GENDER AND DISABILITY

From a rights perspective: toward an inclusive response to the COVID-19 crisis

LATIN AMERICA AND THE CARIBBEAN

GUIDANCE DOCUMENT

UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities

UN WOMEN

GENDER AND DISABILITY

From a rights perspective:
toward an inclusive response
to the COVID-19 crisis

Practical suggestions for Latin America and the Caribbean UN teams to mainstream the disability and gender approaches in the COVID-19 crisis recovery response
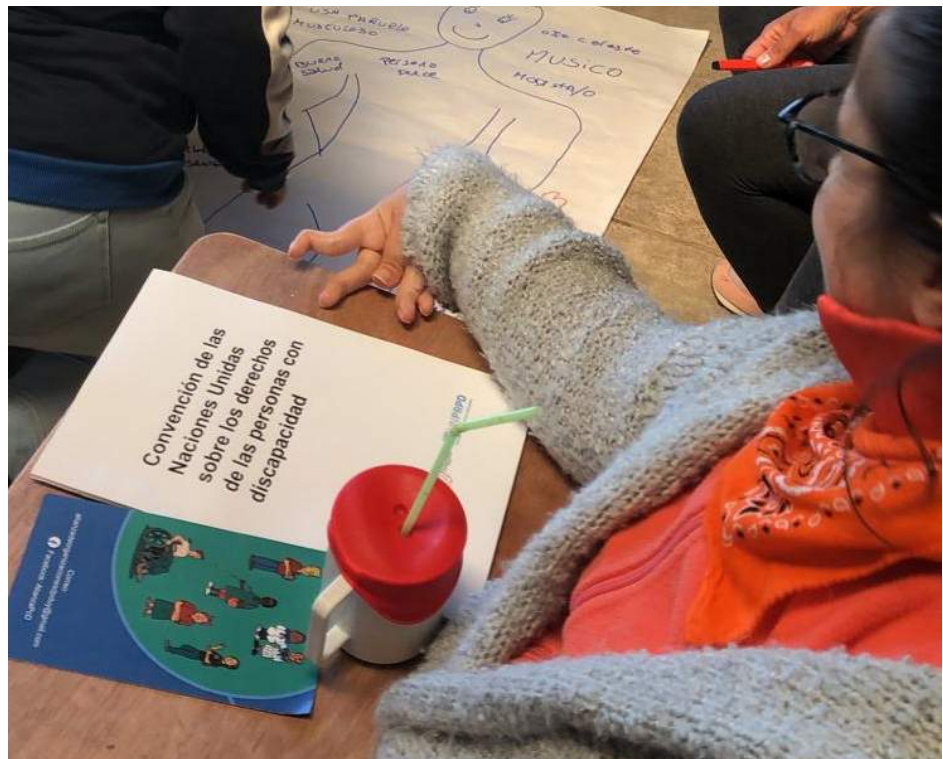
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Figure 1. A young woman with a disability holds a copy of the Convention on the Rights of Persons with Disabilities, November 2019, Uruguay.
Photo credit: G. González

Foreword

Leaving no one behind is a shared responsibility of all United Nations System staff in the process of supporting States, especially during the COVID-19 crisis response and reconstruction efforts. However, ensuring that no one is left behind is one of our biggest challenges ahead. In fact, in this new world, where preexisting inequalities have been exacerbated by the pandemic, the historical exclusion of some population groups is at risk of becoming a gap even more difficult to bridge. The situation of disadvantage for many women and girls with disabilities, who were already marginalized before the pandemic broke out, has been extremely exacerbated. Caught between gender inequalities and disability discrimination, they may face new and multiple forms of violence, often without the possibility of making their needs, solutions and desire to participate heard due to the lack of mechanisms designed to allow their participation and tap their potential.

"[…] There are persons with disabilities, especially women and girls, who are unable to work, to sustain their daily livelihood, to study; women and girls the majority of whom are exposed to violence, who are having difficulty buying food or medicine because social isolation measures are leading to prejudice when it comes to supporting these persons, who cannot not use online platforms to buy products because they are not accessible, and a long list of things they cannot do. While most of these problems are also being experienced by persons without disabilities, the real problem here is that, even though this situation affects the majority of the population, the challenge lies in the fact that persons with disabilities, especially women and girls, lack access, on an equal basis, to their basic rights: work, health, education, food, etc. Thus, the violation or loss of any of these acquired rights becomes a real calamity."

Tatiana Vasconcelos. Uruguayan Alliance of Organizations for the Rights of Persons with Disabilities

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And this is what it is all about: leaving no one behind also means tapping the potential of women and girls with disabilities to make the crisis response and the subsequent reconstruction process more efficient.

Thinking, analyzing, acting and evaluating with a rights-based approach is what will help us overcome the challenge. By adopting a differential and inclusive approach —an intersectional approach to disability and gender, combined with the thousands of intersections that can characterize the life of an individual— we can guarantee and protect rights, which are key to an inclusive egalitarian and sustainable reconstruction process.

In 2019, the launch of the United Nations Disability Inclusion Strategy (UNDIS) helped to raise awareness of the need to integrate a disability-inclusive approach into all UN strategies and interventions among UN Country Teams. However, the health crisis, which broke out while the UNDIS was still taking its first steps, may have slowed down its implementation in many countries. But the COVID-19 response must be a driver for change, not an obstacle, for the adoption of the Strategy, because a response based on inclusion and gender equality is the only choice to build back better.

Document guidance

Why are these recommendations necessary?

This document is a compilation of practical guidelines and reference documents to assist UN country teams in the Latin America and the Caribbean region in the systematic and cross-cutting adoption of the intersectional approach to gender and disability in COVID-19 contingency response and recovery plans.

These plans can be more efficient if they focus on persons[1] **and their rights, needs and demands, and address preexisting inequalities, which have been exacerbated by the pandemic in all spheres.**

In particular, inequalities related to discrimination on the grounds of gender and disability, which are commonly faced by women and girls,[2] are invisible. Even before the pandemic, women and girls with disabilities in any context, but especially those who are in a situation of vulnerability and/or belong to underrepresented groups, were among those most exposed to multiple and intersectional forms of discrimination.[3] These women and girls represented two of the most neglected population groups in the interventions of many of the actors responsible for protecting them, from States and public institutions to the private sector and civil society, in addition to international organizations.

Due to the COVID-19 pandemic, many women and girls with disabilities now lack access to channels to express their needs and their potential and, therefore, they are not taken into account in health crisis response plans. To ensure their inclusion, all sectors involved must observe, analyze, plan, act and evaluate by incorporating gender and disability in their multiple intersections, in every phase of the response, with a human rights-based approach. Failure to do so will only perpetuate and even exacerbate inequalities, which can only lead to new crises.

We can build back better, but only if we leave no one behind.

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1   In the words of the Secretary-General: "[…] this is, above all, a human crisis that calls for solidarity." Extract from his April 2020 <u>speech</u>".

2   The expression "girls" used throughout this document refers to female children below the age of 18 years, while the term "women" refers to women above the age of 18. While reference is often made in this document to both of them as a single group, it is important to consider that women and girls —in their different age groups— have different needs and, therefore, require specific policies and approaches.

3   <u>United Nations Convention on the Rights of Persons with Disabilities.</u>

Who is this document for?

These guidelines are mainly aimed at Latin America and the Caribbean UN Country Teams, considering they have the coordination and expertise required for the UN System's agencies and organizations to systematically adopt the gender-disability intersectionality approach to guide their interventions.

The document can also be shared with UN teams at all levels so that anybody in the System can become an agent of change.

What is included in this document and how can it be used?

The document is divided into three sections:

1. **Section 1: Practical suggestions.** This is the core section of the document. In it you will find a series of recommendations UN Country Teams can adopt for the gradual and systematic incorporation of the intersection between disability and gender into emergency responses. It focuses on two areas: programmes and institutional culture and communication.

2. **Section 2: Examples and good practices.** The aim of this section is to facilitate the reading and application of the guidelines through a series of examples and good practices developed by UN country offices in the Latin American and Caribbean region, in addition to explanatory tables.

3. **Section 3: Reference documents and bibliographical resources.** This section includes hyperlinks that will take you directly to reference documents that will allow you to gain more knowledge. It also includes contact information and sources of information on the intersection between disability and gender, and also about the importance of mainstreaming it to make the response more inclusive.

The aim of the recommendations included in this document is to promote *attitudinal changes* among the different teams, lay the foundations for *structural changes* to promote inclusion, and show that many actions to incorporate the gender and disability dimensions do not require significant financial resources or specific preparations, but a positive change in attitude all persons can make in their everyday life or jobs.

SECTION 1

Practical suggestions to mainstream the intersectional approach to disability and gender in COVID-19 emergency response

Mainstreaming the intersectionality between disability and gender in all areas of the COVID-19 emergency response

Mainstreaming the intersectionality between gender and disability in the COVID-19 response requires the systematic incorporation of the needs, rights and demands of women and girls with disabilities in all emergency response interventions, policies and plans.

In other words, you need to observe contexts; analyze data and information; and coordinate, plan, implement, monitor and evaluate actions from a gender and disability perspective.

This exercise will help you to:

- identify **multiple and intersectional forms of discrimination** resulting from preexisting gender and disability inequalities;
- identify the population groups that experience them;
- understand how these situations can be affected by the pandemic health crisis;
- design responses to transform them into inclusion and equality.

To be comprehensive and effective, the crisis response must be inclusive and multidimensional. This can be done by:

- **Mainstreaming** the intersectionality between gender and disability in every action.
- **Recognizing intersections**, that is, the multiple situations and forms of discrimination individual population groups may experience in a given context.
- **Taking into consideration the heterogeneity and diversity** of individuals, situations, contexts, needs and solutions.
- **Creating conditions for the meaningful participation** of persons with disabilities, especially women and girls, as rights holders.
- **Promoting coordination** and joint work between different stakeholders.

Adopting the intersectionality between gender and disability in the COVID-19 response will allow us to:

- **Promote and guarantee the human rights** of persons in all their diversity.
- **Take into consideration and include the most marginalized and underrepresented population groups**, especially women and girls with disabilities in all their diversity. These include "indigenous women; refugee, migrant, asylum seeker and internally displaced women; women in detention (hospitals, residential institutions, juvenile or correctional facilities and prisons); women living in poverty; women from different ethnic, religious and racial backgrounds; women with multiple disabilities and high levels of support; women with albinism; and lesbian, bi-sexual, transgender women, and intersex persons". The diversity of women with disabilities also includes "all types of physical, psychosocial, intellectual or sensory conditions which may or may not come with functional limitations".
- **Design more effective responses**, because including gender, disability and other intersectional factors in the analysis will lead to a better understanding of the contexts in which work will be done.
- **Use resources more efficiently**, because including persons with disabilities in all the different phases of the response will lead to more effective actions and optimize expenses.

ADDITIONAL RESOURCES

Box 1. Designing inclusive responses

Box 2. Why should the adoption of the gender-disability approach be a priority?

Box 3. Clarifying some doubts

Good practice 1. Accessibility is for everyone

Example 1. COVID-19 and gender-based violence against women

Example 2. Data and social protection

Who should apply the intersectionality between disability and gender?

A multidimensional response requires joint plans and interventions. Therefore, *all the different sectors* of the UN have the responsibility of designing their actions from a gender-disability perspective.

Among UN teams:

All the professionals in UN Country Teams are essential in the process of incorporating the intersectionality between disability and gender. While those in programme-related roles will have to work at deeper levels, all the different areas (management, programmes, projects, security, administration, finance, logistics, etc.) can and should incorporate this approach into their work, at the very minimum through observation and analysis, with a gender and disability perspective, and making use of accessible information and inclusive language.

The heads of the UN System Agencies play a leadership and essential guidance role in promoting

the adoption of the intersectionality between disability and gender in all sectors and ensuring intra- and inter-agency coordination.

Among external stakeholders:

Persons with disabilities, especially women and girls, as well as organizations of persons with disabilities, are essential for the mainstreaming of the intersectionality between disability and gender from a human rights perspective because:

- Participatory mechanisms have historically failed to recognize their place in society;
- Persons with disabilities know their own needs and situations best and, therefore, can assist in the development of more effective responses;
- They can help to change perspectives, approaches and actions. And often times, their mere presence will also draw attention to the different challenges and barriers present in the environment, raising awareness of a reality hidden by existing barriers.

Therefore, an inclusive and multidimensional response should create opportunities for the participation of persons with disabilities, especially through the organizations that represent them, as this will promote the representation of a larger number of people. This can also include experts, professionals, civil society activists and members of private institutions. Additional mechanisms can also be created so individuals who are not part of any organization or institution can contribute, but always giving priority to the participation of organizations.

ADDITIONAL RESOURCES

Box 4. Civil society, gender and disability

Box 5. The heterogeneity of disability

Box 6. Normative frameworks

Good practice 2. Designing a common message

Example 3. Experiences with colleagues with disabilities

How to mainstream the intersectionality between disability and gender

Mainstreaming the gender-disability perspective is a **systematic and coordinated task**. For this reason, UN Country Teams must plan the different phases, establishing realistic implementation schedules and defining deadlines, roles, tasks, resources and responsibilities for the different stakeholders.

It is important to introduce this approach so every agency/organization/cluster/subcluster can move in the same direction. By doing this, Country Teams will be able to make the mainstreaming process more efficient and limit gaps and delays.

It is also important to build capacities and create opportunities and channels so different stakeholders can share their progress and periodically report achievements and obstacles at Country Team meetings and, thus, facilitate the process.

TAKEAWAYS

The participation of persons with disabilities, especially women and girls, must be promoted in every phase of the emergency response and recovery. Creating or strengthening ties with organizations of persons with disabilities, especially those of women and girls with disabilities, is crucial to achieve this.

Incorporating the intersectional approach to disability and gender, which must be adapted to the different national and subnational contexts, is key in all areas, including humanitarian, peacebuilding and development.

Phase 1

INTRODUCE THE DISABILITY-GENDER PERSPECTIVE IN THE
UN COUNTRY TEAM

Suggestions:

- Include the issue in the agenda of one of the UN Country team meetings, with the support of a PowerPoint presentation or other concise visual materials to draw attention to key concepts;
- Highlight its importance and the responsibility the United Nations System has in the design of responses and approaches to leave no one behind, especially within the COVID-19 context.
- Rely on the participation/inputs/presence of organizations of persons with disabilities (OPDs) and organizations of women with disabilities to prepare the presentation.
- Include national and subnational data and/or bring attention to the lack thereof.

Phase 2

INTRODUCE THE DISABILITY-GENDER PERSPECTIVE TO AGENCY TEAMS

Suggestions:

- Present the approach to the entire work team, not only to programme staff. It is also important to have the participation and commitment of staff members in supervision roles.
- Determine the best presentation format based on the country-specific context and the health emergency situation, for example, materials people can read on their own or online meetings. In both cases, it is recommended to limit exposure time (30-40 minutes) and avoid using time allocated to other activities in the agenda in order to increase participation.
- Ensure the presence/participation of persons with disabilities, especially women and the organizations that represent them —through an intersectional and plural approach that takes into account the diversity of women and girls— both in the preparation and presentation stages.
- If the country has a humanitarian architecture, we also suggest sharing the presentation on the gender-disability approach with all the groups (clusters) and subgroups (subclusters) in the System.

Phase 3

MAINSTREAM THE INTERSECTIONAL APPROACH TO DISABILITY AND GENDER IN ALL AREAS

There are two work areas in particular —which are part of the 15 areas outlined by the UNDIS— that will allow all entities of the UN System to systematically incorporate disability inclusion into their work from a human rights perspective. This will allow us to mainstream an intersectional approach to disability and gender at all levels and in all sectors: the programmatic area and the institutional culture and communications area.

The UN System has developed several tools to facilitate the incorporation of gender and disability in all interventions, from their core aspects to their organization.

UN Women developed the Disability Inclusion Helpdesk, in addition to a series of briefs and documents on women and girls with disabilities and a checklist for the COVID-19 response.

There are other tools developed by the UN that do not consider the intersection between disability and gender explicitly, but focus on the two aspects separately. That is the case of the Accountability Scorecard On Disability Inclusion, a scoring system that assists UN Country Teams in the task of accounting for their progress in the implementation of the UNDIS. The scorecard requirements, which follow a gender approach, can also guide the adoption of the intersectionality between disability and gender (To learn more about this tool, see the report of the Secretary-General "Disability Inclusion in the United Nations System").

ADDITIONAL RESOURCES

Good practice 3. Working Groups on Disability in UN Country Teams

Programmatic area

The UN System's programmatic area includes different issues and operations contexts, which are also related to the mandate of the different agencies or programmes. The following steps describe a suggested approach to mainstream the intersectionality between disability and gender in every phase of the system's programmes, projects and initiatives. Examples and good practices from the region can also be found in the annexes to this document.

It is essential to have the meaningful participation of persons with disabilities, especially women and girls and their organizations, in every step of the process. For suggestions on how to contact and establish partnerships with Organizations of Persons with Disabilities or civil society coalitions, see Box 8.

First step: Know the context

Women with disabilities are not a world apart, they are part of the world.[4]

Due to the multiple social barriers that discriminate them on the basis of their disability and gender, it is common for women and girls with disabilities to live in almost complete isolation —a situation that has been exacerbated by the pandemic— and, therefore, their needs are often overlooked by stakeholders.

This isolation leads to ignorance of their rights, a lack of personal autonomy, the inability to make decisions (including decisions regarding their sexual and reproductive health) and limited empowerment, all of which results in fewer opportunities to participate in education, employment and public spaces, and significantly increases their risk of becoming victims of violence, both for being women and having a disability. In addition, the lack of access to GBV response services and information makes it more difficult for them to seek help for these forms of violence, which have been exacerbated by the COVID 19 health crisis and lockdown and isolation measures.

To ensure women and girls with disabilities are part of the response, it is essential to answer the following key questions in all interventions:

- Where are women and girls with disabilities, in all their diversity, in COVID-19 response plans?
- Where are they in the UN System agencies/organizations programmes and projects?
- Where are they as recipients of COVID-19 information and assistance? Where are they as professionals in the UN System agencies/organizations? Where are they absent, especially from an intersectional perspective?

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4   Comment taken from the Uruguayan WhatsApp inclusive group *Entre Mujeres* ("Among Women"), which is made up of women with and without disabilities (all types of disabilities) and has reduced social isolation and promoted inclusion.

TAKEAWAYS

All our colleagues should ask themselves these questions so that, based on simple observation, they can provide valuable information regarding the presence or absence of women and girls with disabilities in interventions. Box 7 shows several examples of different warning signs, by area of intervention, pointing to the absence of a gender and disability perspective.

Second step: Identify barriers and challenges

There are not only physical, but also social barriers, that limit us. Society, and all of us, should have more empathy.[5]

This phase will allow you to reflect on the obstacles —both internal and external to the system— that prevent women and girls with disabilities from systematically being taken into account in the design of adequate and inclusive emergency and recovery responses. There are multiple barriers —attitudinal, environmental and institutional— that prevent or hinder the adoption of an inclusive perspective. However, some of the most important are negative stereotypes, attitudes and biases toward disability. Not considering disability as a part of life (a consequence of the social barriers to disability that exist in each context), combined with ignorance, lead most people to overlook the aspect of inclusion in their everyday life. And that indifference and the invisibility of persons with disabilities can result in discriminatory environments, actions and/or situations.

Thinking about gender and disability with a rights-based perspective cannot be an exception and, therefore, it is essential to train the different teams and help them to increase their level of knowledge. If they do not have the right tools, it will be more difficult for them to take ownership of this issue and design approaches as part of their work plans.

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5   Reflection from a woman with a disability, *Entre mujeres* ("Among women") group.

It is also important for programme and project officers to have a clear starting point and:

- Based on an analysis of the context and the programmes of each agency, to identify the presence (or absence) of gender and/or disability-related aspects that should be considered from a human rights perspective.
- Analyze inequalities that preexisted the pandemic to understand how they have been exacerbated by the COVID-19 health crisis, and identify the most vulnerable population groups, with an intersectional approach.
- Together with organizations of persons with disabilities, identify responses to preexisting inequalities and the main barriers to implementing an approach to leave no one behind.

There are several resources available to facilitate the analyses conducted by the different teams from a gender and disability perspective. For example:

Global gender analysis: COVID-19 secondary impacts on health and protection-related issues (ACAPS), an analytical brief on the impacts of the pandemic on GBV and health care access in humanitarian contexts that encourages ongoing intersectional analyses.

Disability Considerations in GBV Programming during the COVID-19 Pandemic (GBV AoR), a document that provides practical guidance to integrate attention to disability into GBV prevention, risk mitigation and response efforts during the COVID-19 pandemic (among other things, by ensuring accessibility of remote case management; establishing partnerships with organizations of women with disabilities; supporting sensitization of GBV staff; establishing plans for continuation of personal assistance to persons with disabilities who need it, and providing information in accessible formats).

COVID-19 and violence against women. What the health system can do (WHO), which explains the key role of health systems in ensuring GBV response services remain accessible during the pandemic.

Third step: Work in coordination with other sectors and external stakeholders

Coordination is the basis for every intervention, and identifying if and how other stakeholders are integrating the intersectional disability and gender approach is key in the design of an efficient response. Coordination with the system's internal and external actors can be done simultaneously:

- Internally: instead of developing new tools exclusively designed for the incorporation of the intersectionality between disability and gender, we recommend mainstreaming it in already existing coordination groups.
- Having a group of leaders to coordinate the process of incorporating the issue between existing structures can be of great help to ensure this intersectionality is taken into account, avoid the risk of placing the responsibility on a single person, and/or prevent that responsibility from diluting by assuming others will do it.
- Externally, we should include the issue as part of our collaboration with stakeholders external to the UN System, such as government agencies, local communities and organized civil society. In particular, public institutions on all government levels and in the different State branches are responsible for implementing actions to transform the realities of women and girls with disabilities. It is important to contact, and explore the possibility of working in coordination with, specific areas, national and/or subnational mechanisms for the advancement of women, and other areas related to access to services and rights affected by the pandemic.
- Civil society, especially organizations of women and girls with disabilities, is also a key ally, considering it often represents the main source of information and knowledge about the needs of persons with disabilities and the solutions proposed by them. In this regard, we refer in particular to organizations of women with disabilities led by themselves. Where this is not possible, we recommend seeking help from women activists with disabilities who can act as individual consultants.

Fourth step: Collect and analyze disaggregated data

The lack of data and detailed information on persons with disabilities is one of the main obstacles to an inclusive response in the region and the world. This is compounded by the fact that information available is rarely disaggregated by sex or age, among other aspects, which could provide relevant information for the analysis. The lack of reliable information on this population's characteristics and needs renders persons with disabilities invisible in humanitarian or public policy interventions.

However, when viewed through the lens of disability, all social phenomena take on different dimensions. Therefore, it is essential to have information about disability as detailed as possible and duly cross-referenced with other factors, especially gender. The generation, consolidation and periodic analysis of data on gender and disability, including violence against women and girls with disabilities, is a priority both for the design of inclusive COVID-19 responses and the adaptation and adjustment of interventions.

All the countries that have ratified the International Convention on the Rights of Persons with Disabilities (CRPD) have an obligation to collect disaggregated data, in any context, to make people with disabilities visible. However, incorporating the disability variable into data collection mechanisms requires significant changes that should be made in a coordinated and systematic fashion, including by external actors participating in interventions.

While the internationally accepted definition of disability is that of the CRPD, that definition is not cast in stone, but rather an evolving concept that results from the interaction between persons with disabilities and environmental, institutional and attitudinal barriers that prevent their full and effective participation in society. In practice, the interpretation of this concept is not uniform and disability, on the other hand, cannot be measured by means of a binary indicator, because there are different degrees of disability. That means that data on disability collected may differ depending on the interpretation of disability in each setting and the different ways of measuring it. This multiplicity of interpretations can result in data that, despite being disaggregated, may be difficult to compare, not allow for joint analyses (for example, between two clusters) and affect the coordination and efficacy of interventions. Therefore, it is essential for the different stakeholders participating in the response system to jointly determine the variables to use for the collection of data on disability.

The Washington Group on Disability Statistics has developed an internationally renowned data collection mechanism to integrate the disability variable into censuses and statistics so data can be used for international comparisons.

THE WASHINGTON GROUP SET OF QUESTIONS

— Do you have difficulty seeing, even if wearing glasses?
— Do you have difficulty hearing, even if using a hearing aid?
— Do you have difficulty walking or climbing steps?
— Do you have difficulty remembering or concentrating?
— Do you have difficulty (with self-care such as) washing all over or dressing?
— Using your usual (customary) language, do you have difficulty communicating, (for example understanding or being understood by others)?
— **With the following response choices:** No, no difficulty; Yes, some difficulty; Yes, a lot of difficulty; Cannot do it at all.

The Washington Group Extended Set on Functioning obtains information on difficulties a person may have in undertaking basic functioning activities, including seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, communication (expressive and receptive), upper body activities, affect (depression and anxiety), pain, and fatigue. The Extended Set is comprised of 34 questions, plus an additional 3 "optional" questions, in these ten domains of functioning.

From an intersectional perspective, especially if you are working on a new data collection and analysis design, it is also important to include other indicators to allow for a comprehensive approach that highlights the diversity of women and girls with disabilities.

TAKEAWAYS

Disaggregated data collection and analysis, and messaging based on such data, will allow us to influence public policies, interventions and resources. The systematic generation of disaggregated data (by sex, age, disability, ethnicity, etc.) and intersectional analysis are a key exercise that can be jointly led by public statistics areas and international organizations.

Fifth step: Ensure the response is accessible

My disability doesn't justify your violence.[6]

Ensuring that all interventions include the needs, demands and proposals of persons with disabilities, particularly women and girls with disabilities, and limiting existing barriers to the maximum extent possible, is the State's responsibility, but also an obligation of the UN System.

During the complex process of ensuring accessibility, you should take into account that accessibility is not only related to disability, but also to gender. For example, organizing online courses accessible to students with hearing disabilities, with the use of sign language interpreters, does not necessarily mean it will be accessible to them if the context of structural inequalities and discrimination that preexisted the pandemic prevents them from exercising their right to go to school. Even if courses are taught online, this situation should be addressed like other issues (such as that of the care overload) caused by the pandemic, in addition to identifying barriers and the needs of women and girls with disabilities living in rural settings, where the digital gap and connectivity problems are greater.

In addition, women and girls with disabilities who are indigenous, Afro-descendant, young, LGBTIQ+, migrants, refugees, asylum seekers and internally displaced, among others, require approaches, policies and responses that consider them in all their diversity. In this regard, as already explained, the diversity of women with disabilities includes physical, psychosocial, intellectual or sensory disabilities that may be combined or not with functional limitations.

Therefore, for measures to promote accessibility to be effective, parallel interventions in different spheres are required. The joint participation the UN System, governments, local communities and

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6   Reflection from a woman with a disability, *Entre mujeres* ("Among women") group.

civil society to build upon existing interventions is key to ensure accessibility and eliminate the main barriers, i.e., those that intersect with gender and disability.

Sixth step: Accessible information

Beneficiaries are the most important part of an intervention. If they are excluded from the design and implementation of the system's intended actions, the response will not have the impact desired. To convince beneficiaries to participate in the different stages of interventions, first, they should receive clear, accurate and accessible information from the UN System. However, this information is often not accessible and results in the exclusion of certain population groups.

The design of accessible messages —for example, captioning, easy read, Braille, sign language, high contrast, simple language, audio description, etc.— is still uncommon, especially if persons with disabilities are not the direct beneficiaries of interventions. Even in the case of activities related to disability, it is very likely the information will not reach women and girls with disabilities if they fail to take into account the intersectionality between disability and gender. In fact, social isolation and the lack of decision-making autonomy that often characterizes the lives of women and girls with disabilities prevent them from trusting the same access channels used by their male of female peers without disabilities.

From an intersectional perspective, it is also important to consider, for example, the accessibility of messages for indigenous, rural or migrant women, who may face additional challenges if the invitation to participate is only made via social media. Therefore, considering factors such as age, socioeconomic condition, location and connectivity, among other aspects, is key to reaching the diversity of women and girls with disabilities.

In addition, all messages should be respectful and non-discriminatory, and their content and design should follow a gender approach so they can contribute to equality and the empowerment of women and girls, as opposed to reinforcing traditional gender roles or roles that only perpetuate inequality.

TAKEAWAYS

Persons living in public or private residential facilities specifically intended for persons with disabilities experience rights violations on a daily basis. Women and girls with disabilities who are institutionalized are often among the most ignored in interventions. Their almost complete isolation exposes them to a very high risk of GBV and prevents them from making their voices heard and autonomous decision-making.

While including institutionalized women and girls in interventions can be difficult (often times because the stakeholders participating in the response themselves refuse to do so, given the potential obstacles of working in institutionalized contexts), it is important to take this population into account and do everything possible to protect and guarantee their rights. This approach, which focuses on the full inclusion of women and girls with disabilities, does not imply, by any means, the promotion of institutionalization.

ADDITIONAL RESOURCES

Box 7. Suggested areas to analyze to identify the lack of a gender and disability perspective

Box 8. Engaging civil society organizations

Good practice 4. Include women with disabilities most in need during the pandemic

Good practice 5. Organized civil society and data

Example 4. Organized civil society, especially organizations of persons with disabilities, as a partner in the gender-disability analysis

Example 5. Seek accessible solutions adapted to the context

Institutional culture and communications area

La Encouraging attitudes that discourage harmful stereotypes is key for the adoption of the gender-disability perspective with a human rights approach.

The following are some **suggestions for the promotion and adoption of inclusive attitudes among staff of the different agencies and national and local stakeholders**.

- Organize online meetings on inclusion and attitudinal barriers with the participation of persons with disabilities who are experts on the subject;
- Share recommendations on the appropriate language to use to refer to disability and women and girls in all their diversity, especially in emergency contexts (for example, reiterate the concept of vulnerability, with preference for expressions such as "women in a vulnerable situation", "women at risk" and "women with disabilities" to avoid labeling persons as individuals vulnerable by nature or only identifying them with their disability, which does not mean they can be necessarily defined as "vulnerable" if they have the right support).

Suggestions for inclusive communication

- Organize meetings with the Country Teams/Agencies communications teams to discuss the main aspects of inclusive communication, with the participation of persons with disabilities experts on the subject and, if necessary, with support from HQ and international OPDs.
- Promote the use of accessible information, not only related to disability issues or topics aimed at persons with disabilities, but in all areas.
  - The systematic production of accessible documents (Word, PDF, PPT) will increase the level of inclusion.
  - Follow the suggestions and use the accessibility features of the main document creation computer programs. Documents created may have to be reviewed by colleagues with disabilities who need to access them independently and autonomously to do their job.
  - Everyone, including persons with disabilities, should be able to understand documents and communication and information materials; therefore, they should have an accessible format.
  - If you are considering the use of accessible information and related support materials, you should follow an intersectional approach.
- Ensure meetings, events and presentations are accessible. In the section *Reference documents* you will find several checklists for the organization of inclusive events.

Communication is a fundamental, universal and indivisible human right. Article 21 of the Convention on the Rights of Persons with Disabilities calls for the adoption of appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication, including sign language

TIPS FOR THE CREATION OF DOCUMENTS AND ORGANIZING ACCESSIBLE AND INCLUSIVE EVENTS

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LANGUAGE

— Since language determines reality, the use of non-discriminatory language will help foster inclusion: a person with a disability is, above all, a person. Therefore, in line with the CRPD, it is important to refer to him/her as a "person with a [visual, hearing, intellectual, psychosocial or motor] disability".

— If a person has a total visual impairment, you can use the expression "blind person".

— If a person has a total inability to hear, you can use the term "deaf person" (not "deaf-mute"). Many deaf persons communicate through "sign language".

— Avoid using any discriminatory expression that undermines the dignity of a person, for example, unfortunate, handicapped, crippled, lunatic, mentally retarded, crazy, etc.

— Avoid the use of discriminatory language, for example, referring to institutions as "gender blind" or saying that an organization is turning a "deaf ear" to a demand, etc.

— Depending on the type of document, use clear and simple language to make it easier to understand for those who do not have a good command of the language the document is written in (for example, persons with hearing disabilities or persons with an intellectual or psychosocial disability). Using simple language will also make documents easier to understand for those population groups that, despite not having a disability, do not have a good command of the language or are not knowledgeable about the topic addressed (for example, persons with basic education or foreign citizens).

— Upon designing messages, consider the diversity of disabilities and, in particular, select the language to use in internal and external communications, knowledge products, images, representations and illustrations produced. This means you should not only use illustrations showing persons using wheelchairs and/or blind persons simply because they are easier to draw, because this will also reinforce the narrow and often stereotypical idea that a disability equals a physical inability and, therefore, the person needs a wheelchair. Instead, try to include persons with other physical disabilities, such as little persons or persons with scoliosis, cerebral palsy, Down syndrome, with hearing aids, etc.

— The representation of these persons should also make reference to the activities they are doing to counter the stereotypes of what persons with disabilities "normally" do or don't do. Are they shown receiving help from a person without disabilities or doing things independently? Are they shown in ways that elicit pity (i.e., as victims) or are they portrayed as superhuman for doing something everybody else does?

WRITTEN DOCUMENTS

— Use the accessibility features available in most word processing applications. Typically, the "check accessibility" option can be found on the main page of a document, under the "Review" option. This feature allows you to check the document for accessibility so it can be used by screen readers for persons with a visual disability. If the "check accessibility" feature finds a problem, it will take you through the steps to solve it.
— If you insert photos, tables or other images in your documents, use the "image description" feature so it can be detected by the screen reader (the "check accessibility" feature will show you how to do it).
— Using footnotes on the same page can interfere with the accessibility of a document.
— As an alternative, you can create an annex with footnotes at the end of the document.

POWERPOINT PRESENTATIONS

— Format
  - Font: Verdana or Arial. Minimum font size: 12.
  - Use bold or underlines to make text stand out.
  - Align text to the left; do not justify the text.
  - Line spacing: 1.5.
  - Use high contrast: black on white.
  - Use short paragraphs with a maximum of 4 lines and single line spacing.

ACCESSIBLE PRESENTATIONS

— If you decide to use digital materials, the files should be in a text format (Word documents). Avoid the use of JPG or PNG image files, because screen reader programs cannot read them out.
— In case a presentation includes images that are crucial to the information to convey, the presenter should describe them briefly every time he or she refers to the visual presentation so blind persons or persons with low vision in the audience can follow them.
— The same recommendation is made for videos that contain images crucial to the presentation. In that case, we suggest making sure these videos include an audio description and/or the presenter makes a brief description of those images as they appear so that persons with a visual disability can follow them.

- Try to have sign language interpreters available for those events (if possible, interpreters should have access to the materials to interpret ahead of time).
- Speak at a steady pace upon delivering the presentation so interpreters can share the information more accurately. Do not cover your mouth with the hand or a microphone, and do not speak with your back to the audience.
- Any visual materials used should have subtitles.
- Event moderators should be asked to control presenters and participants' interventions, as overlapping voices will interfere with the work of the interpreters.
- Avoid overlapping sound stimuli.

THE PHYSICAL ENVIRONMENT

- Events should be held in accessible spaces that allow for the autonomous mobility of persons with disabilities, for example, to access the event venue (and, if possible, its surrounding areas); to get on the stage (if the persons with a disability is a presenter), or to move around the facilities.
- Consider restroom accessibility.

USE OF VIDEOS

- Videos should have subtitles and, in the case of institutional videos, audio descriptions.
- In case persons wearing facemasks are recorded on video, ask them to use clear face masks to facilitate lip-reading.

SECTION 2

Examples and good practices

Box 1

Designing Inclusive responses

To design inclusive responses, you need to make the invisible visible: you should think about women and girls with disabilities as rights holders and know their living conditions so they can be systematically included in emergency responses and recovery efforts.

Upon considering the living conditions of women and girls with disabilities, it is important to understand that women and girls with disabilities are part of the same world of their peers without disabilities, but face multiple additional barriers, including communication, information and legal barriers, especially attitudinal barriers. This means they have specific needs. However, these needs do not always require specific responses; they require *inclusive responses*.

DISABILITY DOES NOT RESIDE IN THE INDIVIDUAL

Social barriers outweigh the disabilities experienced by an individual.

To achieve inclusion, we must break down barriers

To learn more about disability and the human rights approach, see **United Nations Convention on the Rights of Persons with Disabilities.**

BARRIERS ARE HETEROGENEOUS

There are different types of barriers:

Attitudinal barriers, communication barriers, information barriers, physical barriers, legal barriers, institutional barriers that will have a different impact depending on the disability, the context and the intersections that characterize the life of an individual.

To learn more about what we need to do to break down barriers, see **Tips on how to interact with persons with disabilities.**

Example 1

COVID-19 and gender-based violence (GBV)

This is an example of an analysis with a differential and inclusive approach in a multiethnic context.

a. Identify multiple and intersectional forms of discrimination	Through the observation and analysis of GBV cases, seek specific correlations between GBV and women and girls with disabilities.
b. Identify population groups in a situation of increased vulnerability	Indigenous girls with disabilities, as well as and women and girls institutionalized and/or with intellectual, psychosocial, visual or hearing disabilities, are particularly exposed to GBV.
c. Impacts of the COVID-19 crisis	Physical and social isolation measures to prevent the spread of the virus can increase the exposure of women and girls with disabilities to GBV perpetrated by their caregivers.
d. Inclusive responses	Design of accessible messages (in indigenous languages, sign language, plain language, etc.); appropriate dissemination channels; accessible consultation and response services, etc.

Good practice 1

Accessibility is for everyone

In 2019, in Uruguay, during the process of updating already existing materials to inform the population about the law against gender-based violence, the stakeholders of the joint project "The right to equality and non-discrimination against persons with disabilities" (the UN, government agencies and organizations of persons with disabilities, with funding from the UNPRPD), produced accessible videos and brochures (with audio descriptions, sign language interpretation, high-contrast combinations for subtitles, plain language), instead of creating different products for audiences with and without disabilities. This not only allowed the project to extend the reach of those materials and make them available to a larger sector of the population; it has also become an indirect action to raise awareness and promote inclusion, and confirmed communication without barriers and making persons with disabilities visible is possible.

Click here if you want to learn more about this joint project.

Example 2

Data and social protection

Countries that have developed systems for the collection of data disaggregated by age, sex and disability, and use it in their social protection systems, can guarantee more efficient and appropriate care and services, even during the COVID-19 response.[7]

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7   *Leaving no one behind: the COVID-19 crisis through the disability and gender lens*, UN/DESA Policy Brief # 69, May 2020.

Box 2

Why should the adoption of the gender-disability approach be a priority that cannot wait until the end of the crisis?

- **Because of the many risks women and girls with disabilities are exposed to during the emergency**. The isolation and inequalities experienced by many women and girls with disabilities due to discrimination on the basis of their gender and disabilities, in many cases, are being exacerbated by the pandemic, which can have a negative impact on their rights to health, work, education, sexual and reproductive health and a life free of violence, among others. One example is the limited availability of accessible information about COVID-19 prevention measures, which may result in a higher level of exposure to this disease. Those measures can also be difficult to follow in some situations of disability.[8]

In addition, social distancing and lockdown measures have significantly reduced autonomy and support opportunities for persons with disabilities, from the reduction of home care services to the decreasing number of accessible gender-based violence support channels and humanitarian actors in the field, as well as widespread negative attitudes toward persons with disabilities.

Example: COVID-19 and negative attitudes toward disability

In the document entitled "COVID-19 at the Intersection of Gender and Disability", released by Women Enabled International, that shows the results of a global survey, a woman from Argentina with a visual impairment expressed her difficulties accessing essential services (for example, health care) because, due to social distancing measures, people refused to help her cross the streets. Another woman with a hearing disability from Colombia shared that she had to go out a couple of times for groceries and to the bank, and people told her she should no got out because she was a carrier of the virus, just because she had a disability.[9]

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8   For additional information, see specific recommendations, based on the type of disability, on COVID-19 prevention in an accessible format.
9   COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020.

- **Because of the risk of the pandemic exacerbating other inequalities and hindering progress toward substantive equality and sustainable development**. For example, one of the dimensions of the intersectionality between gender and disability is that of persons caring for family members with disabilities. Given the impossibility of relying on external professionals due to the pandemic, this role is assumed by women and girls in the household and/or the family, who must take on double or triple work days and experience consequences in their work life or professional development, considering they often lose, or have to quit, their jobs and/or drop out of school to care for their family members. This also limits their access to resources and affects their financial independence.

Box 3

Additional information about the approach

- **Gender is not only about women and girls**. Gender is a social construct (and therefore, it changes depending on the culture, context and time in history) that refers to behaviors, roles, duties and responsibilities assigned to individuals by societies and expected from them for being women, girls, men and boys, depending on particular periods of their lives. However, in all societies, due to the roles expected from men or women, most **women and girls are exposed to gender inequalities, in addition to limited opportunities, resources and rights in all spheres of their lives. It is worth noting that women and girls are not exposed to greater gender inequalities because they are more vulnerable than men and boys "by nature"**; instead, depending on the context, the factor that determines the situations of more (or less) vulnerability that affect them are the gender inequalities they face.
- **Adopting a gender perspective also requires analyzing the conditions that affect men and boys, but with a particular focus on women and girls, given the increased risks of vulnerability they face**, especially if they have a disability. Another equally important aspect to consider are the situations of vulnerability of trans, non-binary and gender-non-conforming (LGBTI+) persons.
- **Although persons with disabilities are a minority, taking them into consideration in all interventions is a human rights obligation**. The pandemic has affected everyone, but it has taken a significant toll on persons with disabilities. While human rights cannot be defined in terms of numbers, emergencies may challenge this principle. The fact that persons with disabilities are not visible in many contexts does not mean they do not exist; instead, it means that, due to the multiple barriers that exist in society, they are excluded from social life, forced to stay home (often hidden by their own families and communities), or institutionalized.

- **Persons with disabilities account for 15% of the world's population and are present in every context.**[10] **80% of them live in developing countries, with a higher prevalence of women than men. It is estimated that one in every five women may experience some form of disability at some point in her life.**

- Collecting and analyzing data on the population with disabilities, both globally and at the country level, is a challenge. **It is estimated that around 70 million people with some form of disability live in Latin America.**[11] This includes persons with acquired disabilities, including as a consequence of armed conflicts and gender violence situations (in the latter case, especially women and girls), among others.

- **For structural changes toward inclusion to be successful, disability-inclusive budgets that take into account the need to adopt the disability and gender approach, with specific resource allocations, are required.** However, it is also important to consider that not all interventions that promote equality and inclusion require additional budgetary resources. A key element of the principle of change is that of adopting positive attitudes, and all it takes is a change in perspective. In fact, many of the actions required to break down barriers do not involve a high cost, for example, adopting the gender and disability approach, contacting organizations of persons with disabilities (OPDs); forming validation and consultation groups made up of women with disabilities, or adopting inclusive expressions.

Example 3

Views from personal experience

In Uruguay, the project "The right to equality and non-discrimination of persons with disabilities" includes the participation of professionals with disabilities, which means that, for several members of the UN System, this is their first work experience with colleagues with disabilities (in this case a visual disability). This allowed them, for example, to come up with more inclusive forms of sharing documents to make them accessible to screen readers —used for persons with visual impairment— so computers can read out written text.

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10 Repository CEPAL.

11 *Idem.*

Box 4

Civil society organizations, gender and disability

Civil society organizations working on disability issues are usually of two types:

- Organizations of Persons with Disabilities (OPDs) made up of persons with disabilities in different roles and positions, including their top management;
- Civil Society Organizations (CSOs) working on disability issues that do not have persons with disabilities in their management and are mainly represented by associations of parents, family members and/or guardians of persons with disabilities.

In some countries, there are also organizations of women with disabilities that work on the intersectionality between gender and disability through collectives of women with disabilities. For example, Women Enabled International at the global level or, in Latin America and the Caribbean, the Circle of Women with Disabilities (CIMUDIS). The Network for the Rights of Persons with Disabilities (REDI) in Argentina has incorporated a solid gender approach into its work. Another example is the *Paso a Paso* ("Step by Step") Foundation in Mexico, which advocates the rights of indigenous persons with disabilities.

However, organizations of women with disabilities are still a distant reality in the Latin American and Caribbean region, where disability and gender approaches often follow separate paths, with only a few gender or disability organizations adopting an intersectional approach. In this regard, it is important to consider the diversity of OPDs and CSOs, including youth and older adult organizations.

Box 5

The heterogeneity of disability

- There are several forms of disability: motor, hearing, visual, intellectual and psychosocial. A person may have several disabilities.
- Social barriers can have a different impact on different disabilities. Therefore, openness and the willingness to ensure persons with disabilities can participate are essential.
- The intersections to consider and their characteristics within the context of the COVID 19 emergency can be multiple and varied.
- Like their peers without disabilities, not all women and girls with disabilities are alike: women and girls with disabilities living in rural areas or who are LBTIQ+, indigenous, Afro-descendant, deprived of liberty, survivors of armed conflicts, domestic workers, GBV survivors, in situations of human mobility, living with HIV, etc., may have different needs and possibilities of communication and access to information.
- Civil society organizations working on disability can be very different from each other. The heterogeneity of disabilities, as well as the different needs and priorities each of them represents, means that, to take that diversity into account, we must ensure that the intervention's call for participation is as broad and diverse as possible. Diversity must be recognized and valued in all its richness, facilitating dialogue and consensus to achieve a common ground where everyone feels represented.
- In this regard, a key factor to take into account is the age of women and girls with disabilities, considering they face different situations, depending on whether they are young or older adults, which requires approaches and policies designed to address their specific needs.

Good practice 2

Designing a common message

The Uruguayan Alliance of Organizations for the Rights of Persons with Disabilities is a coalition of more than 30 civil society organizations working on disability. The different OPDs and CSOs that make it up represent specific disabilities but, as part of a coalition, have built capacities to achieve a common and more inclusive view of the needs of persons with disabilities, and have become stronger as a result of their joint efforts to advocate the rights of persons with disabilities.

Working together with coalitions of organizations, like they did with the joint project in Uruguay, can be highly beneficial in terms of bringing attention to the rights of all persons, without exclusion on the basis of disability, and strengthen organized civil society.

Box 6

Normative frameworks

The Convention on the elimination of all forms of discrimination against women, the Convention on the rights of persons with disabilities and the UNDIS are the main normative frameworks for the adoption on the intersection between gender and disability. However, this multiple approach has been recognized by different instruments, the evolution of which is shown in the following timeline.

1989 — Convention on the Rights of the Child

1991 — General Recommendation N°. 18 of the Committee for the elimination of all forms of discrimination against women

1995 — Beijing Declaration and Platform for Action

Year	Document
2006	Convention on the Rights of Persons with Disabilities (CRPD)
2015	2030 Agenda for Sustainable Development
	Addis Ababa Action Agenda
	Sendai Framework for Disaster Risk Reduction 2015-2030
2016	General Comment No. 3 on the CRPD
	UN Charter on the Inclusion of Persons with Disabilities in Humanitarian Action
	World Humanitarian Summit
	New York Declaration for Refugees and Migrants
	New Urban Agenda
2017	Report of the United Nations Special Rapporteur on the sexual and reproductive health and rights of girls and young women with disabilities
2019	United Nations Disability Inclusion Strategy
2020	Joint statement by UN Women, the CEDAW Committee and the CRPD Committee: *Ending sexual harassment against women and girls with disabilities*

Good practice 3

Working Group on Disability in UN Country Teams

In Colombia, the Country Team has a Working Group on Disability made up of the focal points for disability from the different agencies in the system, although not all the agencies have designated focal points.

In that country, the GBV subgroup, within the context of the Protection Cluster, has made a series of recommendations regarding activities and services for the GBV response during the pandemic, and also conducted an assessment of the specific risks and needs of women, girls and adolescents as part of the COVID-19 National Response Plan of the Humanitarian

Country Team and the Inter-Agency Group on Mixed Migratory Flows (GIFMM). With the support of the gender focal points of Local Coordination Teams, as well as territorial GIFMMs, they are doing advocacy work and positioning the issue at the local level. While the intersection with the disability approach has not yet been systematically adopted, several assessments of this aspect have been conducted. This structure could be an excellent basis for the progressive inclusion of intersectionality with a rights-based approach.

Source. Support to the national GBV response in the context of the COVID-19 pandemic. April 2020, UNFPA-UN Women Colombia.

Good practice 4

Addressing the needs of women with disabilities during the pandemic

The UNFPA Guatemala office adopted the gender-disability perspective in the design of their intervention for the distribution of dignity kits,[12] with support from CSOs and OPDs, to identify where the most vulnerable women with disabilities were located, how to reach them and how to convey the information to them. Recognizing that during humanitarian crises personal hygiene and cleaning products may be inaccessible, the UNFPA Guatemala office distributed emergency and dignity kits prior to the COVID-19 pandemic among several groups of vulnerable women, including women with psychosocial disabilities. In addition to basic personal hygiene and cleaning products, these kits included information about COVID-19 symptoms and protection measures during pregnancy, reproductive health and family planning, forms of preventing violence against girls and adult and adolescent women, in addition to emergency contact information. Since resources for the distribution of humanitarian aid were limited, UNFPA worked in coordination with several state agencies and organized civil society, including organizations of women with disabilities.

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12 Dignity kits contain reusable face masks, alcohol-based hand rub, underwear and sanitary pads.

Box 7

Suggested areas to analyze to identify the lack of a gender and disability perspective

AREA: DATA ON GBV CASES

Alarm	Absence of women and girls with disabilities: if this population group is absent in data on GBV cases, it is likely that the disability variable is not included in the data collection mechanism. It is also important to encourage the collection of data on different age ranges with an intersectional approach.
What to do?	• Together with the different stakeholders involved, explore the possibility of including the disability variable in the GBV response service request forms (for example, with the 6 short questions of the Washington Group). • Ensure the accessibility of GBV response services.
Alarm	Prevalence of women and girls with disabilities: if you find an abnormal prevalence of this population group in GBV cases, it will be important to adapt and strengthen prevention and response services and ensure they are accessible.
What to do?	• Ensure the accessibility of GBV prevention and response services, for example, by producing and providing accessible information to targeted individuals; having inclusive support channels in place, and providing response services designed to include disability with a rights-based approach (for example, by training staff).

AREA: DATA ON AREAS OTHER THAN GBV

Alarm	Data not disaggregated by gender and disability in all areas (health, nutrition, housing, water, hygiene and sanitation, etc.): Non disaggregated data does not reflect the situation and needs of women and girls with disabilities.
What to do?	• Together with all the UN System stakeholders (and their main partners) explore the possibility of implementing a common mechanism to incorporate the disability variable into data collection systems. • Conduct joint data analysis.

AREA: GBV RESPONSE CHANNELS

Alarm	Lack of accessible GBV response services: toll-free telephone numbers/hotlines without text messaging features or video calls with sign language interpretation; shelters not architecturally accessible; staff of response services not prepared to handle cases involving women and girls with disabilities; inaccessible justice systems, etc.
What to do?	• Reorganize GBV response services to ensure accessibility is a long term goal that involves many aspects, from staff training to physical adaptations to buildings. • Another essential aspect is that of raising awareness among the different stakeholders of the interinstitutional response system, based on three key elements: disaggregated data; staff training, and production of information materials/accessible support channels.

AREA: DATA ON SEXUAL AND REPRODUCTIVE HEALTH (SRH)

Alarm	Non-disaggregated or outlier SRH data. If data on SRH (data on contraceptives, pregnancies, family planning, etc.) does not include women or girls with disabilities or if, on the contrary, an abnormal prevalence in some sectors (such as forced sterilization)[13] is reported, it will be necessary to ensure an adequate response exists for persons with disabilities.
What to do?	• Together with the other stakeholders participating in the intervention, explore the possibility of including the disability variable in SRH service request forms (for example, with the 6 short questions of the Washington Group). You should bear in mind that there may be countries in a conflict or crisis situation where psychosocial care services may have to be strengthened. • Ensure the accessibility of SRH services, regardless of the age of users, by producing and providing accessible information to persons with disabilities. It will also be important to ensure the availability of data on different age ranges, in addition to inclusive support channels, and providing response services designed to meet the needs of persons with disabilities, with a rights-based approach.

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13 Girls and young women with disabilities are disproportionately subjected to forced sterilization procedures for various reasons, including eugenic, menstrual hygiene or pregnancy prevention reasons. Open Society Foundations, Human Rights Watch, Women with Disabilities Australia and International Disability Alliance, "Sterilization of women and girls with disabilities: a briefing paper" (November 2011).

AREA: DATA ON INCLUSIVE EDUCATION	
Alarm	If data on inclusive education shows a low percentage of participation for girls with disabilities, this could be an indicator of previous inequalities in access to education.
What to do?	• Work with all actors internal and external to the system to address existing structural inequalities. • The analysis of data on school dropout may also reveal other forms of discrimination and suggest solutions.

AREA: DATA ON EMPLOYMENT	
Alarm	If data on employment shows a low percentage of participation for women with disabilities or job losses, or only points to a few sectors employing women with disabilities, this may be an indicator of previous inequalities in access to employment. Another important aspect to consider is the relationship between employment and caregivers of persons with disabilities.
What to do?	• Work with all actors internal and external to the system to address existing structural inequalities. In particular, strengthen ties with the education sector and raise awareness about the importance of inclusive, non-stereotypical jobs.

Example 4

Organized civil society as a partner in the gender-disability analysis

In Uruguay, the Office of the Resident Coordinator, in an analysis of the social impact of COVID-19 on the life of the most vulnerable populations, received support from the Alliance of Organizations for the Rights of Persons with Disabilities to identify the main concerns and needs of the population with disabilities, with a particular focus on women with disabilities. The information generated has been used to feed the development, among other things, of an inclusive COVID-19 emergency response project funded by the UNPRPD in Uruguay.

Box 8

Engage civil society organizations

Civil society organizations (CSOs and OPDs) working on disability issues are an invaluable resource. Grass roots organizations and organizations of women with disabilities facilitate access to information and support the population affected in different forms. However, they often lack resources and attempt to fill care gaps by relying on community support, outreach activities and emotional and psychosocial support networks.

UNHCR has worked with RIADIS (the Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families) to generate data on the situation of refugees and migrants with disabilities in Latin America and the Caribbean, including an assessment of the impact of COVID-19 on their lives and the production of accessible information and awareness raising materials. On the other hand, inter-agency work in Uruguay has taken place in coordination with the Uruguayan Alliance of Organizations for the Rights of Persons with Disabilities, a coalition of human rights organizations and organizations of persons with disabilities that promotes the social inclusion of persons with disabilities in Uruguay through actions to promote respect for, and uphold, their rights.

The following are some suggestions for the UN System to engage them in interventions at the country level:

- **Know who they are and where they are**. Several countries in Latin America and the Caribbean have carried out CSO mappings. While they are not always up-to-date, they can help to understand the reality of civil society organizations related to disability in the country. At the same time, it will be necessary to consult all stakeholders internal and external to the country's humanitarian or development system, who may already be collaborating with this kind of organizations.
- **Gather information on existing CSOs/OPDs and contact them**.
- **Promote knowledge sharing between the system and CSOs/OPDs**. Knowledge sharing may include organizing open meetings: on one hand, the system can suggest meetings to raise awareness among CSOs/OPDs of the importance of the human rights approach and the intersection between gender and disability; on the other, CSOs/OPDs can raise awareness of the issue of disability.
- **Promote knowledge-sharing opportunities between CSOs/OPDs working on the issue of disability** and CSOs working on gender to promote the integration of the disability and gender approaches.

- **Identify organizations of women with disabilities in the country and strengthen collaboration with them**. If they do not exist in the country, promote the creation of knowledge-sharing groups among women with disabilities and encourage them to contact regional/international groups.
- **Promote respect for the heterogeneity of disability** (avoid working exclusively with organizations dedicated to a single form of disability, for example, visual disabilities, and ignoring others).
- If necessary, **look for international resources**.

Good practice 5

Organized civil society and data

In 2019, in Uruguay, as part of the above-mentioned joint project, workshops on disability, human rights and GBV were organized in collaboration with civil society organizations. Although they were organized by CSOs, these workshops were aimed at a population sector the majority of which had no links with these organizations. To promote the workshops, the female professionals with disabilities participating in the project suggested to use WhatsApp, considering it was the communication tool most commonly used by women with disabilities in the country. This app, which is easy-to-use, free and accessible, is one of the few contact tools and sources of information for women with disabilities, who can use it autonomously (although it is sometimes controlled by other family members, especially in the case of women with intellectual or psychosocial disabilities). To engage these women, they shared a list of individual contacts, mainly via WhatsApp, between groups of women of the same locations who already knew each other because they had the same disability.

Once the women with disabilities attending the workshop discovered the value of this technology, they did something the course organizers had not originally planned: they created an inclusive WhatsApp group that allowed them to share information about human rights, gender equality and opportunities for inclusion between themselves and with other persons interested after the project.

Example 5

Seek accessible solutions adapted to the context

In 2019, in Uruguay, in the context of the same joint project, workshops on disability, human rights and GBV were organized together in collaboration with civil society organizations. Although they were organized by civil society organizations, these workshops were aimed at a population sector the majority of which had no links with these organizations. However, relying on civil society to inform women with disabilities about the workshops was possibly not the best choice. The solution, as is often the case, was suggested by those who needed them the most: the female professionals with disabilities participating in the project, who identified WhatsApp as one of the communication tools most commonly used by women with disabilities in the country. This app, which is easy-to-use, free and accessible, is one of the few contact tools and sources of information for women with disabilities, who can use it autonomously (although it is sometimes controlled by other family members, especially in the case of women with intellectual or psychosocial disabilities). they shared a list of individual contacts, mainly via WhatsApp, between groups of women of the same locations who already knew each other because they had the same disability.

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SECTION 3

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