The United Nations Population Fund (UNFPA) submits this report to the Office of the High Commissioner for Human Rights on the topic of Preventable Maternal Morbidity and Mortality and Human Rights for pursuant to resolution 27/11 in which the Council requested OHCHR to prepare a follow-up report on the application of the "Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality" (hereinafter "Technical Guidance" (TG)).

This submission should be read as a supplement to UNFPA's previous submissions, in particular the submission from 2014 pursuant to resolution 21/6 which extensively describes how UNFPA is applying the TG at country, regional and global level. This work is ongoing and increasingly prioritized given the visions of the Agenda 2030 as well as the Global Strategy for Womens', Childrens' and Adolescents' Health. UNFPA's submission is focused on the relevance of the TG in the implementation of the 2030 Agenda and the Global Strategy and how UNFPA is applying the principles of the TG in our work towards 2030.

## 1. UNFPA's work on maternal mortality and morbidity towards 2030

Maternal death and morbidity are a consequence of a complete failure to fulfill women's human rights in most cases. The lack of progress in reducing maternal mortality in many countries highlights the low value placed on the lives of women and testifies to their limited voice in setting public priorities. Women in general, but especially those living in poverty, are often unable to access care because they lack the decision-making power, the financial resources or the empowerment to challenge harmful, stigmatizing or discriminatory norms and therefore cannot obtain the full range of their sexual and reproductive health and rights to services and information.

UNFPA's core mission of advancing sexual and reproductive health and reproductive rights is prioritized in 2030 Agenda in particular in Goal 3 on Health and Goal 5 for gender equality. Yet, UNFPA sees the SDGs as highly interlinked therefore, while maternal health is situated under goal 3, investments in other goals are key to improve maternal health, in particular the preventive approach to maternal health.

Agenda 2030 is characterized by an approach that is universal, equality-focused, and integrated across three dimensions: economic, social and environmental. While seeking to address the unfinished business of the MDGs, Agenda 2030 moves more deeply into the root causes of poverty, inequality and deprivation; addresses both the inequalities of opportunity and outcome; champions human rights as a cross-cutting goal; and highlights the collective threats of climate change to human well-being.

Many of these same principles were outlined in the ICPD Review and Framework for Actions. The ICPD Beyond 2014 Review showed how the implementation of the ICPD Programme of Action defined dignity, human rights and capabilities as the foundation of sustainable development. The Review gave central attention to the problem of national and sub-national inequalities as a threat to development, and asserted the importance of re-linking UNFPA's mandate in SRHR to the broader challenges of economic, social and environmental justice that characterized the ground-breaking approach of ICPD. Agenda 2030 affirms and elaborates the message of integrated development for all, and furthermore, makes it concrete by insisting that future progress must be monitored in a disaggregated manner to verify and ensure that "no one is left behind" and to enable that development efforts "reach the furthest behind first". UNFPA would emphasize the need not to limit this approach to addressing only the needs of marginalized populations, the underserved and the "hardest to reach". Inequality and discrimination is also the result of disempowerment or unequal power relations. In some contexts, major population groups including women, adolescents and youth, and older persons experience heightened inequalities due to discrimination and the denial of basic human rights, such as education, sexual and reproductive health and rights, property rights and legal capacity and autonomy.

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Agenda 2030 affirms and elaborates the message of integrated development for all, and furthermore, makes it concrete by insisting that future progress must be monitored on a disaggregated manner to verify and ensure that "no one is left behind". The SDGs in general and most specifically goal 1, 3, 4, 5 and 10, will not be achieved without the promotion and fulfilment of sexual and reproductive health and rights, many targets within those goals will not be achieved if women and girls do not have safe pregnancies, and if maternal mortality is not reduced; if young people and adolescents are denied their basic rights of access to high quality education and health, including sexual and reproductive health an rights; if women and girls are denied the right to make autonomous decisions on issues concerning their reproduction or cannot control their own sexuality; or if that autonomy is hampered by gender-based violence, sexual violence and harmful practices, coercive practices and discrimination.

It is well established that progress in reducing maternal mortality and morbidity has been uneven. In many parts of the world adolescent girls, indigenous and rural women, and women belonging to minority groups face disproportionate risks of dying during pregnancy and childbirth. To address these disparities UNFPA programmes take into consideration the prevention of discrimination and the imperative of addressing the underlying determinants of women's health including women's human rights and gender equality. The 2030 Agenda calls for all forms of discrimination and violence against women and girls to be eliminated, including

through the engagement of men and boys. Furthermore the agenda calls on us to address inequalities and leave no one behind and to start with those furthest behind. This requires a systematic and transformative focus on gender equality and the empowerment of women and girls' particularly those in the most vulnerable contexts.

Horizontal inequalities such as gaps in vulnerable population groups (SDG10) and underserved communities need to be addressed in order to achieve universal coverage and more equitable development outcomes. While structural causes of inequality compound and exacerbate marginalization and exclusion across certain population groups, policies will not achieve equitable outcomes and social cohesion unless the distinct needs and rights of diverse population groups are addressed. SDG 5 on gender equality focuses not only on positive policies and the need to eliminate discrimination and violence. Goal 5 also stresses the need to take legal, regulatory, policy programming, and other measures to empower women and adolescents to make informed choices, free from coercion, including in the exercise of their sexual and reproductive health and rights, including access to information and education.[1] In line with the TG, this will require the recognition of legal capacity to make autonomous decisions irrespective of marital status and in accordance with the evolving capacity of adolescents, access to information and education as well as the respect of the right to privacy and informed consent. Without addressing agency and fundamental aspects of civil and political rights, a narrow set of anti-discrimination measures will not be enough to ensure that these groups become empowered rights-holders, including as positive agents in preventing maternal mortality and morbidity through provision of comprehensive sexuality education in line with international standards.[2]

The TG outlines a clear vision for the need to address root causes and to address both the empowerment of rights-holders and the capacities of duty-bearers. This is particularly important for the work to advance on SDG target 5.6 on universal access to sexual and reproductive health and reproductive rights. The global goals will not be achieved without transformation of social norms empowering women, girls and young people to control their bodies and their lives and contribute to their societies.

[1] Proposed indicators for SDG target 5.6, as listed in the Report of the Inter-agency and Expert Group on Sustainable Development Goal Indicators (17 December, 2015), E/CN.3/2016/2:
- 5.6.1: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- 5.6.2: Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education

[2] UNFPA (2014): "UNFPA Operational Guidance for Comprehensive Sexuality Education - A focus on Human rights and Gender":
http://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education#sthash.UpbIy3yO.dpuf

## 2. Operationalizing human rights based service provision to address AAAQ

The TG provides a useful programming approach to prevention of maternal mortality and morbidity, which has informed overall programming by UNFPA, as reported on earlier. In the work with the TG and the general programming principles of the HRBA, it has been observed that operationalizion of the general principles of HRBA for practical application has been a key challenge. Hence it is a continuous ambition for UNFPA to bridge analysis and action and meet the needs of a variety of stakeholders, including programme staff, policy-makers, service providers and planners to turn human rights into practice. UNFPA is continuously working with OHCHR, WHO, PMNCH, Harvard University and other partners to publish a series of Reflection Guides for different stakeholder groups in order to provide concrete advice on the application of rights based approaches to maternal and child health.[3]

With the acknowledgement that inequity in health and lack of human rights-based provision of contraceptive services is among the explanatory root causes behind maternal mortality and morbidity, UNFPA has partnered with WHO to develop a detailed implementation guide on contraceptive service provision: *"Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide".*[4] It outlines the key considerations and practical action steps for planning and programming of rights-based contraceptive services for health programme planners, managers and providers. This implementation guide for ensuring human rights within contraceptive service delivery is a companion document to the WHO guidelines.[5] This implementation guide sets out core minimum actions that can be taken at different levels of the health system, and provides examples of implementation of the recommendations in the WHO guidelines. Human rights terminology may be unfamiliar or perhaps not fully understood by health-care providers and health programme managers. The guide aims to "translate" human rights principles and standards into concrete categories often used in the provision of primary health care and contraceptive information and services.

Health and human rights considerations require governments to ensure human rights in the context of service provision — including the human rights of all who seek and/or use contraceptive information and services. Yet, many women and girls still are not able to access and or freely use quality contraceptives. This is particularly important with regards to adolescent girls and such efforts should be set within the context of a broader effort to end gender discrimination and promote gender equality. This requires awareness raising and training of service providers at all levels. The roll out of the guide at national and sub-national level is an important intervention towards ensuring quality of care, including informed choice that is at the very core of the human rights approach to provision of contraceptive services. The

[3] For more information, please see: http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx

[4] UNFPA and WHO (2015): "Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide" http://www.who.int/reproductivehealth/publications/family_planning/hr-contraceptive-service-delivery/en/

[5] WHO (2013): "Framework for ensuring human rights in the provision of contraceptive information" http://www.who.int/reproductivehealth/publications/family_planning/framework-hr-contraceptive-info/en/

implementation guide provides detailed guidance on the fulfilment of human rights and requires that all healthcare facilities, commodities and services be respectful of medical ethics and of the culture of individuals, minorities, peoples and communities, sensitive to gender and life cycle requirements, and must be designed to respect confidentiality and improve the health status of those concerned. It also goes into detail of the principle of autonomy, expressed through free, prior, full and informed decision-making. As a key example, the guide exemplifies checks and balances of quality of care in contraceptive service provision, which includes operationalization of choice among a wide range of contraceptive methods; evidence-based information on the effectiveness, risks and benefits of different methods; technically competent training health workers; provider-user relationships based on respect for informed choice, privacy and confidentiality; and the appropriate constellation of services (including follow-up) that are available in the same locality.[6]

In October, 2015, the roll-out of the Implementation Guide was piloted in seven countries and initiated by a workshop in Johannesburg. Participants came from seven countries from East and West Africa and in most cases countries delegations included officials from Ministries of Health and National Human Rights Institutions (NHRIs) in addition to UNFPA gender and SHR focal points. The workshop aimed to equip participants with knowledge, skills and tools to integrate human rights into their work on family planning and the delivery of contraceptive information and services. More specifically, the workshop aimed to identify human rights gaps in strengthening access to and quality of family planning services; and support countries to strengthen accountability mechanisms and the capacities of NHRIs to assess the fulfillment of human rights in the context of national policy efforts to meet family planning commitments; and develop country-specific action planning in the context of ongoing family planning strategies and Contraceptive Implementation Plans (CIPs). This initial workshop was part of a broader project aiming to ensure that women and adolescents have access to quality contraceptive services and are enabled to utilize a method of their choice. This project consists of two phases – a regional workshop and a follow-up through a piloting approach in a select group of countries that have made commitments to FP2020 and in the phase of their operationalization.

The emphasis of bringing the NHRIs into this work is an embodiment of the key principle of the TG in which impact of a human rights-based approach depends on fostering accountability of multiple actors and at various levels. Traditionally, much work has been directed towards developing capacities of the government institutions, however, involving NHRIs follows the approach of the TG in which strong accountability institutions are key to hold governments accountable and to leverage policy dialogue for change, including advocacy for institutionalization of inclusive and meaningful participation of civil society.

[6] UNFPA and WHO (2015): pp. 28

## 3. Country examples: Strengthened accountability and policy dialogue on SRHR

Despite the fact that reproductive rights are fundamental human rights, most NHRIs have traditionally not been addressing these issues at all or only partially limited to one issue on the SRHR agenda, such as forced sterilization or gender-based violence, without looking at the broader SRHR situation in the country. As with the interlinked root causes of maternal mortality, there is so clearly a need to look at SRHR comprehensively and analyze the national progress and gaps carefully in order to inform claims for policy change and adequate policy responses. This ambition has brought about groundbreaking work with NHRIs at country level in which UNFPA has partnered with NHRIs to conduct country analyses or public inquiries on SRHR through human rights lenses beyond a public health approach.[7]

This approach has developed capacity of NHRIs in a number of countries and has put SRHR on the agenda as human rights priorities. Many NHRIs were simply not familiar with SRHR prior to these projects and UNFPA has observed how NHRIs are strong evidence-based advocates and how key national stakeholders were convened and mobilized through dissemination of their findings. Hence it has proved fruitful for UNFPA to increasingly support NHRIs and other stakeholders to effectively bridge analysis and action for change in inclusive national policy dialogues.

***An example of this ongoing work is from Zambia***. Building on the work undertaken by the OHCHR and UNFPA HQ in advancing the TG implementation and developing guidance to NHRIs, UNFPA Zambia initiated this stream of work in 2015 after having identified the need to analyze the manifestations of unfulfilled sexual and reproductive rights for excluded and marginalized Zambian women and girls in collaboration with the Human Rights Commission (HRC); Population Council; Women and Law in Southern Africa (WLSA); the UN Human Rights Adviser at the Resident Coordinator's Office and OHCHR.

To initiate this process, the Country Office developed a concept note highlighting Zambia's main international obligations and how the country was faring on each particular right with information from the Demographic and Health Survey and other data sources based on the UNFPA guidance note. Informed by this concept note, the CO held initial discussions with the National Human Rights Commission (as the overall coordinating entity for this work), the United Nations Human Rights Adviser, OHCHR, Population Council (to lead the data collection process), WLSA (to facilitate multi-stakeholder dialogues) and the Ministry of Gender. It was agreed to conduct four interlinked streams of work:

i. Independent assessment on the status of SRHR in Zambia from a human rights perspective
ii. Facilitate a capacity building/orientation meeting on a human rights-based approach to SRHR

[7] Please refer to UNFPA, DIHR and OHCHR (2014): "A Handbook for National Human Rights Institutions" http://www.unfpa.org/publications/reproductive-rights-are-human-rights

- Objective: To bring key stakeholders to an appreciable level of knowledge and understanding on the subject matter and by so doing secure constructive feedback during subsequent stakeholder consultations. The reason being that there is limited level of knowledge amongst key stakeholders and, thus, capacity building/orientation would be beneficial.
- Target audience: government counterparts, key civil society organizations, and community based organizations that work in the areas of SRHR in the country.

iii. Facilitate a multi-stakeholder national dialogue to disseminate the preliminary findings of the assessment.
- Objective: To present the first draft of the SRHR assessment report to a group of key stakeholders, receive feedback, and secure consensus on the potential policy and programme directions to improve SRHR programming in Zambia.
- Target audience: Policy and programme managers from government counterparts, key civil society organizations that work on SRHR in the country, community based organizations representing rights holders, representatives from bilateral and multi-lateral organizations, and United Nations agencies.

iv. Develop and disseminate a Country Report on Rights-Based Approach to Sexual and Reproductive Health Programming in Zambia that articulates the findings of the assessment, the SRHR systemic gaps in the country that need to be addressed, and actions that need to be undertaken in line with international human rights norms to protect and ensure the fulfillment of relevant human rights to inform continuous policy dialogues and advocacy around the findings.

The report has not been finalized yet, however, the preliminary results are promising. As the UNFPA focal point from Zambia has expressed it: “When you do not have evidence, it is very difficult to see where the gaps are. Before, there was not enough evidence to make people aware that the country was not fulfilling its SRHR obligations and thus there was no political move in that direction.”

***Another country example is from Malawi*** where the Malawi Human Rights Commission (MHRC) has been involved in the implementation of the TG, including through conducting the “Country Assessment on the Cycle of Accountability for Maternal, Sexual, Reproductive, Child and Neonatal Health” funded by the Partnership for Maternal, Newborn and Child Health, OHCHR, UNFPA, UNICEF, UN Women and WHO and the “Report of The Public Inquiry into the Status of Sexual and Reproductive Health Rights conducted by the Malawi Human Rights Commission” funded by UNFPA.

The Country Assessment was undertaken by two consultants commissioned by a technical committee that led the study process composed of the Ministry of Health of Malawi, OHCHR, UNFPA, WHO, UNICEF and UN Women. It was part of a process initiated in November 2013 at a regional workshop held in the country where national stakeholders from Malawi, South Africa, Uganda and Tanzania committed to undertake a human rights assessment based on the TG.

Additionally, a public inquiry was conducted by the MHRC in 2014 with financial assistance from UNFPA. Its overall aim was to establish the extent and nature of the violation of sexual and reproductive health rights, and recommend appropriate redress measures.

In October, 2015, this extensive work was followed up by a national policy dialogue meeting in order to discuss and validate the two reports of evidence and recommendations relating to SRHR. Stakeholders from different areas of the Malawian society attended the meeting, including government officials from several ministries, members of Parliament, districts health officers, justice system personnel, UN agencies, services providers, civil society organizations working on SRHR issues, and media.

This initial policy dialogue meeting was effective for including a variety of participants in the status of SRHR and the evidence for policy responses, which can be further fostered by regular multi-stakeholder meetings; program models; tools for designing, monitoring and evaluating programs responsive to SRHR-related issues; and the continuous development of reliable information. The issues addressed cut across many sectors and levels. Hence collaboration and coordination among the stakeholders is highly important to support continuing efforts to implement and monitor recommendations for advancing SRHR. The multi-stakeholder meeting identified several evidence-backed policy responses and assigned responsibility of key actors to take action, which would ultimately strengthen accountability at various levels for impact.

### 4. Critical need to address maternal morbidity, including obstetric fistula

It is critical for UNFPA to take stock of the fight to end obstetric fistula in relation to the TG, which aims to prevent both maternal mortality and morbidity. Ending obstetric fistula is a core component of all efforts to reduce maternal and newborn mortality and morbidity, however, the issue of morbidity is too often neglected. The SDGs were adopted by Member States with the aim to fight all forms of poverty and inequality and ensure no one is left behind. Obstetric fistula is preventable when there is access to quality and adequate health care and services. Fistula occurs in areas where the human rights and health needs of the poorest and most marginalized persons are not being met. Inaccessibility of services to treat obstetric fistula and to provide support and follow up to women after treatment is a further denial of human rights. In order to fully meet the SDGs, global and national commitments must be made and carried out to ensure future cases of fistula are prevented and current cases are repaired.

In recent years, considerable progress has been made in focusing attention on maternal deaths and disabilities, including obstetric fistula. Despite these positive developments, many serious challenges remain. It is a human rights violation that in the twenty-first century, the poorest, most vulnerable women and girls suffer needlessly from a devastating condition that has been virtually eliminated in other parts of the world. It is imperative that the international community and national governments act urgently to end obstetric fistula. Any woman or girl who is suffering from prolonged or obstructed labor without timely access to an emergency Caesarean section is at risk for developing obstetric fistula. While precise figures are not

available, it is estimated that more than 2 million women and girls are living with obstetric fistula, and thousands more develop fistula annually. Obtaining exact data for prevalence and incidence is extremely difficult as fistula usually afflicts the most marginalized — poor, vulnerable, often illiterate women and girls living in rural areas — and usually requires clinical screening to diagnose.

Fistula can have immediate health impacts for a woman and her child and, when left untreated, leads to devastating medical and social consequences. There is a strong association between fistula and stillbirth. A meta-analysis of obstetric fistula studies published between 1990 and 2015 shows that 90.1% (95% CI 90.2-91.0) of pregnancies in which the woman develops fistula result in stillbirth. Risk of stillbirth is 99 times greater for women who develop fistula during delivery versus women who have a normal delivery. A woman with fistula is not only left incontinent but may also experience neurological disorders, orthopaedic injury, bladder infections, painful sores, kidney failure or infertility. The odour from constant leakage combined with misperceptions about its cause often results in stigma and ostracism. Many women with fistula are abandoned by their husbands and families. They may find it difficult to secure income or support, thereby deepening their poverty. Their isolation may affect their mental health, resulting in depression, low self-esteem and even suicide. Additionally, the condition can easily recur in women whose fistula has been surgically treated but who receive little or no medical follow-up and become pregnant again.

Most cases of obstetric fistula can be treated through surgery. Women can then be reintegrated into their communities with appropriate psychosocial care. However, research suggests that there is a very significant unmet need for fistula treatment. While global progress is being made to increase access to fistula treatment, it is vastly insufficient. Currently, few healthcare facilities are able to provide high-quality fistula surgery, due to a lack of healthcare professionals with the necessary skills, as well as essential equipment and life-saving medical supplies. When services are available, many women are not aware of or cannot afford or reach these services due to barriers such as transportation costs. Most women who develop fistula will not receive treatment in their lifetime, given the current rate of progress. Providing access to treatment for all women with fistula, as well as preventing all new cases of fistula, should be a high priority in the global post-2015 development agenda.

In order to eliminate obstetric fistula globally, it is necessary to scale up country capacity to provide access to comprehensive emergency obstetric care, treat fistula cases, and address underlying medical, socioeconomic, cultural and human rights determinants. Furthermore, countries must ensure universal access to reproductive health services; eliminate gender-based social and economic inequity and discrimination; prevent child marriage and early childbearing; fulfill the rights to education and health, especially for girls; and encourage community involvement in strengthening social accountability to put an end to obstetric fistula.

To prevent new cases of maternal morbidity, including obstetric fistula from occurring, it is necessary to increase access to and availability of quality maternal health services, which

includes skilled birth attendance (such as midwives) during pregnancy and childbirth and access to Emergency Obstetric and Newborn Care, if complications arise during childbirth. In relation to the further implementation of the TG recommendation, it is critical to take into account the following key recommendations particular to obstetric fistula:

- National governments must develop and implement costed, time bound strategies for eliminating obstetric fistula;
- National task forces must be established to enhance coordination and collaboration around fistula;
- All women and girls with fistula should have access to surgical repair through the elimination of barriers to care, such as transportation costs and cost of surgery, as well as ensuring there are enough experienced surgeons at strategically selected facilities to provide treatment;
- All women and girls who have undergone fistula treatment should have access to social reintegration services, including counselling, education, skills development and income-generating activities;
- Community-and facility-based mechanisms must be developed for the systematic notification of obstetric fistula cases to ministries of health and their recording in a national register, and obstetric fistula must be acknowledged as a nationally notifiable condition, triggering immediate reporting, tracking and follow-up.

## 5. Conclusion: Challenges and steps to be taken

The ambition to achieve the goals of the SDGs and the Global Strategy requires further response in policies and programmes and the TG is useful in this regard. Further, the thematic pillars contained in the 20 year review of the ICPD, The Framework of Actions (A/69/62), provide an analytical frame through which we can operationalize key dimensions of the 2030 Agenda and the SDGs. This work builds on the centrality of human rights and investments in the capabilities of the individual throughout the life course, as a pathway to achieving individual and collective wellbeing, and ultimately sustainable development. From the point of view of UNFPA, the following challenges are key action points in UNFPA's further work towards 2030:

- *Analysis:* It is of critical importance to operationalize actions that address inequalities at all levels of society starting from the household level, which is a particularly relevant context either preventing or enabling women and adolescents access to services, life skills, economic independence and decision making. This will require expanding the dichotomy of rights-holders and duty-bearers relationships in order to address power imbalances within the household and discriminatory patterns resulting from patriarchal systems. This is directly relevant to progress on SDG target 5.6., however, also critically important across the SDGs in order to ensure gender equal progress;
- *Planning:* Regarding service provision, it is a key challenge to further address power imbalances between service providers and users is of capital importance for removing some

of the barriers preventing access. In the case of sexual and reproductive health, stigma, disrespect and abuse are major deterrents adolescents, indigenous women, unmarried women, LGBTI, sex-workers and persons with disabilities face in their interaction with health systems due to misconceptions and negative attitudes rooted in cultural or ideological factors;

- *Participation:* There is a clear need to further integrate empowering measures in programmes, which promote social mobilization and the active engagement of women, and adolescents and youth, including those from marginalized populations, is critical for ensuring their meaningful participation in the design and monitoring of policies and budgets. There is a clear need to address the demand side of the development equation, by devoting more resources for the development of capacities for empowerment, including social accountability programmes;
- *Monitoring:* As for the integration of the SDGs, it will be essential to effectuate a robust monitoring framework, aligned to international human rights obligations, in order to ensure equal impact of the 2030 Agenda. A monitoring methodology that leaves no one behind has to consider both issues of content and process. Data disaggregation to the fullest possible extent is a must from a human rights perspective. Additionally, specific national indicators will be needed to capture the specific needs and rights of particularly marginalized and discriminated against groups. For instance, data should be developed at least at the national level to understand whether social services are sensitive to the cultural views of indigenous peoples, or whether services are designed in ways that provide reasonable accommodations for ensuring access of persons with disabilities or specific rehabilitation services are in place as required by the CRPD.