements of persons with disabilities. Disability markers can contribute to assessing inclusion and to the tracking of funds benefiting persons with disabilities.

Government administrative units with disability expertise or with disability focal points are better equipped to implement inclusive WASH policies. The involvement of individual persons with disabilities and organizations of persons with disabilities in policy design and implementation is essential to ensuring that their requirements are taken into account.

Main areas of intervention to ensure the availability and sustainable management of water and sanitation for all

Promote access to WASH for persons with disabilities

Enhance coordination and mobilization of resources and communities

Promote access to WASH for persons with disabilities



Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all

Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations



Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance



Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all



Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

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

1. Develop WASH accessibility standards in line with universal design principles by:
    a. Developing and applying national accessibility standards or guidelines, based on universal design principles, that cover all aspects of WASH delivery, including water points, latrines, handwashing facilities, menstrual hygiene management facilities, and hygiene information and communication;
    b. Integrating accessible WASH standards into relevant sector codes and frameworks, including in relation to domestic construction, government offices, public spaces and buildings (such as markets and museums), schools and health-care facilities;

2. Expand access to WASH facilities, services and supplies by:
    a. Applying accessibility standards or universal design principles to the design and location of public/institutional WASH facilities (or the retrofitting of existing facilities), including in schools, health-care facilities and marketplaces;
    b. Extending access to household WASH through the promotion or provision of accessible WASH technologies, inclusive demand-creation programmes, and pro-poor or disability-specific WASH assistance mechanisms;
    c. Supporting outreach services or community-based mechanisms to provide WASH support, training or personal assistance to persons with disabilities, as required (e.g. in water distribution, hygiene management supplies and hygiene information delivery);
    d. Expanding social protection measures to cover expenses relating to disability-specific hygiene management (such as commodes, toilet aids, bathing aids, continence management materials and related support services);
3. Ensure the access of persons with disabilities to information on WASH by:
    a. Ensuring that WASH and health promotion materials and campaigns are inclusive of, and accessible to, persons with disabilities (e.g. on basic hygiene, menstrual hygiene management and hygiene measures for disease/infection prevention);
    b. Ensuring that hygiene education provided in mainstream schools, community health centres and other places reaches persons with disabilities and takes into account their requirements, including by providing support and age-appropriate reasonable accommodation;
    c. Ensuring that hygiene education is provided in facilities attended only by persons with disabilities, where they continue to exist (such as residences for persons with disabilities, day-care centres and special schools);
    d. Delivering training for parents and caregivers on how to guide children with disabilities on hygiene self-care practices, including menstrual hygiene management and disability-specific hygiene management;
4. Adopt awareness-raising measures to combat stigma against persons with disabilities in the use of WASH by:
    a. Undertaking the training of community health workers and other relevant public workers on the requirements of persons with disabilities in gaining access to WASH (accessibility, reasonable accommodation and support), to enhance their skills and to challenge negative attitudes and prejudices;
    b. Developing community-based interventions to raise awareness about access to WASH by persons with disabilities and to challenge stigma and negative practices;
    c. Integrating awareness-raising measures into WASH promotion programmes to mitigate risks of harm to persons with disabilities.

Related indicators on the Convention on the Rights of Persons with Disabilities: 8.2, 9.3, 9.17, 19.13, 19.24, 19.26, 19.36, 24.11, 28.2, 28.8, 28.12, 28.20 and 28.21

Enhance coordination and mobilization of resources and communities



Target 6.b: Support and strengthen the participation of local communities in improving water and sanitation management

Target 6.a: By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies

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

1. Increase resource allocation and mobilization for disability-inclusive WASH policies by:
    a. Increasing resource collection and allocation for inclusive WASH policies, including through taxes, duties and/or levies, international cooperation and public-private partnerships;
    b. Enhancing resource mobilization for WASH programmes and projects, particularly to reach persons with disabilities in rural and remote areas;
2. Ensure that international cooperation resources for WASH fund disability-inclusive and/or disability-specific WASH interventions by:
    a. Ensuring that WASH-related international development and humanitarian assistance programmes include disability-inclusive and accessible WASH components, as well as appropriate budget allocation, including targeted interventions for persons with disabilities, where required;
    b. Establishing disability markers for international development and humanitarian assistance programmes relating to WASH;
3. Integrate policies and mechanisms on inclusive WASH in public procurement, health and community-based programmes and networks by:
    a. Including accessibility and aspects of disability inclusion (such as support provision and reasonable accommodation, as required) in public procurement;
    b. Ensuring coordination between WASH programmes and disability support services, including those relating to assistive technologies and rehabilitation;
    c. Ensuring the engagement of providers of support services (such as personal assistance) for persons with disabilities in WASH programmes at the local level;
4. Establish processes in WASH policy design and management to include the views of persons with disabilities and technical expertise relating to their requirements by:
    a. Consulting with and involving organizations of persons with disabilities at national and subnational levels in the design, implementation and monitoring of WASH policies and accessibility standards;
    b. Consulting with and involving persons with disabilities at the local level in the design, implementation and monitoring of WASH policies, including on WASH coordination committees or other steering mechanisms;

c. Involving subnational government disability focal points in the design and implementation of inclusive WASH policies, including coordination among stakeholders;

d. Collecting evidence on access to WASH by persons with disabilities to inform policy and programming, including by carrying out research with the direct involvement of persons with disabilities and the collection of disability-disaggregated data on WASH.

Related indicators on the Convention: 1/4.21, 9.17, 9.18, 28.14, 32.3 and 32.11

3. Dos and don'ts

Considering persons with disabilities in access to WASH

Legislation, policy and programmes	
Do	**Don't**
Review WASH legislation, policies and standards to ensure the accessibility and inclusiveness of WASH infrastructure and services and protection against disability-based discrimination.	Maintain legal and policy frameworks that: 1. Are not inclusive of persons with disabilities; 2. Do not protect against discrimination on the basis of disability; 3. Assume that accessible WASH infrastructure is prohibitively expensive.
Adopt a twin-track approach by enhancing the inclusiveness of mainstream WASH programmes and interventions and by developing programmes targeting persons with disabilities, when necessary.	Exclude persons with disabilities from mainstream WASH programmes, or adopt practices that lead to segregated services or that perpetuate stigma.
Adopt measures to ensure access to adapted WASH technologies (such as accessible toilet products, easy-turn taps and tactile markers), hygiene supplies (such as continence management products and bedpans) and support services, as required.	Focus only on inclusion in mainstream WASH programmes, while ignoring the requirements of persons with disabilities for specific assistive technologies, hygiene supplies or support services relating to WASH.
Adopt measures to ensure that universal household sanitation coverage programmes are inclusive and meet the requirements of persons with disabilities (e.g. by addressing the awareness, availability and affordability of accessible sanitation equipment).	Maintain programmes (such as "open defecation free" campaigns) that could stigmatize or cause distress for persons with disabilities, particularly where sanitation options are not available, accessible or affordable to persons with disabilities.

Governance and inter-institutional coordination	
Do	**Don't**
Facilitate the involvement of government disability focal points and other public agencies working on disability to engage with WASH agencies.	Restrict inclusive WASH policymaking exclusively to WASH or disability-related technical departments.
Adopt measures that require accessibility from WASH-related contractors throughout supply chains (e.g. in public procurement).	Engage with other relevant public and private actors for the implementation of WASH policies (such as constructors and drinking water service providers) without introducing mandatory accessibility requirements.
Coordinate, share information and establish referral links among WASH agencies and other public agencies delivering services to persons with disabilities (e.g. in health services, assistive devices services and social services).	Assume that the WASH-related requirements of persons with disabilities can be met by WASH or disability services alone.
Allocate a budget for disability-inclusive WASH within the budgets of relevant public agencies (such as education departments, schools, health departments and health-care facilities).	Expect budget allocations to disability-specific agencies or services also to cover costs of mainstreaming disability-inclusive WASH across other sectors or agencies.
Practice and implementation	
Do	**Don't**
Facilitate accessibility audits or other consultative processes with persons with disabilities at the local level to support the application of accessible WASH standards to local contexts.	Apply standard accessible technical designs to all WASH facilities without first testing to ensure appropriateness for local user groups and adapting designs as necessary.
Apply mandatory accessible WASH requirements for new construction (such as quotas for accessible toilets in new schools, apartment buildings and public places).	Rely on accessibility standards being adopted voluntarily.
Integrate disability-inclusive WASH actions and standards into the performance and quality frameworks of education, health and other sectors, in line with national standards.	Maintain parallel WASH implementation and monitoring frameworks across different sectors that do not incorporate accessibility standards.

Promote the involvement of persons with disabilities in WASH decision-making forums, such as local committees and stakeholder groups, ensuring in particular the participation of women and girls with disabilities.	Assume that persons with disabilities do not have relevant contributions to add to WASH decision-making forums.
Ensure the availability and affordability of accessible WASH equipment and supplies, including through market-based mechanisms (such as cost subsidies, research and development grants, and competitions) or social assistance programmes.	Overlook the availability and affordability of accessible WASH equipment and supplies to persons with disabilities, particularly those living in rural areas or lower-income households.
Ensure that WASH programmes consider the requirements of diverse persons with disabilities, including across different gender identities and types of disability.	Restrict disability-inclusive WASH efforts to only one segment of the population (such as persons with limited mobility).
Information, communication and awareness-raising	
Do	**Don't**
Disseminate information on hygiene to persons with disabilities in accessible formats, across urban and rural areas, including by working with disability networks and including persons with disabilities wherever information on hygiene is provided (such as schools).	Assume that persons with disabilities have access to information on hygiene through mainstream campaigns or the school system.
Disseminate information on hygiene that is adapted to meet disability-specific hygiene management requirements (e.g. including accessible handwashing facilities and elements, bathing and menstrual hygiene management equipment, sanitizing assistive devices, continence management plans and strategies for persons providing personal hygiene support).	Assume that mainstream or standard information on hygiene will be relevant to all persons with disabilities.
Adopt awareness-raising measures (campaigns, training, etc.) to address attitudinal barriers, stigma and discrimination against persons with disabilities that prevent the designing of accessible WASH services.	Overlook existing negative stereotypes, prejudice and discrimination against persons with disabilities in access to WASH services when designing and implementing policy interventions.

Training	
Do	**Don't**
Train and provide technical support to public officials across relevant agencies (such as health, education and local government) on disability-inclusive WASH services and on working with persons with disabilities.	Provide training or technical support on disability-inclusive WASH exclusively to public officials working in disability-focused agencies or programmes.
Participation	
Do	**Don't**
Facilitate the involvement of organizations of persons with disabilities, in all their diversity, in legislation, policy design and development, and outreach mechanisms.	Overlook the key inputs and support that organizations of persons with disabilities can provide to ensure the effectiveness of policies.
Support the capacity of organizations of persons with disabilities to analyse and engage in issues relating to WASH, in line with their organizational priorities.	Expect all organizations of persons with disabilities to have technical expertise in disability-inclusive WASH services.
Research and data collection and disaggregation	
Do	**Don't**
Collect and disaggregate data by sex and disability at the household and individual level, in order to assess individual access to WASH services and facilities by persons with disabilities.	Assume that household-level data suffice in assessing access to WASH services and facilities by persons with disabilities or that they indicate that all members of a household have access to a WASH facility (e.g. household WASH facilities may not be accessible to persons with disabilities, or persons with disabilities may lack assistive devices to facilitate their use).
Facilitate research or consultations with individuals with disabilities, particularly women and girls with disabilities, and organizations of persons with disabilities to understand their experiences in gaining access to WASH services and facilities, including barriers that limit access and strategies that enable access.	Facilitate research that overlooks the specific experiences of persons with disabilities or that fails to generate evidence to inform effective strategies for including persons with disabilities in developing WASH programmes.

Accountability	
Do	**Don't**
Monitor and report on the availability of accessible WASH facilities to persons with disabilities within households, schools, health-care facilities and other public places (e.g. by using the expanded core questions of the Joint Monitoring Programme for Water Supply, Sanitation and Hygiene of the United Nations Children's Fund (UNICEF) and the World Health Organization).	Overlook inequalities in access to WASH by persons with disabilities within WASH monitoring and reporting frameworks.

Additional resources

Christian Blind Mission (CBM). Humanitarian Hands-on Tool. 2017.

Inter-Agency Standing Committee. Water, sanitation and hygiene. *In Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*. 2019.

Pryor, Wesley, and others. The case for investment in accessible and inclusive WASH. WASH Technical Paper, No. TP/04/2018. New York: United Nations Children's Fund (UNICEF), 2018.

United Nations Children's Fund (UNICEF). *Disability Inclusive WASH Practices: Including People with Disabilities in UNICEF Water, Sanitation and Hygiene (WASH) Programming*. New York, 2016.

_____. *Guidance: Including Children with Disabilities in Humanitarian Action – WASH*. 2017.

World Health Organization. *Disability Considerations during the COVID-19 Outbreak*. 2020.

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:

- **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.

- **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 assessment is the process of collecting information about persons with disabilities, in their context, for the purposes of policymaking and planning, budget allocation and determining eligibility for certain benefits and entitlements. A disability assessment can also be used solely for the purpose of providing services such as rehabilitation or education. See also part II, section 1.2.2 of the Foundations Guidance.

Disability determination refers to the official decision (using assessment findings) about whether someone is identified as a person with disability, often also categorized according to their functional ability. In some countries, this can become an official status, symbolized by a disability card, registration or similar, which can provide access to various services and benefits. There are often additional and/or different processes to determine eligibility for different types of social protection, insurance, health and support services. See also part II, section 1.2.2 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.

Disability-related extra costs refers to the higher expenditure of persons with disabilities and their households when compared to that of the rest of the population. Extra costs commonly stem from specific goods and services (such as mobility aids, personal assistance and accessible housing) and/or a lack of access to general goods and services (e.g. having more expensive health insurance and using taxis where public transport is not accessible). Disability-related extra costs affect different policies. For more information, view the videos "Understanding disability extra costs" and "Addressing disability extra costs" of the Centre for Inclusive Policy.

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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