

The background of the cover features a yellow-to-orange gradient. In the center, there are black silhouettes of two people standing with their arms raised in a gesture of triumph or joy. The person on the left is wearing a backpack, and the person on the right has long hair.

VISIBILITY, INCLUSION, PARTICIPATION VIP STRATEGY

**GUIDELINES TO PROMOTE THE RIGHTS OF PERSONS WITH DISABILITIES IN
THE WORK OF THE UNITED NATIONS POPULATION FUND IN LATIN AMERICA
AND THE CARIBBEAN**

2019 - 2021



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EXECUTIVE SUMMARY

Over the course of the last decade, persons with disabilities have gained more visibility as a direct effect of the approval in 2006 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). In Latin America and the Caribbean, the CRPD has already been ratified by 28 countries and has generated an unprecedented dynamic of social and public policy transformations.

In this context, together with national governments, non-government organizations and other UN Agencies, UNFPA has embarked on a series of efforts to further advance and consolidate the rights of persons with disabilities, in particular their sexual and reproductive rights, bring more attention to their situation and prevent and address the situation of inequality and discrimination they live.

This document includes a series of general guidelines to orient technical assistance and regional cooperation actions based on the social model of disability proposed by the CRPD, in the context of the 2030 Agenda and the Sustainable Development Goals, the follow-up on the Cairo Programme of Action and the Montevideo Consensus on Population and Development, as well as lessons learned by UNFPA and its technical teams during the work with this and other excluded and discriminated populations.

A global report released by the World Bank and the World Health Organization estimated that, in 2009, approximately 50 million persons with disabilities lived in Latin America and the Caribbean (WHO-World Bank, 2011). While data for Latin America is available, it is scarce and incomplete. However, it has been estimated that 12.0% of the population has at least one disability, which accounts for approximately 66 million persons (ECLAC, 2013). All international reports highlight the significant gaps in access to education, health and development opportunities that characterize the living conditions of this population (United Nations, 2016).

Until recently, persons with disabilities were hidden, segregated and excluded from almost all social participation spaces and opportunities. These forms of exclusion and dis-

crimination and the barriers they still face in access to their rights, especially their sexual and reproductive rights, are not the result of their disability; they are actually myths, prejudices and fears deeply-rooted in society.

Statistically invisible and unable to participate in health policies and services, the vast majority of persons with disabilities are excluded from the essential tools they need to realize their rights. Many of them reach adolescence without having received basic information about their sexual and reproductive rights or the essential tools they need to realize them and develop their life projects to the maximum. In the case of girls, adolescent girls and women with disabilities, the cumulative effect of gender inequalities and their disability situation exposes them to a high risk of coercion and sexual violence.

In the context of the implementation of the 2030 Agenda and the Montevideo Consensus, the proposals outlined in this document are an essential component of a series of efforts to bridge gaps and ensure no one is left behind in development strategies and the achievement of human rights in the region. Based on UNFPA's Strategic Plan, the document also aims at identifying gateways and prioritizing actions, where capabilities and opportunities exist, to bring attention to their rights, mobilize inclusive dynamics and promote their participation in all programs and actions.

1

ONE WORLD FOR ALL

Over the course of the last decade, persons with disabilities worldwide have gained more visibility as a direct effect of the approval in late 2006 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). In our region, the CRPD has already been ratified by 28 countries, which has led to an unprecedented dynamic of transformations and challenges.

The CRPD and its Optional Protocol are the first international mechanism that commits states signatories to a series of standards for the protection of the human rights of persons with disabilities in the civic, cultural, political, social and economic spheres. It also represents the incorporation in the universal legal framework of a new paradigm of disability, based on the human rights perspective, that also acknowledges that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders full and effective participation in society on an equal basis with others” (CRPD, 2006).

The establishment of rights not recognized until recently results in a broader public and social presence of the issue and exposes the historical exclusion of a large and significant population group. We could actually affirm that disability is gradually coming out of the dark at the same time life stories that remained in silence until yesterday are coming to light.

This increased visibility has a clear correlate when the issue is considered from the standpoint of public policy and the international development agenda, as well as the development of information systems that involve the implementation of specialized surveys and specific questions about disability in censuses and administrative records.



SUSTAINABLE DEVELOPMENT GOALS



The **International Conference on Population and Development (Cairo, 1994)** produced a pioneering document that includes several references to the population with disabilities¹, the exercise of their rights and their participation in all spheres of life.

The 2030 Agenda and the **Sustainable Development Goals** highlight the need for development to reach all persons without exclusion –to leave no one behind. While it is an integral and indivisible agenda, it is important to acknowledge that it also makes explicit reference to persons with disabilities in nine targets of six of its Goals that are explicitly included in 11 associated progress monitoring indicators. The international commitment “to leave no one behind” must guide public agencies and bodies, as well as civil society, in the formulation and application of inclusive policies in all areas of development, and ensure all the Goals and their related targets benefit persons with disabilities.

1. Section E, measures from 6.28 to 6.33 https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf

THE SUSTAINABLE DEVELOPMENT GOALS AND PERSONS WITH DISABILITIES

1. End poverty in all its forms everywhere.

Target 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

Indicator 1.3.1 . Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.

4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Target 4.5. . By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

Indicator 4.5.1. Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated.

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.

Indicator 4.a.1. Proportion of schools with access to: a) electricity; b) the Internet for pedagogical purposes; c.) computers for pedagogical purposes; d) adapted infrastructure and materials for students with disabilities; e) basic drinking water; f) single-sex basic sanitation facilities, and g) basic handwashing facilities (as per the Washington indicator definitions).

8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Target 8.5. By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.

Indicator 8.5.1. Average hourly earnings of female and male employees, by occupation, age and persons with disabilities.

Indicator 8.5.2. Unemployment rate, by sex, age and persons with disabilities.

<p>10. Reduce inequality within and among countries.</p>	<p>Target 10.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.</p> <p>Indicator 10.2.1. Proportion of people living below 50 per cent of median income, by age, sex, and persons with disabilities.</p>
<p>11. Make cities and human settlements inclusive, safe, resilient and sustainable.</p>	<p>Target 11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.</p> <p>Indicator 11.2.1. Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities.</p> <p>Target 11.7. By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.</p> <p>Indicator 11.7.1. Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities.</p> <p>Indicator 11.7.2. Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months.</p>
<p>16. Promote peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels.</p>	<p>Target 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels.</p> <p>Indicator 16.7.1. Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions.</p> <p>Indicator 16.7.2. Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group.</p>

17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

Target 17.18. By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

Indicador 17.18.1. Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics.

In the light of the **Montevideo Consensus**, the inclusion of persons with disabilities also became an ethical imperative that opens up an opportunity to introduce new tools and transformative dynamics. While this important instrument did not include a chapter on priority measures in reference to persons with disabilities, its text acknowledges, on numerous occasions, the CRPD’s contributions to sustainable development strategies and specifically refers to disability in terms of the need for progress in inclusive statistics and the issues of aging and social protection, universal access to gender equality and sexual and reproductive health services, including gender based violence².

The CRPD should not only be seen as the particular demand of a group historically discriminated and excluded. Both at the conceptual and programmatic levels, it is important to address and articulate the rights enshrined in the CRPD in the implementation of other government commitments such as the 2030 Agenda, the Convention on the Rights of the Child, the Global Strategy for Women’s, Children’s and Adolescents’ Health, the Montevideo Consensus and the different international and regional instruments that address inequalities and seek, through the principle of progressive realization of human rights, to ensure equal rights and opportunities for all.

1.1 No one left behind, no one left out: UNFPA’s commitment

Globally, it has been recognized that **persons with disabilities are among the poorest, most segregated and excluded** of all populations.

Both in developed and developing countries, families who have

2. The reference to persons with disabilities is fairly explicit in measures 20, 46, 50 and 57 of the Montevideo Consensus.

children with disabilities are more likely to be poor due to the increased expenses associated with disabilities and the lack of appropriate services that should be provided by State institutions so persons with disabilities and their families can integrate themselves into social and community life (WHO-World Bank, 2011).

While the general prevalence of disability in the world's population is 12%, the prevalence of disability among the poor population reaches 20%.

Poverty and disability are inextricably linked, because the former is a key determinant of the latter. Disability, in turn, often times traps people in poverty (UNICEF, 2013).

According to data from the **World Health Organization and the World Bank**, only 3% of the population with disabilities has access to rehabilitation services; only 25% of children with disabilities have access to education, and only 5% of them complete primary education (**WHO-World Bank, 2011**).

Support and care of persons with disabilities often impose an additional burden on the household economy due to the expenses involved in care and the household members' limitations to join the labor market. These care tasks are usually performed by families, especially women, as part of the traditional assignment of gender roles.

For all of the above, regional strategies to fight poverty and promote inclusive development should fulfill the unavoidable commitment of including the population with disabilities and addressing the challenge of finding solutions to the complexity resulting from their structural marginalization in areas such as employment, health and access to protection and social participation opportunities.

In this context, and together with other UN agencies, national governments and non-government organizations in the region, the

3. Enable, 2015, <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>.

REASONABLE SUPPORT AND ADJUSTMENTS

The Convention defines reasonable accommodation as "the necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms" (Article 2).

These support needs include social aspects, services and public policies. Many persons require support for daily activities such as getting up, bathing, dressing and eating. But that support also includes mobility aids, personal assistance, decision-making support, communication support (for example, interpreters), services for autonomous living and access to, and use of, health or justice services.

Reasonable accommodation is linked to the individual and specific needs of persons with disabilities.

For most persons with disabilities, access to reasonable accommodation and support is an essential condition to realize their rights and participate in the community. Without appropriate support, they will be more exposed to mistreatment or discrimination.

United Nations Population Fund (UNFPA) has supported a series of efforts to advance and consolidate the rights of persons with disabilities.

Since 2014, UNFPA has been part of the Global Partnership for Disability, a UN interagency initiative that seeks to integrate and harmonize the efforts of different agencies, promoting a shared perspective of challenges and strategies, as well as a joint effort to generate data and promote collaborative strategies in favor of the rights of persons with disabilities, particularly children, adolescents, young people and women.

In its 2018-2021 Strategic Plan, UNFPA reaffirms its commitment to the rights of persons with disabilities in its different programmatic areas, particularly in reference to the sexual and reproductive health of persons with disabilities, the promotion of youth participation and leadership and the development of disaggregated information to analyze their situation and take into account their needs in a context of development and humanitarian situations. In its section on human resources, the Strategic Plan also states UNFPA should maintain an inclusive composition of staff by gender, region and disability.

In our region, UNFPA has the opportunity to benefit from the experience gained in some countries and the lessons learned in the promotion of the rights of the most disadvantaged populations and, thus, raise the visibility of persons with disabilities and include them in the development agenda.

The strategy involves bringing attention to persons with disabilities in current actions and programs, mobilizing technical cooperation with inclusive approaches, and promoting participatory and collaborative dynamics to advance the historical premise coined by organizations –“nothing about us without us”.

The aim of this document is to advance the process of dialog between UNFPA’s Country Offices, their technical teams and civil society organizations that represent persons with disabilities in each country to strengthen the organization’s contribution to the realization of rights of persons with disabilities. At the same time, it seeks to provide conceptual, reference and operational elements so Country Offices can identify, in each particular case, the main opportunities for action, the main gateways and the best possible partners for the development of programs inclusive of persons with disabilities in the region.

1.2 A new way of understanding disability

Until recently, persons with disabilities were hidden, segregated and excluded from almost all social spaces and opportunities. They were also often the target of jokes, pity, discrimination and violence not only in the public, but also in the private sphere, for example, in the family or in their interaction with private social service providers. This hostile perspective can still be found in discriminatory practices that only reinforce the disadvantage and vulnerability of persons with disabilities, especially girls, women and persons who are institutionalized or live in rural areas or indigenous communities.

As already explained, since the adoption of the International Convention on the Rights of Persons with Disabilities (CRPD, 2006), the world has witnessed a series of transformations that have radically changed the perspective of disability and led to a new paradigm –the social approach to disability. Equal access to human rights involves major social changes in the way we relate to persons with disabilities and, consequently, has transformative effects on the life experience of these individuals, their families and society in general.

The CRPD does not define the concept of disability, but addresses it as a dynamic concept in constant evolution determined by social and environmental aspects.

According to the CRPD, the term “persons with disabilities” includes those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Thus, there are three key elements to understand disability from the CRPD perspective:

1. **The term includes persons with physical, mental, intellectual or sensory impairments.**
2. **The term “long-term” excludes temporary or transitory functional limitations.**
3. **By including environmental aspects and taking into consideration the barriers that**

THE CORRECT TERMS

Persons with disabilities are sometimes referred to as “deficient”, “handicapped”, “persons with different abilities”, “special needs persons” or simply as “disabled”.

To reaffirm the human rights approach, at UNFPA we always use the term “person(s) with disabilities”.

The following are other forms of referring to persons with disabilities:

- **Person with functional diversity:** This term focuses on the diversity of society and the fact that the person functions in a way different from most people and, for that reason, requires specific accommodations for some daily activities.
- **Person in situation of disability:** This term stresses the fact that disability is the result of a situation in the environment and not an alleged insufficiency in the individual.

may hinder their full and effective participation in society, it indicates that it is the interaction between the individual’s long-term functional limitations and the barriers in the environment that creates the disability.

Under this social model of disability proposed by the CRPD, disability is a variable factor whose magnitude depends on the environment. At the center of this model is the individual considered as an integral being whose functional condition (or impairment) enriches human diversity. It is important to bear in mind the principles of the CRPD that underlie this dynamic vision of disability. These principles are the following:

- a. Respect for inherent dignity, individual autonomy, including the freedom to make one’s own choices and independence of persons.
- b. Non-discrimination.
- c. Full and effective participation and inclusion in society.
- d. Respect for differences and acceptance of persons with disabilities as part of human diversity and humanity.
- e. Equality of opportunity.
- f. Accessibility.
- g. Equality between men and women.
- h. Respect for the evolving capacities of children with disabilities and respect for their right to preserve their identities.



To begin with, it created an unprecedented legal framework that considers persons with disabilities as equal in terms of access to development opportunities and protection of their human rights. In this regard, the CRPD recognizes fundamental rights such as:

- the right to equality and non-discrimination (Article 5);
- access to inclusive quality education (Article 24);
- access to justice and protection of their legal capacity (Articles 12 and 13);
- access to health (with particular reference to sexual and reproductive rights) and rehabilitation (Articles 25 and 26); and
- protection from all forms of exploitation, violence and abuse (Article 16).

CRPD is not limited to the legal aspects it introduces or the non-discrimination principles countries signatories must abide by. Its consequences are related to a new way of looking at disability that will be present for decades to come and will involve transitions and challenges for the governments and societies of the world.

The CRPD moves away from old models that considered disability as a health deficit and treated persons with disabilities as victims in need of charity, rehabilitation or help. From a rights perspective, it involves the historic replacement of a hostile perspective of disability by another that embraces that condition as part of human diversity and is oriented to justice and equal opportunities, which are characteristics of the rights-based approach. In summary, the CRPD resulted in a series of change processes that have had consequences in different areas:

- From a statistical point of view, it is necessary to gather information and disaggregate it by type of disability to **raise the visibility** of persons with disabilities and identify their main characteristics and needs.
- From a programmatic point of view, to ensure access to **inclusive** services it is not only necessary to create policies, services and institutions consistent with this population's rights and needs, but also to deconstruct old traditions, perspectives and practices. Inclusion will not be possible without questioning and transforming charity-focused or belittling attitudes that are still common in households, institutions and society towards persons with disabilities and perpetuate exclusion and discrimination, as well as the widespread skepticism in connection with their sexual and reproductive rights.
- At the social level, advocacy work is still required to ensure persons with disabilities can **participate** and have a voice in social development processes, and also to raise awareness to "denaturalize" exclusion and challenge the negative and pathological connotations that have always existed with respect of disability.

Article 1 of the CRPD establishes the purpose of promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, as well as promoting respect for their inherent dignity.

UNFPA will rely on these concepts of Visibility, Inclusion and Participation as pillars of the strategy to promote the rights of persons with disabilities.

1.3 Consolidating the disability rights-based approach

The ratification of the CRPD by almost all the countries in Latin America and the Caribbean involves a change process that is gradually translating into the formulation of laws and regulations, as well as the creation of new institutions leading public policy and protecting the rights of persons with disabilities.

In some countries, old bodies such as *National Commissions on Disabilities* are giving way to the creation of new National Institutes and Agencies that are seeking more comprehensive approaches and providing opportunities for organizations of persons with disabilities to participate in public policy design, management and evaluation processes.

All these transformations involve change processes that are not exempt from tensions, resistance and difficulties. They are essential legal and institutional transformations to renew approaches and strengthen inclusive public policies guided by the human rights perspective in alignment with the CRPD.

FIVE KEY POINTS

1. Disability is not a matter reserved for experts or a “health issue”, but a key factor to make development inclusive and achieve the Sustainable Development Goals.
2. Prejudice, taboos, stigma and paternalism towards persons with disabilities are the main access barriers to their rights.
3. Persons with disabilities feel and desire the same things as everybody else. They also love and are loved, have sexual relations and are exposed to risks, just like everybody else.
4. The most practical and effective way to advance the rights of persons with disabilities is by raising their visibility through statistics, ensuring their active inclusion in all actions, programs and development policies, and mainstreaming inclusive approaches and the principles of universal design without creating special programs for them unless it is necessary.
5. The participation of persons with disabilities and their networks and organizations is essential throughout the public policy programming cycle, from action planning and design to implementation and evaluation.

However, as pointed out in the reports of the Committee on the Rights of Persons with Disabilities, in Latin America and the Caribbean many “*laws and legal frameworks to fight discrimination continue to be deficient, incomplete or inefficient*” (UN, 2017). Numerous forms of discrimination still persist in laws and administrative resolutions that have not been updated, as well as in negative and pathological expressions commonly found on the media that only perpetuate and normalize exclusion.

These approaches range from wanting to *care for and protect* persons with disabilities from *their tragic and helpless situation*, to assess their incapacity to work or to wanting to fix, cure and make persons with disabilities as normal as possible (Committee on the Rights of Persons with Disabilities, General Comment on Article 5, Equality and Non-discrimination, 2017). The medical approach and negative and paternalistic attitudes towards disability still persist in numerous professional and institutional practices, perpetuating situations that are contrary to the principles expressed in the CRPD. Thus, it is necessary to pay particular attention to the risk of getting involved in “solidarity” proposals that are not consistent with the rights-based approach and only reinforce the stereotype of persons with disabilities as the focus of help and charity.

Any disability-related proposal should take as a reference the CRPD social model, under which persons with disabilities are no longer seen as subjects of protection, but become holders of rights and obligations. Eliminating the barriers that perpetuate inequality is also imperative.

It is necessary to change laws or programs that impose restrictions or deny rights to persons with disabilities, ensuring their full right to employment, education, housing, cultural life, health, social security and all the dimensions necessary to overcome poverty, segregation or exclusion conditions.

HOW CAN UNFPA HELP TO CONSOLIDATE THE DISABILITY RIGHTS-BASED APPROACH?

- By spreading the CRPD message and translating it into public policy guidelines.
- By providing advice in processes to improve and strengthen the different countries’ legal and institutional framework.
- By mobilizing technical cooperation to strengthen the institutions responsible and training their human resources.
- By raising the visibility of persons with disabilities and their living conditions through the generation of quantitative and qualitative data and evidence in alignment with the SDGs.
- By training census officers to incorporate the Washington Group recommendations in the design of national censuses and surveys (see heading II).
- By promoting access by persons with disabilities to sexual and reproductive health services.
- By including the disability perspective in programs designed to prevent and address gender-based violence.
- By including persons with disabilities as part of social diversity in images and campaigns.
- By communicating a positive image that challenges stereotypes and promoting the concept of equal rights for PWDs.
- By fostering dialogue with the participation of organizations of persons with disabilities.

For this perspective to gain traction, it is important to ensure that persons with disabilities and the organizations representing them are always consulted upon reviewing legislation, policies and programs. It is also necessary to have clear mechanisms for the exercise of rights and enforceability conditions appropriate for persons with disabilities, where such rights have been violated.

2

PERSONS WITH DISABILITIES IN LATIN AMERICA AND THE CARIBBEAN

2.1 Information: a major challenge

The main challenge in connection with persons with disabilities in our region is the lack of appropriate and comparable information to determine the exact number of persons with disabilities, their sociodemographic characteristics and their living conditions, to be able to determine baselines and monitor change processes, with an understanding of the factors and dynamics that produce them.

Despite the increased attention on the issue of disability in population censuses in the last decade and the inclusion of questions on this subject in most countries, it is rather difficult for existing statistical instruments to raise the visibility of the population with disabilities based on the new social paradigm and find reliable indicators.

The UN has brought attention to this problem, stating that, “The lack of sound disaggregated data for many of these vulnerable groups (including persons with disabilities) exacerbates vulnerabilities by masking the extent of deprivation and disparities” (United Nations, 2017). The *Convention on the Rights of Persons with Disabilities* itself establishes that: a) States Parties undertake to collect appropriate information, including statistical and research data; b) Information collected shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties’ obligations under the present Convention; and c) States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others (CRPD, Article 31, 2006).

4. <http://www.washingtongroup-disability.com/about/history/>

The *International Classification of Functioning, Disability and Health* (ICF) proposed by the World Health Organization (2001) for the collection and analysis of information on functioning and disability has been used all over the world. But the adoption of the “social model” of disability makes the production of statistical information on disability complicated, because it requires assessing not only the individual’s level of diminished functioning, but also social and environmental barriers, generating multidimensional approaches and taking into consideration the level of functionality of individuals in connection with their living environment. In 2001, the UN created the Washington Group on Disability Statistics⁴ in response to the urgent need to collect data consistent with the new realities and internationally validated to allow for global comparisons. While the number of countries that collect information using the Washington Group questions has grown over the years, we have found differences in the way they collect that information, which is the main reason for the limited comparability of data that exists today (CEA, 2016). Statistical information about children, adolescents and young people with

disabilities involves a particular complexity in terms of the conceptual reference framework and the resulting comparability. Global data available differ significantly in aspects such as definition of disability, purpose of measurement, domains considered, data collection methods, sources used, severity qualifier, cutoff threshold and age groups (CEA, 2016).

In the context of the Sustainable Development Goals (SDGs), information disaggregated by disability should be linked to education, employment or health indicators, among others. The relationship between the SDGs and the population with disabilities lies in the fact that persons with disabilities are the most disadvantaged and are at a higher risk of exclusion. For this reason, disaggregation by disability condition is necessary to ensure equal opportunities.

HOW TO IDENTIFY DISABILITY BASED ON THE CRPD AND THE WASHINGTON GROUP RECOMMENDATIONS?

Based on the Washington Group recommendations and the “social model” of disability proposed by the CRPD, ECLAC (2015) proposes a series of variables that include:

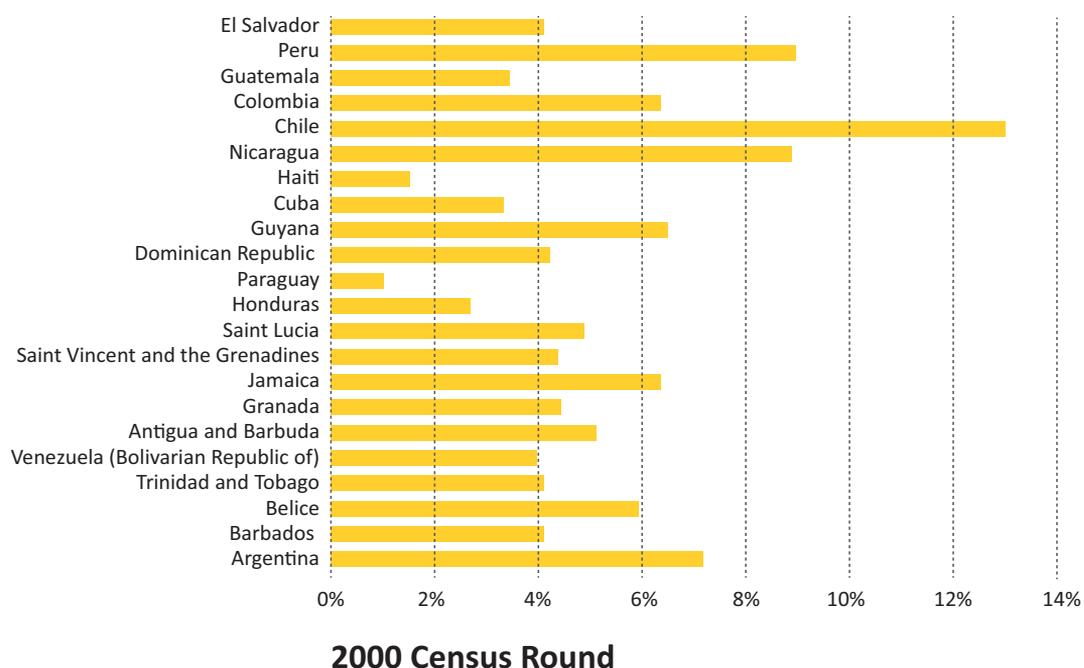
- Aspects of functional autonomy in daily activities related to self-care, eating, personal hygiene, etc.
- Health aspects, including deficiencies or deficits that prevent performing daily activities.
- Development of social, cognitive and other skills that determine the possibility of participating in areas essential to their development such as education and recreation.
- Social aspects of disability, which primarily refer to the exercise of rights and full and effective inclusion on an equal basis with others.

2.2 What do we know about persons with disabilities in the region?

In our region, population censuses are the main source of information about persons with disabilities. While 31 countries included questions about disability in their population censuses since the 2010 Round, most of them have not been able to incorporate the Washington Group recommendations or adopt a consistent methodology to disaggregate and measure information about disability. The *Regional report on measuring disability. Overview of the disability measurement procedures in Latin America and the Caribbean* summarizes this situation by stating that “the quality, consistency and comparability of data on disability available are still disappointing” (ECLAC, 2014).

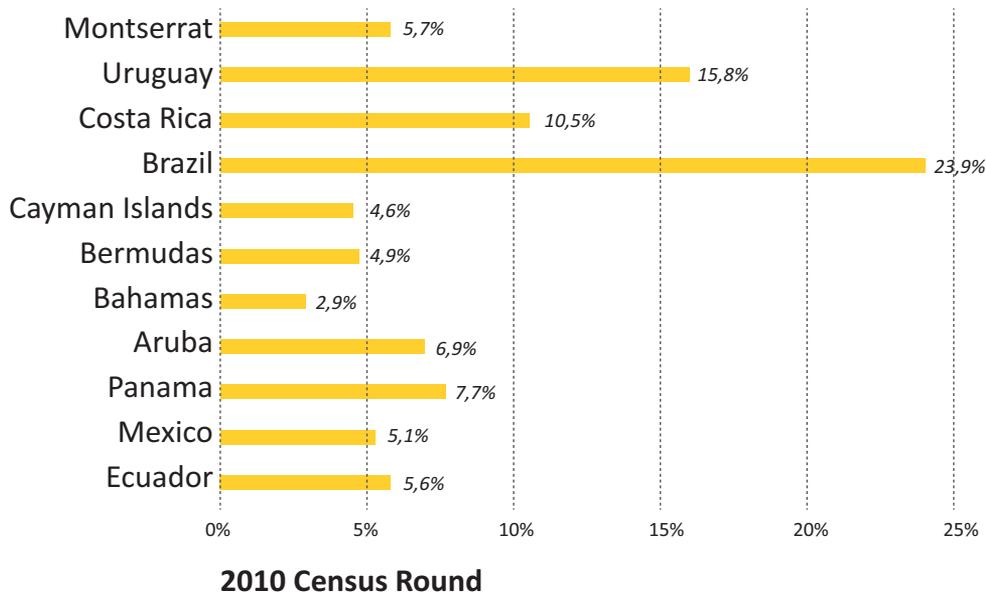
However, and regardless of the above-mentioned limitations, data and estimates from different organizations allow us to assess the magnitude, from a population standpoint, of persons with disabilities and explore emerging aspects of their social situation.

Between 12% and 18% of the Latin American population experiences some form of disability, which accounts for approximately 66 million persons. (ECLAC, 2013)



Prevalence of Disability in the 2000 Round. Prepared by the authors with data from ECLAC.

A global report released by the World Bank and the World Health Organization estimated that, in 2009, approximately 50 million persons with disabilities lived in Latin America and the Caribbean (WHO-World Bank, 2011). According to the same report, only 6% of those disabilities were considered severe.



Prevalence of Disability in the 2010 Round. Prepared by the authors with data from ECLAC.

ECLAC, on the other hand, affirms that approximately 12% of the population in Latin America and the Caribbean lives with at least one disability, which accounts for approximately 66 million people (ECLAC, 2012). While these figures represent a large number of persons with disabilities, it has been estimated their number is even higher, considering the difficulties in access to information and the current disability underreporting trend in census responses and statistical data collection⁵.

It is also important to note that not all persons with disabilities are equal; they are a heterogeneous group with different needs depending on the type of disability and their individual level of severity or functional adaptation. Globally, the most common disabilities include motor and intellectual disabilities, followed by visual and hearing disabilities (UNDP, 2006). According to census information from 18 countries, visual and mobility limitations are also prevalent in Latin America and the Caribbean, followed by hearing and speech impairments. It is worth mentioning, however, that

5. ONU, Enable, Factsheet on Persons with Disabilities. 2014

this census information does not allow for a clear identification of intellectual disabilities that, depending on the parameters considered, can be highly prevalent, especially among the younger population (ECLAC, 2012).

2.3 Disability through the life course

The life course approach shows a really high correlation between aging and disability: as the population's life expectancy increases, the number of functional limitations resulting from visual, hearing, motor and intellectual deficiencies grows in the population. In this perspective, disability should not be seen as an individual and specific event that involves a determined number of persons, but as a matter of concern for all individuals, considering we will all experience, at one point or another, a temporary or permanent functional limitation.

In the case of younger persons, it has been estimated that 6% of the population in the 13 to 19 age range in Latin America and the Caribbean has at least one disability, which accounts for 6.5 million young people (ECLAC, 2013). The magnitude of this situation clearly reflects their importance in the regional development agenda.

The World Report on Disability foresees an increase in the prevalence of disability worldwide related to population aging, chronic diseases, mental health disorders and accidents (WHO-World Bank, 2011).

The challenges adolescents and young people with disabilities face also represent a window of opportunity for this agenda given the dynamic of legal, cultural and social changes they entail. We are not only talking about a population that can no longer be denied the right to significant participation in social changes, but the possibility of incorporating them in the human capital of nations and the creative energy that –given their functional diversity, coupled with emerging technological and digital developments– can drive unprecedented social innovations and political transformations that will benefit humankind.

However, to achieve their full social participation, adolescents and young people with disabilities must overcome the family and social barriers that continue to discriminate them or hinder their development by limiting their autonomy and their ability to make decisions to advance their life projects.

As will be discussed later in this document, adolescents and young people with disabilities (especially girls, adolescent girls and young women) are often the target of violence, manipulation and coercion, which are often normalized and tolerated or justified in their immediate environment, merely on the basis of their disability condition.

6. <http://www.unfpa.org/publications/addressing-violence-against-women-and-girls-sexual-and-reproductive-health-services>

As already explained, among older adults, the prevalence of disability and the different forms of functional limitations (visual, hearing, motor and intellectual) is becoming increasingly common. This explains, for example, the fact that the disability prevalence rate is higher among women, because their longer life expectancy increases the possibility of having a disability. The UN (2016) has estimated that one in every five women has a disability.

Gender inequalities, on the other hand, put women in a situation of higher financial vulnerability in their adult life, which also increases the risk of health deficiencies leading to disabilities⁶ (UNFPA, 2010).

The relationship between aging and disability is of particular importance in Latin America and the Caribbean due to the demographic transition processes will lead to aging in the region in the coming decades, with non-transmissible and degenerative chronic diseases increasing in frequency, in addition to external causes of disability in the different countries (UNFPA, 2017).

It has also been recognized that women and girls with disabilities face significant access barriers to support throughout their lives. Services often fail to take their needs into account or respect their rights. Male staff is often designated to assist them, which may not be what they prefer and can also increase the risk of abuse.

Provision of support cannot be addressed from a gender-neutral perspective. It is necessary to eliminate barriers that interfere with access to it by women and girls, and also to provide assistance to women with disabilities who perform care and support tasks as mothers, without reinforcing discrimination patterns or negative stereotypes.

Report of the United Nations Special Rapporteur on Disability, 2016

2.4 Disability and gender

Together with poverty, gender is usually one of the main determinants of disadvantages and inequalities in people’s lives. Most girls and women continue to face significant disadvantages in several areas of their development and well-being due to their gender. In the case of women with disabilities, there is a *cumulative effect* that results from the structural disadvantages generated as a result of gender determinants and their disability condition.

While the vast majority of persons with disabilities coexist with obstacles that hinder their access to basic rights and social participation on an equal basis, the reality for girls and women with disabilities is usually considerably more difficult

(United Nations Special Rapporteur on Persons with Disabilities, 2017).

The UN has documented that women, girls and adolescent girls with disabilities face all kinds of barriers to social participation and inclusion, which results in a disproportionate number of them living in a situation of poverty, exclusion and exposure to mistreatment and gender-based violence, as will be discussed later (UN, 2016).

Several countries in the region have documented, for example, that, despite being a majority of the population of persons with disabilities, women are the ones with less access to disability certificates and, therefore, to fewer benefits and opportunities to exercise equal rights through non-contributory pensions, transportation passes, and access to employment quotas or basic health benefits (INADI, 2016).

Despite all of the above, there are very few initiatives to address discrimination, gender and disability in a cross-cutting manner. Disability laws and policies have historically neglected the different aspects related to the needs of women and girls.

This is reflected in the low visibility of the issue of disability in organizations and networks that advocate gender equality and women's rights, and also in the limited level of awareness of gender and women's rights in networks and organizations of persons with disabilities. And this invisibility has perpetuated a situation where multiple forms of discrimination and exclusion coexist.

VIOLENCE AGAINST GIRLS AND WOMEN WITH DISABILITIES

The UN points to the following cases as examples of violence, exploitation and/or abuse against women with disabilities:

- acquiring a disability as a consequence of physical force or violence;
- economic coercion, trafficking and deception;
- misinformation;
- abandonment and neglect, including the denial of access to medication;
- absence of free and informed consent and legal compulsion;
- removing communication aids or refusal of assistance to communicate;
- denying personal mobility;
- refusal of caregivers to assist with daily living such as bathing, menstrual and/or sanitation management, dressing and eating, thus denying the right to live independently and freedom from degrading treatment;
- denial of food or the threat thereof;
- bullying, verbal abuse and ridicule on the grounds of disability;
- psychological manipulation.

United Nations, General Comment No. 3 on women and girls with disabilities (2016)

3

VIOLENCE AGAINST GIRLS AND WOMEN WITH DISABILITIES

Efforts to protect the rights of girls and women with disabilities from exploitation, violence and abuse are often hindered by the effect of harmful stereotypes that see them as inferior, normalize degrading treatment and increase their risk of, and exposure to, violence.

In many countries there is still the perception that women with disabilities are asexual or hypersexual, a situation that often leads to an abusive control of their behavior and actions to subject them to coercion upon making decisions regarding their sexuality, all of which prevents them from exercising their right to be protected from exploitation, violence and abuse described in Article 16 of the CRPD.

General Comment No. 5 of the Committee on the Rights of Persons with Disabilities (2016) highlights the fact that women with disabilities face multiple disadvantages in connection with the enjoyment of their sexual and reproductive health and rights, equal recognition as a person before the law, and access to justice. In addition to the obstacles resulting from multiple forms of discrimination on the grounds of gender and disability, women with disabilities may face harmful eugenic stereotypes that assume that women with disabilities give birth to children with disabilities and, therefore, are discouraged or prevented from realizing their right to motherhood, even if they want to (CRPD/C/GC/3, 2016)

In our region, a study conducted in Chile, Costa Rica and Uruguay (2016) found that 70% of women with disabilities experience gender violence and situations of exclusion and marginalization⁷. It also found that women with disabilities are often the target of forced medical treatment performed without their consent⁸.

7. http://www.sigachile.cl/wp-content/uploads/2016/05/Resumen-Ejecutivo-Estudio-Exploratorio-sobre-Violencia-contra-las-mujeres-con-discapacidad-2016_vf-1.pdf

8. <http://www.ohchr.org/SP/HRBodies/CRPD/Pages/CRPDIndex.aspx>

A similar report released by a group of experts convened by the UN (2013) confirmed that violence against women and girls with disabilities is four times higher compared to the population in general, especially when they are in situations of isolation, such as women institutionalized and those living in rural areas⁹.

Likewise, the different reports of the Committee on the Rights of Persons with Disabilities for our region express their concern over situations that violate the basic rights of women with disabilities, such as the excessively common declaration of incapacity and the indiscriminate use of legal mechanisms such as guardianship, which suppress basic civil rights. In the case of adolescent girls and young women with disabilities, this results in the repeated use of abusive practices such as forced sterilization or coerced abortions without the consent of women or their families.

The UN Special Rapporteur on Disability (2017) has also pointed out that it is in the intersection between disability and gender that the most serious forms of discrimination and human rights violations occur. The report highlights the fact that “girls and young women with disabilities are, almost without exception, prevented from making autonomous decisions with regard to their reproductive and sexual health”.

It is for this reason that highly discriminatory, harmful and forced practices are common. Many of these practices occur at residential facilities, within families or in communities in remote regions and indigenous communities.

In this regard, a particularly important aspect is that of protecting the legal capacity of girls, adolescent girls and women with disabilities, particularly in the context of their sexual and reproductive rights. In many countries, the restriction or suppression of their legal capacity can lead to forced interventions, such as sterilization, abortion, contraception, female genital mutilation, surgical interventions and forced institutionalization¹⁰.

9. <http://www.mediabanco.com/2016/05/18/dan-conocer-estudio-exploratorio-violencia-genero-discapacidad-america-latina-caribe/>

- According to UN data, as many as 7 out of every 10 women with disabilities reported having experienced physical and/or sexual violence at some point in their lives.
- As many as 50 percent of these aggressions were committed against girls with disabilities under the age of 16.
- Deaf women or women with moderate intellectual disabilities are particularly vulnerable to this type of violence.

Addlakha, Price & Heidari (2017)

10. See Committee on the Rights of Persons with Disabilities. General Comment No. 1 (2014) on equal recognition before the law, paragraph 35.

According to the CRPD, women with disabilities should be able to exercise their legal capacity and make their own decisions, with support where required, regarding medical care or therapeutic treatment, including decisions such as:

- preserving their fertility and their reproductive autonomy;
- exercising their right to decide on the number and spacing of their children;
- giving their consent and accepting a declaration of paternity or maternity; and
- exercising their right to establish couple relationships and respect for their intimacy.

4

THE SEXUAL AND REPRODUCTIVE HEALTH OF PERSONS WITH DISABILITIES

Given the universal and inalienable nature of human rights, all persons, including persons with disabilities, without exception, are holders of sexual and reproductive rights.

While the Cairo Programme of Action explicitly states that governments must recognize the reproductive health needs of persons with disabilities, including family planning and their sexual health, and eliminate the discrimination they may be subjected to in connection with their reproductive rights (measure 6.30), the CRPD is the first binding legal instrument that makes reference to sexual and reproductive health as a human right of persons with disabilities.

Two articles of the CRPD highlight the right of persons with disabilities to sexual and reproductive health and make reference to the need to promote their access to quality care and programs. Article 23 of the CRPD recognizes “the right of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information and reproductive and family planning education”. Article 25, on the other hand, imposes on the State the obligation to “[provide] persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health.”

Improving accessibility to sexual and reproductive rights involves much more than building a ramp. The first step to advance the implementation of sexual and reproductive health services and programs inclusive of PWDs requires a strategy to raise awareness and educate society as a whole about their rights.

MOST COMMON MYTHS

The asexual, infantile and dependent image of persons with disabilities is one of the main factors leading to the violation of their sexual and reproductive rights. The following are some of the most common myths:

- They are asexual –they do not have sexual desires or fantasies.
- They do not need to have sexual intercourse. All they need is love.
- They are like children, are naive, like little angels.
- Their sexuality is uncontrollable.
- They are not autonomous and cannot have “normal relationships”.
- They cannot, or should not, have children of their own.

4.1 Stereotypes and myths around persons with disabilities

The majority of conflicts and difficulties persons with disabilities face in connection with their sexuality do not stem from their disability, but from the myths, prejudices and fears still deeply-rooted in society. These stereotypes and prejudices lead to discriminatory behaviors that violate their sexual and reproductive rights and are a very concrete barrier to their access to comprehensive sexuality education, violence prevention and STI prevention programs, including HIV and healthy motherhood, among others.

These stereotypes must be deconstructed so persons with disabilities can live their sexuality with dignity by facilitating access to

the exercise of those rights in safe conditions and following their desires. The “invisibilization” and denial of their sexuality leads many persons with disabilities to exercise their sexuality in a precarious and hidden manner, with little information and feelings of guilt, all of which can jeopardize their physical and psychological health.

Given the widespread belief that persons with disabilities lack the autonomy to make decisions regarding their sexuality, it is common to find health services that refuse to give them appointments or simply deny them access to preventive procedures such as mammograms, cytology tests, condoms or other contraceptive methods, as well as sexual and reproductive health information or counseling.

And families themselves often deny and repress the sexual needs and desires of their children with disabilities, and tend to control their daily activities, limiting their autonomy. In this context, there is also a tendency to normalize abusive or manipulative forms of treatment and to not believe an adolescent girl or young woman with disabilities who makes the decision to report sexual abuse or a rape.

Invisible to sexual and reproductive health services and programs and repressed by families and societies that ignore their rights, persons with disabilities are denied access to the essential tools they need to live a safe and healthy sexuality:

- They do not receive basic information about their sexual and reproductive rights.
- They do not have access to comprehensive sexuality education.
- They are invisible in prevention campaigns, which almost always ignore accessibility criteria.

Many children with disabilities reach adolescence without having received basic information or acquired the tools they need to take care of themselves and interact with their peers.

Often deprived from the autonomy they need to meet their basic daily needs such as eating, cleaning themselves or preserving their intimacy, these young people are highly exposed to violence, abuse and sexual manipulation.

4.2 Motherhood, fatherhood and disability

The CRPD recognizes the right of women and men with disabilities to have children and a family. However, when a person with disabilities expresses his/her desire to become a mother or a father, they are often met with attitudes from their own families or health professionals that make them feel questioned or not supported in the exercise of their rights.

The widespread idea that persons with disabilities cannot or should not be parents stems from misbeliefs or prejudice, for example, the idea that disability is passed on from parents to children, that a person with disabilities is dependent and will not be able to take good care of his/own children, that he/she lacks the autonomy to do so, or a parent with disabilities will be a burden for his/her children.

The reality is that, as long as a person has the capacity to love others, protect them and make positive decisions for their wellbeing, with or without support, that person can have children, and no one should make that decision for them. And they should be able to do so on an equal basis with others.

For women and men with intellectual and psychosocial disabilities, this situation can be riskier and even more confusing. Stigma will often cause their behaviors to be perceived as hypersexual or “naive”, when in reality they lack comprehensive sexuality education and the opportunity to develop skills and strategies that allow them to manage their desires and needs appropriately.

The legal framework and institutions responsible for their protection are seldom prepared to deal with this type of situations in the context of the rights established in Article 12 of the CRPD. Finally, the lack of

support for their families often leads to the adoption of violent and coercive measures that violate the fundamental right of these women to understand and make decisions regarding their bodies and life projects. And this situation means young women are often subjected to forced sterilization procedures, hysterectomies and abortions without giving them an opportunity to decide, much less understand what is happening to them.

Many women and men with intellectual, physical and sensory disabilities are deprived of their legal capacity, which causes them to lose custody of their children, especially if they are going through a divorce, are institutionalized or in situations of particular social or financial vulnerability. Other women and men with disabilities experiencing similar situations must tolerate abusive or violent couple relationships out of fear of losing the custody of, or the right to raise, their children as a result of court decisions that, on the grounds of their disability, could determine their behavior is negative.

Some persons with disabilities may require support to carry out their parental duties, but all individuals need the same support to some extent or another. The CRPD states that, if a family requires some form of assistance to carry out their parental duties, it is the State's obligation to provide it. Article 23 (on Respect for Home and the Family) establishes the States Parties' obligation to ensure the right to motherhood and provide assistance, where necessary, so persons with disabilities can fulfill their child-rearing responsibilities, and specifies that in no case should a child be separated from his or her parents on the basis of a disability of either the child or one or both of the parents.

5

THE VIP STRATEGY: HOW UNFPA WILL PROMOTE THE RIGHTS OF PERSONS WITH DISABILITIES

This section describes the guiding principles and general guidelines proposed to guide UNFPA's technical assistance and regional cooperation in the area of disability. This proposal was developed based on a documentary review and interviews with key informants from the organization, which allowed us to gather information on different experiences and lessons learned, analyze emerging opportunities provided by the international and regional context and the organization's Strategic Plan, and identify opportunities for action in the current regional program, existing capabilities and the gaps we need to bridge to achieve concrete results.

5.1 A two-pronged approach

Advocating the rights of persons with disabilities and the implementation of programs advocating their rights **should not be proposed as “new” actions isolated or separated from our current priorities and action strategies.** This proposal is not about creating additional programmatic spheres, formulating “specialized” proposals or working in silos.

On the contrary, efforts must be made to **raise the visibility of the rights and needs of persons with disabilities and incorporate them in all policies, programs and activities in a cross-cutting fashion,** thus contributing to better outcomes in terms of their quality and coverage.



However, to achieve that, an informed, cross-cutting and systematic perspective of inclusion must be adopted so that, both within the organization and in the relationship with our national partners, we can bring attention to, include and consider the participation of persons with disabilities. This “two-pronged approach” means that, in some cases, affirmative actions will also be required to meet the needs of persons with disabilities, taking into account the context and the scope of action. For example, while some development strategies may take into account gender and disability factors in the spheres of education, health or violence prevention, to ensure the full participation of women with disabilities, additional actions may be required, for example, the provision of information in adapted and accessible formats, specific support for transportation or infrastructure, or the availability of interpreters, mediators or specific technologies so all persons have access to equal opportunities.

It is important to note that many of the needs of persons with disabilities related to access, inclusion and the temporary or permanent support they need to exercise their rights are not precisely the needs of a particular or specific group. In fact, those tools are necessary to improve conditions of access and usability for the population as a whole, because we are talking about human needs that will be present throughout the life cycle. Removing access barriers is an opportunity to improve and adapt public policies and services based on the principles of “universal design” proposed by the CRPD. Those health centers or health professionals who are prepared to understand and address the needs of persons with disabilities will be better equipped to deal with human diversity in all its forms and manifestations.

5.2 Guiding principles

As already explained, we are proposing three guiding principles to guide UNFPA's actions in connection with this issue: **VISIBILITY, INCLUSION** and **PARTICIPATION**

Raising the **VISIBILITY** of persons with disabilities as part of the general population involves raising awareness of their rights, but also generating and disaggregating data about their needs, with a broad perspective, so that all development actions take their needs into consideration.

The **INCLUSION** of persons with disabilities involves taking into consideration the two-pronged approach in all actions, services and programs, eliminating barriers and ensuring the provision of the support and reasonable accommodation many persons need to access sexual and reproductive health services and protection against gender-based violence (GBV).

Promoting the **PARTICIPATION** of persons with disabilities involves recognizing their historic message: "Nothing about us without us". The only way to ensure new laws, programs and actions to advocate the sexual and reproductive rights of persons with disabilities achieve a higher level of equality is by engaging persons with disabilities (especially young people) from the beginning. Persons with disabilities are the main experts in their own needs and capabilities: they know the barriers they face because they must deal with them every single day. And they also have the vision, creativity and sensitivity required to contribute to the development of more inclusive strategies and solutions to ensure the rights of all and reduce the vulnerability of the most disadvantaged groups.

5.3 Strategic objectives

The following guiding principles will be incorporated in all our programs, with our 2018-2021 Strategic Plan and the 4 outcomes described in it as a reference framework. Therefore, our aim is to mainstream the different issues and priorities related to persons with disabilities in the expected outcomes of the United Nations Population Fund's Strategic Plan. The 4 outcomes of the VIP Strategy are the following:

To address the challenges described in this document and advance the inclusion of persons with disabilities in all their actions, regional programs must develop strategies and permanent institutional mechanisms that go beyond the expected outcomes of the current Strategic Plan and are consolidated as permanent tools for institutional and programmatic actions. The following are some of these priorities:

- Position the issue of disability within and outside the organization by including it in all CPDs with governments as proposed in the Strategic Plan and such as some governments in the region have been doing in recent years.
- Build internal capacities, taking advantage of all education, discussion and development opportunities to address the challenges posed by the VIP strategy, and share lessons learned in the different countries.
- Develop human resources policies that include persons with disabilities, increasing their participation as permanent employees, consultants or partners in the different programs.
- Develop inclusive communication tools, ensuring accessibility for, and the visibility of, persons with disabilities in all the organization’s websites, networks and campaigns.

•All persons with disabilities in Latin America and the Caribbean utilize SRH services and exercise their reproductive rights, without coercion, discrimination or violence (Strategic Plan Outcome 1).

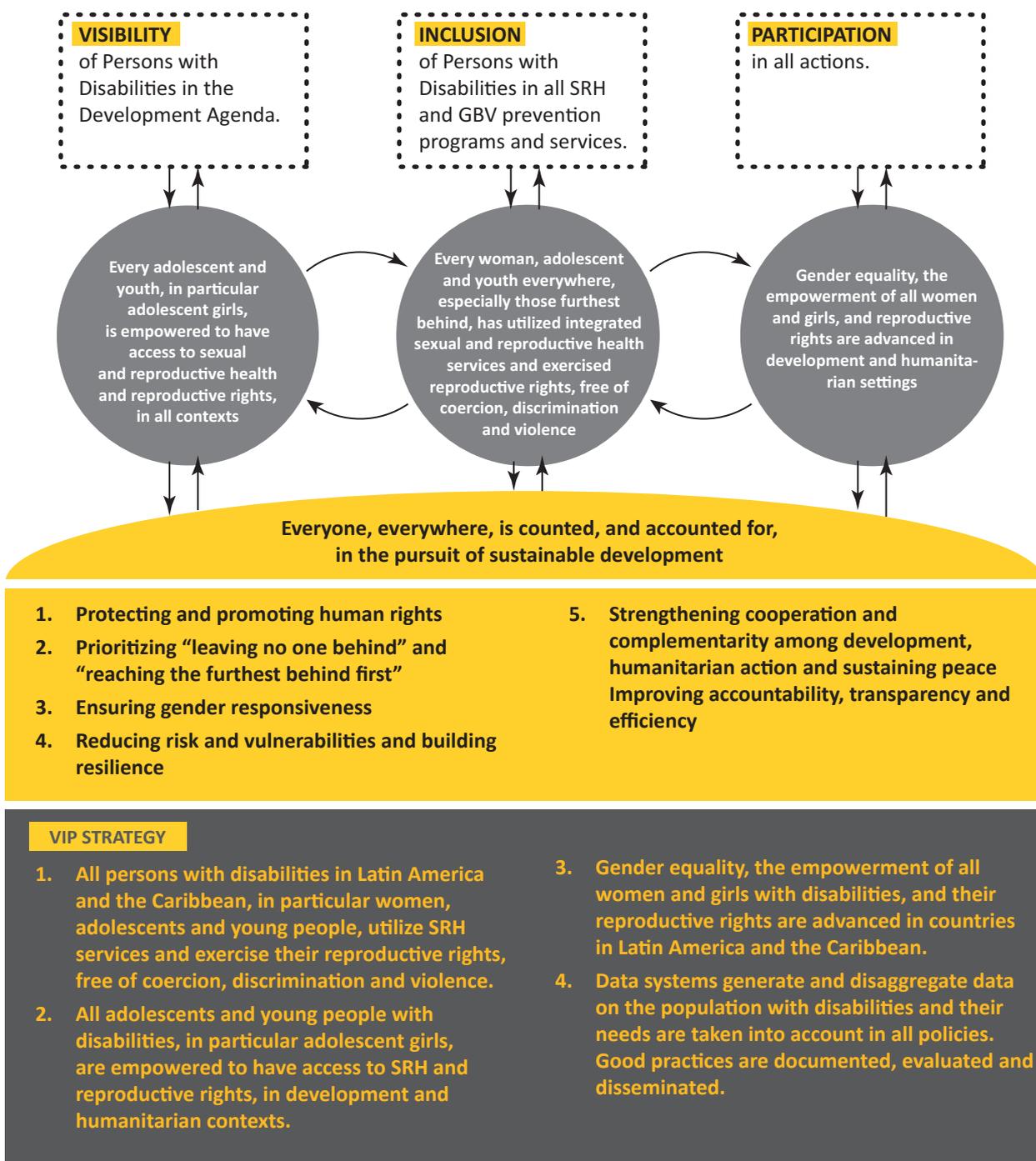
•All adolescents and young people with disabilities, in particular adolescent girls, are empowered to have access to SRH and reproductive rights, in all contexts. (Strategic Plan Outcome 2).

•Gender equality, the empowerment of all women and girls with disabilities, and their reproductive rights are advanced in countries in Latin America and the Caribbean. (Strategic Plan Outcome 3).

•Data systems (national censuses, surveys, studies and administrative records) generate and disaggregate data on the population with disabilities and their needs are taken into account in all policies. (Strategic Plan Outcome 4).

The following is an explanation of how the guiding principles described herein can be applied to each of the different outcomes described in the Strategic Plan and the Regional Program, specifying, to the extent possible, the main priorities and opportunities that in each case can guide the actions of LACRO and country offices.

A TWO-PRONGED APPROACH



A QUICK ASSESSMENT	YES	NO
<i>Have all the staff members in your Office received training on disabilities?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are all the staff members in your Office familiar with the Convention on the Rights of Persons with Disabilities?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you established a relationship with local organizations of, or working for, persons with disabilities? Do you have a system in place to facilitate open discussions and share information on the sexual and reproductive health and needs of persons with disabilities?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has the issue of disability been included in UNDAF and your CPD?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has your office reviewed current programs, projects and initiatives to ensure persons with disabilities are visible and included, and are participating in them?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is there a specific disability project or initiative in any of the outcomes of your Country Program?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you have technical documents, good practices or communication materials on the subject?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you proposed new activities and programs to ensure the best participation possible of persons with disabilities?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do your work plans with national partners include specific actions to improve access by PWDs to SRH and a life free of GBV?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has your office defined parameters for the inclusion of persons with disabilities in your activities, and are you monitoring and evaluating current systems to ensure these parameters are followed? Is the work done with adolescents and young people inclusive of adolescents and young people with and without disabilities?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you reviewed local and national laws and regulations related to health and health care to identify where persons with disabilities should be included?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you reviewed national laws related to persons with disabilities and access to sexual and reproductive health to confirm they are consistent with ICPD and the CRPD?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has your office verified if and how these laws are being implemented?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is there any information on the implementation of those laws available to organizations of, and working for, persons with disabilities and other civil society stakeholders?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are persons with disabilities included as part of diversity in images and campaigns, communicating a positive image that challenges stereotypes, in addition to promoting the concept of equal rights for PWDs?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you included topics related to disability in your surveys and research?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has your office reviewed the budget to ensure resources have been allocated for the inclusion of persons with disabilities?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are there any persons with disabilities working in your office? Are they hired as consultants, service providers, trainers, vendors, etc.?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you made arrangements to facilitate access by PWDs in your office? Have you verified the accessibility of your Office’s website and digital communications?</i>	<input type="checkbox"/>	<input type="checkbox"/>

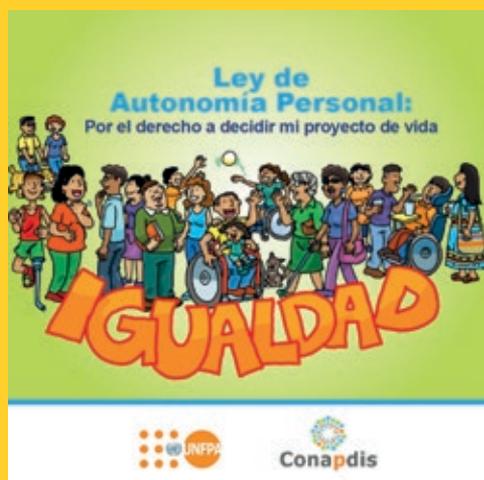
5.4 Programmatic outcomes and the VIP strategy

In this section, we will initially describe how each of the outcomes in UNFPA's Strategic Plan translates into a specific outcome for the realization of the rights of persons with disabilities. The purpose of this exercise is to reinterpret the outcomes of the 2018-2021 Strategic Plan from the perspective of disability and our VIP Strategy, "Visibility, Inclusion and Participation".

Based on the current situation and priorities identified for each outcome, we will point to the possible "gateways" or opportunities to implement the VIP Strategy in UNFPA's regional and national programs, in addition to a catalog of key actions to undertake in this period that will have to be reviewed in the light of the context in each country, resources available and your capacity to build partnerships. We also share some inspiring experiences already being promoted by UNFPA in the region.

Law on the Personal Autonomy of Persons with Disabilities. Project for the Right to Decide my Life. Costa Rica

UNFPA Costa Rica and National Council for Persons with Disabilities (CONAPDIS).



Personal autonomy, that is, the right and freedom of individuals to make their own decisions and build their life project, is a basic and essential right of all individuals. It is also the basis of respect for the inherent dignity of human beings. However, this right and freedom have long been denied to persons with disabilities, especially those with cognitive and psychosocial disabilities. In the spirit of the Convention on the Rights of Persons with Disabilities, and more specifically its article 12, Costa Rica passed the Law on the Promotion of Personal Autonomy of Persons with Disabilities (Law No. 9379 of August 18 2016), the objective of which is to promote and guarantee, for all persons with disabilities, the full exercise, on an equal basis with others, of the right to personal autonomy. With this law, the country ended years of a legal tradition that considered that certain persons with disabilities lacked the capacity to make their own decisions not only from the standpoint of ownership (for example, signing contracts, getting loans) but also in connection with the exercise of civic rights (for example, voting) and individual rights (for example, in the sphere of



sexual and reproductive rights or parenthood). Among other things, the law establishes personal assistance mechanisms to guarantee legal equality and make the autonomy of persons with disabilities a reality.

This law also moves away from the medical and charity-focused paradigm that considers persons with disabilities as incapable of controlling their own lives and, instead, adopts the paradigm of the social model of disability that focuses on the removal of obstacles in the environment that hinder full equality among persons with disabilities.

The United Nations Fund for Population Activities (UNFPA), together with the National Council for Persons with Disabilities (CONAPDIS), produced an easy read and summarized version of the Law to disseminate and promote its application through the use of popular education resources.

Outcome 1

SEXUAL AND REPRODUCTIVE HEALTH

All women, adolescents and young people everywhere, especially those furthest behind, exercise their reproductive rights and utilize integrated sexual and reproductive health services, free of coercion, discrimination and violence.

VIP Strategy

All persons with disabilities in Latin America and the Caribbean, in particular women, adolescents and young people, utilize SRH services and exercise their reproductive rights, free of coercion, discrimination and violence.

Current situation and gateways

In most countries in the region, access by persons with disabilities to their sexual and reproductive rights, as well as their presence in sexual and reproductive health services, is very limited. As already explained, there is a huge lack of knowledge and a series of myths and taboos around

the sexuality of persons with disabilities that lead to mutual distrust and low demand for care. A series of physical, behavioral and communication obstacles prevent persons with disabilities from access to health prevention and care. The majority of programs, services and health care professionals do not see persons with disabilities as part of their target population, programs lack consultation or participation mechanisms, and negative attitudes and other barriers that hinder and discourage access still prevail.

In other parts of this document we have already made reference to some of the main barriers that prevent persons with disabilities from realizing their rights and gaining access to sexual and reproductive health services.

Common barriers faced by persons with disabilities in access to sexual and reproductive health services (adapted from United Nations, 2016)	
	Physical access barriers to health services and lack of adaptive equipment.
	Lack of access to transportation to go to health centers or rehabilitation clinics.
	Lack of training among health workers, communication barriers and negative stigmatized attitudes that lead to rejection and discourage persons with disabilities from accessing their rights.
	Practices that fail to protect the basic principles of privacy and informed consent, or guarantee access to decision-making support systems, especially in relation to legal abortion and sterilization.
	Attitudinal aspects, such as rejection, paternalism and overprotectiveness, that deny the sexual and reproductive rights of persons with disabilities.

As regards the potential gateways in connection with this outcome, at the regional level, **UNFPA will promote and advocate the right of persons with disabilities to SRH as part of its programmatic agenda and also in the implementation and follow-up of the 2030 Agenda and the Montevideo Consensus.**

It will also **develop advocacy materials and promote the visibility of persons with disabilities in all regional and local actions and forums advocating the sexual and reproductive rights of those groups furthest behind.**

UNFPA will also participate in the design and pilot testing of a Regional Guide for Inclusive Care in services for the protection and promotion of sexual and reproductive health that will include the main recommendations and suggest good practices to promote sexual and reproductive health policies and programs inclusive of persons with disabilities.

Other possible actions include **participating in the design of care protocols for sexual and reproductive health services with respect for the rights of girls and young women with disabilities**, in particular their right to non-discrimination, informed consent prior to medical treatment, intimacy and protection from cruel or degrading treatment.

Finally, **at the regional level, it will promote the presence and participation of organizations of persons with disabilities in regional consultation activities and the preparation of documents and materials related to sexual and reproductive health issues in the Region.**

At the national level, our technical cooperation team will collaborate with government entities, international agencies and civil society organizations through studies to **identify, at the local level, the physical, attitudinal and communication barriers that hinder access to rights, and propose strategies to minimize them.** In this context, the suggestion is to develop **health education, information and communication campaigns in alternative and accessible formats designed to bring attention to the sexual and reproductive rights of persons with disabilities**, in particular adolescent girls and young women, in addition to the creation of interagency and interinstitutional working groups to make the issue more explicit and cross-cutting in the collaborative agenda, as well as proposing territorial demonstrative campaigns or interventions to highlight, and spread information about, good practices.

All persons with disabilities in Latin America and the Caribbean utilize SRH services and exercise their reproductive rights, free of coercion, discrimination and violence.

Strategy	2019-2021 Regional actions	2019-2021 National actions
<p>VISIBILITY</p>	<ol style="list-style-type: none"> 1. Introduce the issue of the rights of persons with disabilities to sexual and reproductive health in regional spaces and forums on the 2030 Agenda, the Montevideo Consensus, the Global Strategy for Women's Children's and Adolescents' Health, and other health and sexual and reproductive health regional forums. 2. Disseminate the findings of UNFPA's We Decide Global Study on access to the sexual and reproductive health of persons with disabilities. 3. Implement regional actions to advocate and promote the rights to sexual and reproductive health of persons with disabilities. 4. Systematize good statistical management practices in administrative records of the health sector, specialized surveys and research that includes variables that bring attention to the situation and needs of persons with disabilities, to share them with country offices. 	<ol style="list-style-type: none"> 1. Raise the visibility of the sexual and reproductive rights of persons with disabilities (in particular adolescent girls and young women) in national SRH information, communication and education campaigns, with a focus on some of the most important rights, such as the right to informed consent and intimacy. 2. Disseminate UNFPA's We Decide Global Study on the situation of persons with disabilities and their access to sexual and reproductive health. 3. Conduct national studies to identify barriers to the exercise of the right to sexual and reproductive health of persons with disabilities, in addition to analyzing how national legislation promotes the autonomy and legal capacity of persons with disabilities. 4. Create interagency working groups so the issue can be institutionalized and mainstreamed in the United Nations System cooperation for development agenda in the country. 5. Advocate the need to collect information on the situation and living conditions of persons with disabilities in administrative records and specialized health surveys in the country.

INCLUSION

1. Provide technical assistance to countries in order to mainstream the disability approach in health policies, in key areas, through experts, south-south cooperation, etc. (physical accessibility, design of materials, participation).
2. Organize regional campaigns to promote sexual and reproductive health care for persons with disabilities and the realization of their sexual and reproductive rights. These campaigns should convey messages that question stigmatization and prejudice and promote a more inclusive vision of disability as part of human diversity.
3. Regional education activities (online courses, webinars, online forums for the discussion of cases, design of educational materials, etc.) to inform and train health workers on the sexual and reproductive rights of persons with disabilities and challenge prevailing negative attitudes towards their sexuality.
4. Design a Guide on Inclusive Care for persons with disabilities in sexual and reproductive health services, with recommendations to drive improvements in protection from coercive practices and GBV, and test their implementation in several countries in the region.
1. Introduce issues related to the SRH of persons with disabilities in national health plans and policies, including adolescent pregnancy prevention strategies.
2. Technical assistance to improve laws and instruments designed to protect the sexual and reproductive health and rights of persons with disabilities.
3. Capacity building support for the health sector and health service providers for the provision of inclusive care for persons with disabilities, through continuous information and education activities (courses, etc.) targeted at professionals and networks.
4. Extend the training to officials from the justice system, organizations of persons with disabilities and educators, in order to promote a multisectoral response and a comprehensive approach to the health needs of persons with disabilities.
5. Design of guides and protocols of care for persons with disabilities in sexual and reproductive health services, with a rights-based approach and a focus on the right to non-discrimination, informed consent, intimacy and protection from cruel or degrading treatment.
6. In the short term, discourage and promote the prohibition of forced sterilization of girls and young women with disabilities, as well as other involuntary practices, ensuring the protection of the legal capacity of women with disabilities.
7. Advocate the construction or improvement of physical infrastructure in SRH services in accordance with the principles of universal design¹¹.
8. Adapt informed consent forms with accessible formats (easy-to-understand language, Braille and sign language) and develop protocols for their implementation.
9. Include the issue in community discussions around health and sexual and reproductive health with grassroots organizations.

11. The principles of universal design require all programs or services to consider the elements of equitable use, flexibility, simplicity, perceptible information, tolerance for error, low physical effort, and size and space for approach and use.

PARTICIPATION

1. Inform and invite organizations of persons with disabilities and community networks to participate in regional activities in connection with health and sexual and reproductive health so they can share their points of view.
2. Involve persons with disabilities and their organizations in the design and validation of documents and materials related to sexual and reproductive health issues in the region.
1. Mobilize organizations and networks of persons with disabilities so they know their rights and can express their needs.
2. Ensure persons with disabilities and their organizations are consulted and participate in all processes intended to change sexual and reproductive health laws or programs.
3. Ensure the participation of persons with disabilities in training activities, information and communication campaigns, etc.

The Sexual and Reproductive Health Needs of Adolescents with Disabilities TRINIDAD AND TOBAGO

A UNFPA project in collaboration with the Family Planning Association of Trinidad and Tobago (FPATT) and the National Centre for Persons with Disabilities.

Persons with disabilities account for approximately 4.1% of the population in Trinidad and Tobago (CARICOM, 2009), of which 17,000 are young people ages 12 to 29 (Government of Trinidad and Tobago, Ministry of Planning and Sustainable Development, 2011). Children with disabilities are 4 times more likely to experience violence, 3.6 more likely to become victims of physical violence, and 2.9 times more likely to become victims of sexual violence. This situation of violence is compounded by the fact that persons with disabilities depend on their abusers physically and financially, and lack the capacity or the resources to recognize and report the abuse and, when they manage to do so, services are not accessible or they are revictimized by medical, legal or social services workers. This places them in a situation of increased vulnerability to unwanted pregnancy and HIV infections.

In this scenario, UNFPA partnered with FPATT and the NCPD to educate parents, caregivers and health providers on the SRH needs of adolescents and young people. Two workshops were held in San Fernando, Trinidad. These efforts resulted in the following recommendations in connection with SRH and persons with disabilities: 1) promote, through education, the empowerment of persons with disabilities so they can make their own decisions; 2) include training and support for children and adolescents with disabilities (0-17 years of age) in school curricula; 3) continue to educate and support caregivers; 4) train health workers in the use of Braille and sign language.

Como resultado de esta colaboración, FPATT está facilitando Educación Integral de la Sexualidad en 10 escuelas privadas en Trinidad y Tobago, dos de las cuales tienen alumnado con discapacidad. Una propuesta conjunta entre FPATT y el UNFPA ha sido preparada para movilizar recursos y ofrecer información y servicios de SSR a jóvenes con discapacidad en Trinidad.

Outcome 2

ADOLESCENTS AND YOUNG PEOPLE

All adolescents and young people, in particular adolescent girls, are empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

VIP Strategy

All adolescents and young people with disabilities, in particular adolescent girls, are informed and empowered to exercise their sexual and reproductive rights.

Current situation and gateways

The difficulties posed by a non-inclusive environment usually have a strong impact on the life projects of adolescents and young people with disabilities. They often limit their access to basic rights such as receiving quality education, access to health and rehabilitation services, their inclusion in the labor and productive market and social participation.

While there is not enough data to identify their actual impact on the different access barriers and the strategies they use to overcome them, it is rather obvious that participation proposals are required to mobilize, integrate and empower persons with disabilities so they can know and exercise their rights. **Young persons with disabilities have the right to express themselves, be heard and be taken into account. States must create programs designed to break the circle of invisibility and silence.**

They should **have access to information and comprehensive sexuality education in accessible formats** so they can express themselves openly and develop their life projects without coercion or censorship. It is also important to develop laws and protocols to ensure their access to free and informed consent in connection with their health, offering them and their families support to avoid being coerced upon making decisions regarding any medical procedure.

UNFPA will work in different regional forums and spaces (SDGs, Montevideo Consensus and others) to bring attention to the rights of young persons and girls with disabilities. It will also continue to promote the participation of young persons with disabilities in regional consultations and forums. The outputs of these consultations will be used to make recommendations and promote regional and national participation and empowerment experiences.

At the national level, our technical cooperation will be aimed at assisting in the development and distribution of sexual and reproductive health information, education and communication materials and, at the same time, educating and empowering adolescents and young people with disabilities to act as multipliers in their own organizations and networks.

Several countries already have experiences in the integration of young people with disabilities in services and rights advocacy networks that have sought their inclusive participation and synergies between them and different public initiatives and programs advocating young people's right to sexual and reproductive health.

Adolescents and young people with disabilities are empowered to access SRH and exercise their rights in all contexts.

Strategy	2019-2021 regional actions	2019-2021 national actions
VISIBILITY	<ol style="list-style-type: none"> 1. Raise the visibility of adolescents and young people with disabilities in the follow-up and monitoring of, and initiatives linked to, the SDGs, the Montevideo Consensus, the Convention on the Rights of Persons with Disabilities, etc. 2. Bring attention to the situation of adolescents and young people with disabilities through the development of information and resources, in addition to the organization of webinars and training events. 3. Mapping of regional and national organizations and networks of adolescents and young people with disabilities. 4. Invest and mobilize resources in programs designed to spread information on the rights of girls and young women with disabilities to sexual and reproductive health, a life free of violence and their full development. 5. Include persons with disabilities as part of diversity in campaigns and images, as well as dissemination and communication materials, communicating a positive image that challenges stereotypes, and promoting the concept of equal rights for PWDs. 	<ol style="list-style-type: none"> 1. Highlight the situation of adolescents and young people with disabilities in reports on the implementation and monitoring of the SDGs and the Montevideo Consensus. 2. Conduct specific studies on the needs and challenges faced by adolescents and young people with disabilities, especially those who can be more vulnerable (girls and adolescent girls and those living in institutions, rural areas and indigenous communities, etc.). 3. Mapping of organizations of adolescents and young people with disabilities. 4. Communication and advocacy activities in connection with the rights of adolescents and young people with disabilities, including their right to full development. 5. Include persons with disabilities as part of diversity in campaigns and images, as well as dissemination and communication materials, communicating a positive image that challenges stereotypes, and promoting the concept of equal rights for PWDs. 6. Invest and mobilize resources in programs designed to spread information on the right of girls and young women with disabilities to sexual and reproductive health, a life free of violence and their full development.

<p>INCLUSION</p>	<ol style="list-style-type: none"> 1. Technical assistance and cooperation between countries for the adoption of practices inclusive of adolescents and young people with disabilities. 2. Promote Comprehensive Sexuality Education for adolescents and young people with disabilities, using the technical guidelines approved by the UN as a reference. 3. Produce technical documents on specific topics for their dissemination among adolescents and young people with disabilities (booklets on sexual and reproductive rights, inclusive adolescent pregnancy prevention, STIs-HIV, safe motherhood, non-violent dating, etc.). 4. Document and systematize inclusion experiences and lessons learned. 	<ol style="list-style-type: none"> 1. Promote the inclusion of disability-related issues in the planning and development of public policies on adolescence and youth. 2. Provide technical assistance for the formulation of laws, policies, programs and protocols related to the sexual and reproductive rights of young people with disabilities and, in particular, sexual and reproductive health and comprehensive sexuality education. 3. Develop and disseminate accessible comprehensive sexuality education materials designed for adolescents and young people with disabilities. 4. Capacity building support for partners through information, training and awareness raising actions, to include young people with disabilities in programs and services targeted at adolescents and young people, especially those designed to address SRH or violence. 5. Identify issues related to disability (needs, barriers, support mechanisms) in service improvement strategies and programs. 6. Activities to consult young people about programs, projects and services. 7. Document and systematize inclusion experiences and lessons learned.
<p>PARTICIPATION</p>	<ol style="list-style-type: none"> 1. Promote the participation of young people with disabilities in regional consultations, forums, activities and key decision-making spaces. 2. Improve the coordination of networks of organizations of young persons with disabilities with other youth networks in the region 	<ol style="list-style-type: none"> 1. Promote the participation of young people with disabilities in national consultations, forums and activities. 2. Train young people with disabilities as multipliers for their participation in rights advocacy programs. 3. Promote partnerships between adolescents and young people with and without disabilities to advocate and realize the rights of young people, in particular their sexual and reproductive rights and their right to a life free of violence.

¡Decímelo a mí! (You tell me!) and CRPD 2.0 - URUGUAY

These are two initiatives of the Uruguayan Foundation for Disability and Inclusive Development (iiDi) that, with support from UNFPA and the movement Estamos Tod@s en Acción, META (“We’re All in Action, Young Latin American Activists for Inclusive Development), promote the sexual and reproductive rights of young people with disabilities in Uruguay.

Young people with disabilities in Uruguay face significant inequalities in access to information on sexual and reproductive health. This situation is a violation of several of their basic rights, including those of access to services, knowledge and information, their own bodies and their sexuality. And the problem is compounded by the lack of knowledge and appropriation of the Convention on the Rights of Persons with Disabilities (CRPD) by the majority of society. The population of deaf persons faces an additional challenge: sexual and reproductive health information campaigns seldom use sign language. This means they do not have access to materials with reliable information and must often resort to informal information sources that are often full of myths and misconceptions.

In response to this situation, a pilot project was implemented with two strategic areas of action:

- “*Decímelo a mí*” (“You tell me”) is a project to promote sexual and reproductive health through the participation of deaf adolescents and young people and the production of universal access materials based on the use of new technologies.
- “*Convención 2.0*” (“Convention 2.0”) is a strategy to share information and raise awareness about the CRPD based on youth engagement and the production of universal access education materials.

The initiative included training sessions for a group of more than 70 deaf adolescents and young people from the Montevideo Metropolitan Area, who also received support from young members of the META Network in Argentina. They had an active participation in training and advocacy activities, as well as the use of new technologies, in particular an Augmented Reality app, an inclusive and innovative communication tool that allows for the use of text, audio and sign language messages. 2 websites and a series of postcards and posters on the topics of sexual and reproductive health, rights in general and everyday life were produced collectively. Networks of youth organizations and organizations of persons with disabilities worked together to amplify the message and disseminate materials. All these efforts allowed them to convey an inclusive identity, amplify young people’s messages on rights and raise the visibility of deaf adolescents and youths with their own proposals and actions.

Now, the challenge lies in consolidating and expanding this strategy for the participation of deaf young people to reach adolescents and young people with this and other disabilities in Uruguay who are excluded from opportunities to access their rights.

For additional information, go to:
<http://laconvencion.16mb.com/web/>
<http://decimeloami.com/web/>

Outcome 3

EQUALITY OF GENDER AND EMPOWERMENT OF WOMEN

Gender equality, the empowerment of all women and girls, and their reproductive rights are advanced in humanitarian and development contexts.

VIP Strategy

The empowerment of all women and girls with disabilities, their sexual and reproductive rights and gender equality are advanced in Latin America and the Caribbean.

Current situation and gateways

At present, the vast majority of girls, adolescent girls and women with disabilities in our region are excluded from sexual and reproductive health care and efforts to fight gender-based violence. Their rights are often ignored by public policies designed to promote gender equality and women's rights and, in particular, by sexual and reproductive health services and programs, a situation that exposes them to serious risks and violates their basic rights. Organizations and spaces inclusive of girls and women with disabilities, on the other hand, are often weak in terms of their convening power and resource mobilization capacity. And they often lack the capacity to meet their gender-based violence and sexual and reproductive health care needs. This relationship, characterized by a twofold lack of knowledge, must be addressed through non-compartmentalized strategies with the capacity to **generate an agenda that allows for the intersection of disability and gender.**

At the regional level, one of the priorities will be to **advocate the sexual and reproductive rights of women with disabilities and bring attention to gender violence and the harmful practices they are subjected to in different forums** (the Forum of Countries, the Regional Conference on Population and Development, the Regional Conference on Women, etc.) and human rights monitoring mechanisms (UPE, CEDAW, CRPD, etc.).

It will also be important to pay attention to, and publicize the results of, the We Decide Global Study on issues related to women with disabilities and mobilize resources for additional studies to generate evidence and a baseline on the situation of girls and women with disabilities. This is in addition to new analyses to understand the intersection between gender inequalities and disability, with a focus on women and young people with disabilities in the region.

The national strategy will include different actions to attract the attention of authorities, government officials, individuals responsible for health and justice services and mechanisms for the advancement of women, as well as to strengthen women's organizations and organizations of persons with disabilities **to eradicate the violation of the rights of women with disabilities and make violence against women and girls prevention, care and restitution systems inclusive.** One of these actions should consist of training for health providers and the police and justice sectors to eliminate communication and attitudinal barriers to care and develop inclusive roadmaps for the protection of, and assistance for, GBV victims in the context of the comprehensive and multisectoral response to violence, as well as the development of accessible campaigns and materials that allow women and girls to access services so they can realize their right to a life free of violence.

We should also work with health services, the justice system, police stations, shelters, courts and families so that forced sterilization among girls and young women with disabilities is discouraged in the short term and prohibited in the mid term. The same applies to other involuntary practices, where the legal capacity of women with disabilities should be protected and support for their informed consent should be provided.

Gender equality, the empowerment of all women and girls with disabilities, and their reproductive rights are advanced in Latin America and the Caribbean.

Strategy	2019-2021 regional actions	2019-2021 national actions
VISIBILITY	<ol style="list-style-type: none"> Promote the visibility of women with disabilities in the implementation of, and follow-up on, the 2030 Agenda and the Montevideo Consensus, as well as in the different global and regional human rights mechanisms and instruments (CEDAW, CRPD, UPR, Belém do Pará, etc.). Conduct and disseminate research and analyses, as well as other resources, on the situation of women with disabilities, especially in connection with gender violence and sexual and reproductive rights. Figure out the best way to collect appropriate information through the different instruments available (records, surveys and others) on the gender violence situation experienced by women with disabilities. Include this issue in regional internal and external training events. 	<ol style="list-style-type: none"> Promote the inclusion of information on the status of women with disabilities in national reports on CEDAW, CRPD, the Montevideo Consensus and other regional mechanisms. Carry out actions targeted at decision-makers in the executive, legislative and judiciary, service providers and the media, to bring attention to the violation of the sexual and reproductive rights of women with disabilities and the need for inclusive actions to prevent and control GBV. Reinforce the efforts of national institutions in the collection of information on gender violence that includes women with disabilities (records, surveys and others), and disseminate their results. Include this issue in the different events, training courses, etc., organized.

INCLUSION

1. Provide technical assistance to countries to mainstream the disability approach in gender violence policies and plans, in key areas, through experts, south-south cooperation, etc.
2. Promote the inclusion of this issue in the regional implementation of the Programme on Essential Services, Spotlight or other programs to address violence against women and girls.
3. Organize regional campaigns to promote support in the area of gender violence for persons with disabilities and the realization of their sexual and reproductive rights.
5. Implement regional education actions (online courses and forums for the discussion of cases, webinars, design of educational materials, etc.) to inform and train staff from State agencies or bodies on the effective and adequate response to violence experienced by women with disabilities.
6. Develop technical guidelines on Inclusive Care for persons with disabilities in services to address gender violence through the systematization of practices.

1. Provide technical assistance for the formulation of laws, policies, programs and protocols related to gender-based violence prevention, care, sanctioning and restitution to ensure the inclusion of women with disabilities, taking into account their specific needs (for example, establishing safeguards for the exercise of their legal capacity, access to reporting mechanisms and support via helplines, text, video or sign language messages and other accessible formats, access to shelters and other services, etc.).
2. Capacity building support for organizations of persons with disabilities, inclusive schools and networks, to promote inclusive relationships and spaces free of GBV.
3. Advocate the rights of women with disabilities in gender equality policies (laws, policies, action plans, etc.), as well as disability programs and policies (include the gender approach).
4. Training for police officers, prosecutors and judges on the different alternatives to protect girls and young women with disabilities from gender violence.
5. Raise awareness among health service providers of the importance of eradicating forced sterilization practices that affect girls and women with disabilities, as well as other compulsory or involuntary practices that affect their sexual and reproductive rights.
6. Actions to spread information on the rights of women with disabilities targeted at women themselves and their families and communities.
7. Work with the justice system, police stations, shelters and courts to protect the legal capacity of women with disabilities, especially those who are institutionalized, those who are mothers and those facing decisions regarding their SRH whose right to free and informed consent must be protected.
8. Identify key aspects related to disability (needs, barriers, support mechanisms) in service improvement strategies and programs.

PARTICIPATION

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| <ol style="list-style-type: none"> 1. Promote the participation of women with disabilities in regional consultations, forums, activities and key decision-making spaces. 2. Improve the coordination of networks of organizations of women with disabilities with other women's networks in the region. | <ol style="list-style-type: none"> 1. Promote the participation of women with disabilities in advisory, monitoring and planning bodies related to gender and GBV prevention policies. 2. Ensure the presence of women with disabilities in national consultations, forums and activities. 3. Promote the participation of women with disabilities as facilitators, trainers or speakers. 4. Promote partnerships between women with and without disabilities to advocate and enforce women's rights, in particular their sexual and reproductive rights and their right to a life free of violence. 5. Develop materials in accessible formats for the different campaigns. |
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DECIDIMOS! (WE DECIDE!) - ECUADOR

This is a joint initiative of Ecuador's Ministry of Public Health (MSP), the National Council for Equality in Disabilities, the National Gender Equality Council (CNIG) and UNFPA, that involved the participation of adolescents and young people with disabilities, authorities and technicians from the MSP, CONADIS and CNIG.

An approach to sexual and reproductive health and gender-based violence in adolescents and young people with disabilities based on data from the National Population Census shows that:

- 30% of persons with disabilities in Ecuador are under the age of 30, and 13% are between the ages of 7 and 18.
- 80% of women who are mothers and have some form of disability had their first child in their adolescence (43%) and early youth (34%).
- 3% of Ecuadorian women with disabilities had their first child between the ages of 10 and 14, with episodes related to sexual violence.

Source: Population Census, 2010. INEC. Prepared by UNFPA, Ecuador.

With this background information, an interinstitutional work plan was designed to position the issues of SRH and GBV among persons with disabilities in the public agenda. One example is the National SRH Plan of the National Health System. Several normative tools were designed, including a Manual on Comprehensive SRH Care for Persons with Disabilities and a Guide on Sexual and Reproductive Rights and a Life Free of Violence targeted at young people with disabilities. They also conducted research on adolescent pregnancy and disability, and their link to GBV and care challenges. The research evidence will be useful for the design of public policies on these issues. The National Youth Meeting on Rights, Peace and Security allowed young people with and without disabilities to share some of their expectations and needs.

Adolescents and young people with disabilities have low levels of sexual education and little knowledge about sexual and reproductive health and rights. Differences in levels of knowledge have been linked to differences in the type of disability and, therefore, it is important to develop strategies that take those differences into account. Adolescents and young people with disabilities

do not have access to SRH programs like the rest of the population. It is important to ensure the availability of inclusive services.

One excellent learning experience was that of inclusive spaces for young people –students, indigenous and Afro-Ecuadorian young people, young people with disabilities, young people living with HIV, migrants and refugees, among others. These spaces allowed for the analysis of the different realities and an understanding of how young people face the denial of their human rights in different contexts. They showed many young people with disabilities face a double or triple vulnerability to gender based violence and adolescent pregnancy.

Intersectoral work with the collaboration of the Ministry of Health, CONADIS and CNIG was key for the adoption

of a comprehensive approach to the issues of SRH and GBV among adolescents and young people with disabilities. It also strengthened the participating organizations and placed these issues in the public agenda. Capacity building support is required for UNFPA's staff to ensure the availability of quality technical assistance and reinforce the exchange of experiences between the different offices involved in this work.

*For addition information go to: Document, news and material repository - We Decide Ecuador:
<https://drive.google.com/open?id=1F3-4EXVwB13YPU4AzTOqxNvjtEz29Asb>*

Outcome 4

POPULATION AND DEVELOPMENT

Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

VIP Strategy

Data systems (national censuses, surveys, studies and administrative records) are improved to generate and disaggregate data on the population with disabilities and their needs are taken into account in all policies.

Current situation and gateways

In other part of this document we have already made reference to the challenge of the lack of appropriate and comparable information to assess the current situation of persons with disabilities in our region and, thus, identify priorities and opportunities for inclusive action. While the Sustainable Development Goals represent an opportunity to promote development and the rights of persons with disabilities, **it is important to disaggregate data on disabilities for all the key objectives** (health, education, employment, governance, etc.) in order to have comparable parameters, establish a baseline, define inclusive goals and monitor change processes.

There are advanced models and guidelines available that allow for the inclusion of modules on disability in different surveys and studies, as well as in the development of permanent information systems (web portals, observatories, etc.) that are currently being used as reference by different bodies responsible for regional and country statistics and censuses. The idea is to support these improvement processes and continue to stimulate interest in the different countries.

There is also an emerging opportunity in several countries for the disaggregation of data on persons with disabilities through the use of regular **administrative records** such as those in the areas of education and social protection. But for these expectations and interest to translate into a real improvement of data available in the coming years, it will be necessary to mobilize technical and financial resources so those countries can take advantage of these opportunities.

The follow-up on the SDGs and the Montevideo Consensus is an important gateway to generate new actions, improve the technical capacity of countries and sustain the political commitment necessary so data collected can bring attention to persons with disabilities and its analysis and interpretation can translate into action and be accessible and open to the participation of persons with disabilities.

Data systems (national censuses, surveys, studies and administrative records) are improved to disaggregate data on the population with disabilities and their needs are taken into account in all policies.

Strategy	2019-2021 regional actions	2019-2021 national actions
VISIBILITY	<ol style="list-style-type: none"> 1. Advocate the rights of persons with disabilities in interagency spaces and groups, especially in the context of the SDGs. 2. Collaborate with CELADE/ECLAC and the Statistics Commission in the development of regional statistics on disability with a focus on young people, girls and women. 3. Establish a partnership with UNICEF for the use of MICS Surveys, using variables available to measure access to Sexual and Reproductive Health Services and the autonomy of women. 4. Promote the inclusion of information about persons with disabilities in national reports and the regional report on the Montevideo Consensus. 5. Conduct research on demographic transitions, disability and gender inequalities in Latin America and the Caribbean (especially on the demographic dividend and aging). 	<ol style="list-style-type: none"> 1. Collection and expansion of data on persons with disabilities through censuses, surveys, administrative records, clinical records and Big Data. 2. Raise the visibility of GBV against women with disabilities in surveys, administrative records, etc. 3. Develop protocols for the collection of data on women with disabilities in connection with the issues of GBV and sexual violence. 4. Conduct surveys on the situation of women and young women with disabilities living in situations of particular vulnerability, such as those living in institutions, rural areas and indigenous communities. 5. Conduct qualitative research on the needs, access barriers and access strategies for persons with disabilities. 6. Advocate the inclusion of the issue of disability in national reports on the Montevideo Consensus and the SDGs.

INCLUSION	<ol style="list-style-type: none"> 1. Design regional training strategies for census officers to incorporate the Washington Group recommendations in the design of national censuses and surveys. 2. Establish partnerships with organizations of persons with disabilities to promote the inclusion of modules on persons with disabilities in household surveys. 3. Mapping of state of the art in information on disability issues in Latin America and the Caribbean. 	<ol style="list-style-type: none"> 1. Work with National Statistics Institutes to advocate the need to advance the disaggregation of data on disability, design of surveys and retrieval of administrative information. 2. Provide technical assistance to National Statistics Institutes to increase the availability of disaggregated information on disability.
PARTICIPATION	<ol style="list-style-type: none"> 1. Promote the participation of, and consultation with, organizations and networks of persons with disabilities in the design of surveys, censuses and studies.. 	<ol style="list-style-type: none"> 1. Promote the participation of, and consultation with, persons with disabilities and experts in disability-related issues in the design of surveys, censuses and studies.

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