Training module on SDG 5:   
Gender equality (in-person training)

*Advance version*

[Facilitator’s Outline](#_Facilitator’s_Outline)

Handout: [Extended Character Stories](#_Handout_–_Extended)

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# Facilitator’s Outline

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| **Module Title**  **Training Module on SDG 5 - Gender Equality (in-person training)** | |
| **Description** | The United Nations Human Rights Office drafted a comprehensive resource package aimed at supporting the work of policymakers who are engaged in the implementation of the Sustainable Development Goals for the 2030 Agenda, or in the implementation of disability-related policies.  The [SDG-CRPD resource package](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx) is composed of the following components:   * **Policy Guidelines** are detailed documents aiming at supporting policymakers in the development of laws, policies and programmes following the Sustainable Development Goals, under the guidance of the Convention on the Rights of Persons with Disabilities (CRPD). The Policy Guidelines include: a comprehensive first component - Foundations for Inclusive Sustainable Development Goals - which reviews key concepts, including the human rights based approach to disability, cross-cutting issues and structural requirements to create an enabling legal, policy and programme environment, as set out in SDGs 10 (Reducing Inequalities), 16 (Peace, Justice and Strong Institutions) and 17 (Partnerships for the Goals); guidelines covering SDG 1 (No Poverty), SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), and SDG 11 (Sustainable Cities and Communities); thematic briefs related to food and nutrition, water and sanitation, rural areas, research and innovation, tourism and climate change and disaster risk reduction. * **Human Rights Indicators** for the Convention on the Rights of Persons with Disabilities, which identify key markers to assess the enjoyment of rights under each article of the CRPD, and track progress in its implementation. * **Data Sources Guidance**, which provides concrete examples of where data is being collected to inform the human rights outcome indicators. * **Training materials**, which include a facilitator guide and a set of Power-Point® slides, to support in-person and online trainings on the different components of the Policy Guidelines, as well as a general module dedicated to the SDG-CRPD resource package itself. * **Videos**, which give a brief overview of the topics covered in the Policy Guidelines, as well as one video that introduces the SDG-CRPD resource package itself and its components.   This training module focuses on SDG 5 - achieving gender equality for all, including persons with disabilities. |
| **Length** | 8 hours including breaks. Schedule one hour for set-up. |
| **Date & Time** | [write here date and time of the training] |
| **Facilitator(s)** | [Write the name of facilitators here]  ***\*\*Note to Facilitators: Everything in italics is the script for you to say to participants. Adapt it to your own style.***  While it might not always be possible, it is advisable that facilitators team-up with persons with disabilities to deliver trainings in one or more sessions. They can participate as experts or share their experiences, to illustrate contexts, barriers, and/or actions recommended.  In preparation for facilitating this module it is important that you familiarize yourself with the Foundations for Inclusive Sustainable Development Goals and Policy Guideline on SDG 5 available at [SDG-CRPD resource package](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx)  In addition, you should assess the needs of participants and identify how familiar they are with the content. To do so, you should review Part 2 of the [Evaluation Handbook](https://www.ohchr.org/Documents/Publications/EvaluationHandbookPT18.pdf).  This training will be more effective if participants are able to make connections between the theoretical and technical content of the module, and their own particular contexts. That is why most activities include a debrief with open questions to support learning. Therefore, it is important that you are prepared to link participants’ responses and offerings to the content of the module and specific concepts, to build on their comments when explaining content. |
| **Objectives** | By the end of the module, participants will be able to:   * Identify and use the various components of the United Nations Human Rights Office’s SDG-CRPD resource package. * Better understand the current situation in terms of how women and girls with disabilities are subjected to discrimination on the basis of their gender and disability. * Identify concrete steps that policymakers can take to promote the equality of women and girls with disabilities, within the process of implementing SDG 5 through a disability-rights lens. * Learn how to obtain additional information to support the empowerment and equality of women and girls with disabilities, in their context. |
| **Participants** | Number of participants: 30   * Intended participants: Policymakers and public officials working in various agencies that play a role in the realization of the SDGs or in the development and implementation of disability-related policies, particularly as they relate to gender equality. * Facilitators should have the following considerations when preparing to give this training:   + Among participants, there are differences of experience working on policy implementation related to the rights of persons with disabilities.   + Among participants, there are different levels of knowledge about the Convention on the Rights of Persons with Disabilities, the Sustainable Development Goals and/or the 2030 Agenda.   + Whether participants have disabilities and what specific accommodations are needed for them to participate fully.   + English may not be the participants first language.   + Participants may not be attending the training by choice. |
| **Materials** | * [Foundations for Inclusive Sustainable Development Goals: key concepts and structural requirements](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx) * [Policy Guideline SDG 5](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx) * [Training Presentation](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx) * [Video SDG 5](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx) * Flipcharts (4 total):   + Two blank flipcharts: One flipchart with the heading “Parking Lot” for people to write any questions that arise throughout the training that may not be directly related to the topic; one flipchart with the heading “Resources” for participants to share any resources they may have.   + One flipchart to leave up throughout the training with the title: “Core pillars for all policies” and a list with the following items:     - Non-discrimination on the basis of disability (addressing intersectionality and-diversity of persons with disabilities)     - Participation     - Accessibility     - Support for persons with disabilities - Assistive technology and support services     - Awareness raising   + One flipchart to leave up throughout the training with the title: “Structural requirements for creating an enabling environment” and a list with the following items:     - Governance     - Participation     - Non-discrimination legislation & policy     - Accountability     - Capacity building     - International Cooperation * ACTIVITY SPECIFIC   + Data Contest: Prize for the winner team (it can be symbolic, or a publication, or a snack, you can be creative!)   + Handout - [Extended Character Stories](#_Handout_–_Extended)   + Handout - [Policy Guideline Excerpts](#_Excerpts_of_Policy) * Markers and other writing implements * Masking tape * Blank pages |
| **Additional support resources for facilitators** | * [Training guide on the Convention on the Rights of Persons with Disabilities](https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf) * [CRPD training package](https://www.ohchr.org/EN/Issues/Disability/Pages/TrainingmaterialCRPDConvention_OptionalProtocol.aspx) * [Evaluation Handbook](https://www.ohchr.org/Documents/Publications/EvaluationHandbookPT18.pdf) * [OHCHR Training booklet](http://acnudh.org/wp-content/uploads/2011/11/slitoolkit.pdf), “Share, learn, innovate!” * [OHCHR Manual on Human Rights Training Methodology](https://www.ohchr.org/Documents/Publications/training6en.pdf) * [UNESCAP Disability-Inclusive meetings](https://www.unescap.org/resources/disability-inclusive-meetings-operational-guide) |
| **Logistics** | * [Describe here any specific logistical, set-up, or needs for the training, such as important numbers, contacts, etc.] * Make sure you address any specific accessibility needs for facilitators and participants (this may include physical accessibility, availability of Sign Language interpreters, audio description, etc.) |

| **Section** | **Agenda & Activities** | **SLIDE** |
| --- | --- | --- |
| **Welcome and Intro**  (35 min)  Start time: 00:00  *Facilitator’s name* | PURPOSE: Connect and engage participants, help everyone see who is in the room so they can focus, set the expectation for participation, give facilitator a first read of the group   * Set the seats in a U shape with the facilitator in front of the room. * *I’d like to welcome everyone to the space. I would also like to get to know more about you, and for you to learn more about who else is in this training. For that, I would like to ask each of you to introduce yourself for exactly one minute (I will be keeping time). Share a little bit about who you are and answer the question:* ***What is something you have been told to do or be, just because of your gender?*** *It can be about anything, little or big but* give an example about yourself (i.e. as a girl, I was told that I had to always sit with my knees closed). *We won’t follow any particular order; whomever feels moved to do so, come to the front of the room and introduce yourself. I will tell you when your time is up.*   Move your seat to leave the front of the room open for each participant to step up. Be rigorous with calling time for each participant; this will bring humor to the task and will also make sure that everybody begins on equal ground. Facilitators go last.  Keep in mind things that people share and can be linked to the topic of the module. Refer back to them when building the key concepts surrounding gender equality. After everybody (including facilitators) have gone, ask:   * *What did you notice about the group? What caught your attention about what others shared? Also, think of a person that you would like to connect more with based on what they said and use the breaks to do so.* | Slide 1: Policy Guideline on gender equality - SDG 5  Slide 2: Welcome |
| **Overview, Objectives and Agenda Review**  (10-15 min)  Start time: 00:35  *Facilitator* | PURPOSE: Engage and prepare participants by helping them understand the context and purpose of the session and by providing some information on what’s coming to reduce anxiety.   * *Today we are all here for the purpose of exploring what needs to be done to achieve gender equality and empower all women and girls with disabilities. The United Nations Human Rights Office developed a comprehensive resource package aimed at supporting the work of policymakers who are engaged in the implementation of the Sustainable Development Goals for the 2030 Agenda or in the implementation of disability-related policies.* * *Our objectives for today are to:*    + *Become familiar with the resource package and its components.*   + *Gain a better understanding of the situation of women and girls with disabilities.*   + *Identify concrete actions that policymakers can take to implement SDG 5 on gender equality in their own contexts.*   + *Learn how to obtain additional information for supporting the process of implementation of SDG 5.*   *The* [*SDG-CRPD resource package*](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx) *is composed of the following components:*   * ***Policy Guidelines,*** *are detailed documents aiming at supporting policymakers in the development of laws, policies and programmes following the Sustainable Development Goals, under the guidance of the Convention on the Rights of Persons with Disabilities (CRPD). The Policy Guidelines include: a comprehensive first component - Foundations for Inclusive Sustainable Development Goals - which reviews key concepts, including the human rights based approach to disability, cross-cutting issues and structural requirements to create an enabling legal, policy and programme environment, as set out in SDGs 10 (Reducing Inequalities), 16 (Peace, Justice and Strong Institutions) and 17 (Partnerships for the Goals); guidelines covering SDG 1 (No Poverty), SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), and SDG 11 (Sustainable Cities and Communities); thematic briefs related to food and nutrition, water and sanitation, rural areas, research and innovation, tourism and climate change and disaster risk reduction.* * ***Human Rights Indicators*** *for the Convention on the Rights of Persons with Disabilities, which identify key markers to assess the enjoyment of rights under each article of the CRPD, and track progress in its implementation.* * ***Data Sources Guidance****, which provides concrete examples of where data is being collected to inform the human rights outcome indicators.* * ***Training materials****, which include a facilitator guide and a set of Power-Point® slides, to support in-person and online trainings on the different components of the Policy Guidelines, as well as a general module dedicated to the SDG-CRPD resource package itself.* * ***Videos****, which give a brief overview of the topics covered in the Policy Guidelines, as well as one video that introduces the SDG-CRPD resource package itself and its components*. * *While all the policy guidelines support each other, today’s session will be focused on Gender Equality.*   Agenda Review:   * *To start we’ll review and explore data that informs the policy guidelines; then, we’ll unpack stereotypes and barriers faced by persons with disabilities, particularly women, and finally we’ll discuss in-depth some of the key areas in which we can work to implement SDG 5.* * *At this time, we would like to ask you to do what you need to do to be as present as possible in this space, by removing distractions, taking care of yourself, and supporting the participation of others. We invite you to use everything for your own learning!*   Address here any logistical issues: information about where the bathrooms are, whether the session is being recorded or not, instructions on working with interpreters, etc.   * *We have put up two flipcharts: In one, you can write any questions that arise that may not be directly related to the topics of today’s session. We’ll be reviewing them during breaks and provide answers. The second flipchart is for you to share any resources you might have with other participants. We invite your wisdom into this room!*   *Any questions before we move on?*   * Make sure to answer questions from participants and clarify any of the information needed | Slide 3: Objectives for the session  Slide 4: What's in the SDG-CRPD resource package?  Slide 5: Agenda |
| **Understanding Disability & Ableism**  **(Optional)**  (30-45 min)  Start time: 00:50  *Facilitator* | PURPOSE: To provide a conceptual framework about disability and ableism from which the analysis in the rest of the session follows.  **NOTE:** If you are facilitating this training as a stand-alone training, make sure to include this activity. If you’re doing a series of trainings with other modules, you only need to do this activity once, at the beginning of the series.  Form trios of people, randomly, and ask them to face each other.   * *I would like to ask you to get comfortable. Close your eyes if you feel like it, or just lower your gaze, and think back to your youth for a moment. I would like to ask you to think back to when you were between 8 and 12 years old.* (PAUSE) *Please think back – specifically - about what was your idea of disability then. What messages did you receive from TV, newspapers, family, peers? What feelings did you have associated with disability?* (PAUSE). *What stories do you remember that involved people with disabilities at that time of your life? Maybe you had a relative with a disability… how did your family talk about it? Did you have any classmates with disabilities? Teachers?* (PAUSE) * *Now please turn to the persons in your trio and share some of what you remembered, discuss what you notice in common, and come up with a list of words that you associated with disability during that time of your lives.*   Gather the list from each group in a flipchart paper. Invite honesty. Things that will be listed will include fear, illness, pity, sadness, etc.  Read the list aloud and ask people what they notice. Connect what’s in the list to how disability has been understood, and how that translates to gender exclusion. For example:   * *Throughout history, disability has been understood as a curse and as a burden. This is reflected in terms such as “invalid” or “handicapped” and is also reflected in policies of segregation. Since it views people with disabilities as ‘objects of charity’ these harmful stereotypes impact women with disabilities particularly. They are not fully seen as women but rather as incapable of raising children, getting married or contributing to society. These views are still reflected in policies, programmes and practices. For example, many of the forms of violence that women with disabilities face are not understood as such, like in the case of denial of the possibility to learn Sign Language.* * *Disability has also been seen as a purely medical issue and something that needs to be fixed or cured. This view is reflected in policies and programmes in which psychiatric and medical professionals are given maximum authority to determine what a person can, or cannot, do. One of the consequences of this view is that women with disabilities’ diagnosis are used to conduct widespread sterilization procedures, without consent, on the basis that they cannot raise children because they have an impairment.* * *The CRPD proposes a change in the way in which we view and understand disability- as a manifestation of human diversity and existing only as a relation between a person’s impairment and the barriers in the environment. Therefore, government actions must focus on removing the barriers that prevent women with disabilities from thriving and exercising their rights to their sexuality, to choose whether to have children, to participate in public and political life, and to make their own decisions.* * *Despite the significant advances in the recognition of the rights of persons with disabilities at international and national levels, the deeply rooted negative perceptions about the value of their lives continue to be a prevalent obstacle in all societies. Those perceptions are engrained in what is known as* ***ableism*** *- a value system that considers certain typical characteristics of body and mind as essential for living a life of value. Based on strict standards of appearance, functioning and behavior, ableist ways of thinking consider the disability experience as a misfortune that leads to suffering and disadvantage, and invariably devalues human life. As a result, it is generally assumed that the quality of life of persons with disabilities is very low, that they have no future to look forward to, and that they will never live happy and fulfilling lives. Ableism leads to social prejudice, discrimination against, and oppression of, persons with disabilities, as it informs legislation, policies and practices. Ableist assumptions lie at the root of discriminatory practices.*   (Cite to report of the UN Special Rapporteur on the rights of persons with disabilities on the impact of ableism in medical and scientific practice, [A/HRC/43/41](https://undocs.org/en/A/HRC/43/41); OHCHR report on awareness-raising, [A/HRC/43/27](https://undocs.org/en/A/HRC/43/27))   * *Now, after learning all this information, think for a moment and reflect on how you have interacted with women with disabilities in your own life; what do you notice?* | Slide 6: Disability and Ableism  Slide 7: In trios  Slide 8: Ableism |
| **Data Contest**  (30-45 min)  Start time: 01:35  *Facilitator* | PURPOSE: To offer a factual context about the situation of persons with disabilities. To invite participants to begin making connections to their own contexts.  Create teams of four people and prepare a prize for the winner (it can be symbolic, a UN publication on gender equality or a snack - you can be creative!) - Ask each team to pick a team name and explain that you’re having a contest. The team with most points takes the prize.   * After each question is answered, show the slide with the correct answer and give substantive information about the topic. You can review the policy guideline for more details. Each question has bonus points that involve contextualizing the situation to the participants’ own country/region. * Be sure to maintain high energy for this activity. Determine how you will know which group gets the first answer. Options can include, ringing a bell, saying a specific word, clapping, yelling their team name, etc. In a flipchart, keep points for each team after each answer. * ***Question 1 -*** *In developing countries, what percentage of persons with disabilities are women? (5 points)*   + *A. 12%*   + ***B. 75% (correct)***   + *C. 19%*   **Expanded answer:** *Women and girls with disabilities are a substantial group. Globally, an estimated 19 percent of women have a disability, compared to 12 percent of men; 75 percent of people with disabilities in developing countries are women. Women and girls with disabilities experience complex layers of discrimination on the basis of gender, disability and other characteristics. This manifests in lower rates of literacy, employment and access to health services, including sexual and reproductive health care, than men with disabilities or women without disabilities. In addition, women with disabilities are less likely to participate in political, economic, or public fora or occupy positions of leadership.*  **Bonus point:** *If a member of your team knows this statistic for their country.*   * **Question 2: *TRUE OR FALSE -*** *Women and girls with intellectual and/or psychosocial disabilities are more likely to be denied their right to legal capacity. (5 points)*   **Correct answer:** ***True***  **Expanded Answer:** *Women and girls with intellectual disabilities and those with psychosocial disabilities are more likely to be denied their right to legal capacity, be prevented from lodging complaints and testifying or will have their testimony discredited as unreliable. Women with disabilities, especially those with intellectual disabilities and with psychosocial disabilities, are often restricted in their autonomy to making decisions related to sexual relations, contraceptives and reproductive health. This results in rights’ violations, such as forced contraception and forced abortion.*  **Bonus point:** *if a member of your team knows whether the laws in their country allow for legal incapacitation or guardianship on the basis of disability.*   * **Question 3 -** *Based on data from 28 European countries, what percentage of women with disabilities have experienced physical or sexual violence by an intimate partner in comparison to other women? (5 points)* * ***A. 34% compared to 19% (correct)*** * *B. 7% compared to 5%* * *C. 49% compared to 20%* * *D. None of the above*   **Expanded answer:** *Women and girls with disabilities are more likely to experience gender-based violence, and face significant barriers accessing the justice system. While data continue to be scarce, the graphic on the right shows available data from 28 European countries that indicates that 34% of women with disabilities had experienced physical or sexual violence by an intimate partner, compared with 19% for other women. Women with disabilities present an up to three times higher rate of being forcibly sterilized than the general population. They are also subjected to child marriage and experience female genital mutilation.*  **Bonus point*:*** *if a member of your team shares what services are offered in their* *country or region to women with disabilities who are victims of domestic violence.*   * **Question 4 - *True/False*** *Lack of access to sexual education of persons with disabilities exposes them to higher risk of sexually transmitted infections.**(7 points)*   **Correct Answer: True**  **Expanded answer:** *Available literature consistently affirms that women and girls with disabilities access less education and have less knowledge related to sexual education. Less access to sexual education by persons with disabilities expose them to higher risk of sexually transmitted infections. For instance, meta-analysis of literature on sub-Saharan Africa observes an increasing gradient in the risk of HIV, according to gender and disability. Authorities of institutions might allow for, and decide on, forced sterilization to prevent pregnancies and manage menstruation, against a person’s will and preferences.*   * **Question 5 - Challenge (10 points):** *Two members of your team have to share policies or practices in their countries that promote gender equality for women with disabilities.*   Announce the winner team in a celebratory way and give them the prize. You can tell them that they are now officially “champions of inclusive education” in their country.   * *Now I would like to invite you to find someone from a different team and share with them, for a few minutes, something you learned, or that surprised you, in this activity.* | **Slide 9: Welcome to the data contest?**  **Slide 11: Question 1 and chart**  **Slide 12: Question 2**  **Slide 14: Question 3 with chart**  **Slide 15: Question 4**  **Slide 16: Question 5- Challenge** |
| **BREAK**  (20 min)  Start time: 02:20  *Facilitator* | PURPOSE: For participants and facilitators to take a moment away and come back together.   * TAKE A BREAK! * Be back in 20 minutes | Slide 17: Break! |
| **Laws and Policies**  (1hr 10 min)  Start time: 02:40  *Facilitator* | **Laws and Policies: 50min**  **Materials:**   * Sheets of blank paper * Flipcharts and markers   **Setup:**   * Pre-write the flipchart for the four areas:   + Economic empowerment   + Violence and harmful practices   + Political participation   + Sexual and reproductive health and rights * Pre-write the flipchart for the **What needs to be done**   + Impact-Assessment   + Twin-Track Approach   + Coordination   + Access to Justice   + Active Consultation   + Awareness Raising   + Budget   + Data   + International Cooperation   **Instructions:**  **Individually: 10 min (7 for writing, 3 for starting and group making)**   * *To start, I’d like to invite each of you to write out the list of laws or policies that relate to gender or women in your country. You will have about seven minutes for this.*   When the time is up, invite them to make groups of five with others from their country or region.  **Small groups: 15 min**   * *In your small groups discuss how these policies do - or do not - include women with disabilities.*   **Large Group Debrief: 25 min**  For this part, your goal as facilitator is to gather responses that relate to the following four areas:   * economic empowerment * violence and harmful practices * political participation * sexual and reproductive health and rights   When the small group discussion has finished, invite them back to the large group and ask them to find a new spot in the circle.   * *How was it to list the laws or policies and then discuss if women with disabilities were present or absent?”* get a few responses. * *What laws and policies did you identify? How do these laws and policies relate to women with disabilities?*   Write them on a flipchart. Summarize for each of the four elements. Next, ask participants to get **together with 2 other** people and form a trio **(8 min activity)**   * + *Discuss, in your trios, about what’s missing from these laws and policies in order for them to have an impact on the life of women with disabilities. Come up with a list.*   **Large group debrief: 12 min**  Ask each group to share two ideas they discussed and write them in a flipchart in front of the group. Keep in mind the categories listed below.  Next, reveal **what needs to be done? List categories** and ask them to identify where the things they identified fit.   * + Impact-Assessment   + Twin-Track Approach   + Coordination   + Access to Justice   + Active Consultation   + Awareness Raising   + Budget   + Data   + International Cooperation   Briefly explain what these categories mean and link them to what they identified. | Slide 18: Journal  Slide 19: In groups |
| **LUNCH BREAK**  (60min)  Start time:  03:50  *Facilitator* | Breaks are important spaces for participants to continue exchanging and processing information. If possible, create a communal experience, where people can informally exchange with each other. | Slide 20: Lunch Break! |
| **Video Showing/**  **Barriers to inclusion**  (30 min)  Start time: 04:50  *Facilitator* | **Instructions:**   * Divide participants into eight groups (or four depending on the number). * Assign each group a character (there will be two groups working on each character). * Distribute the [Extended Character Stories](#_Handout_–_Extended) to the corresponding groups and give them a couple of minutes to read them.   *I am going to play a short video for you to watch. In the next activity we will go deeper into the information shared in this video. As you watch/listen pay attention to the characters and the barriers highlighted.*  **Play the** [**SDG 5 - Video**](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx)  **Small groups;** Give each group a flipchart and markers. When the video has finished, instruct the participants:   * *In your small groups, write the barriers your character faces. You’ll have about five minutes to do this and write down a list.*   **Large Group:**  When the time is up, invite the participants back to the large group. Start the discussion by saying:   * *To the group with Nadia, what barriers is she facing?*   Gather responses from each group and discuss the barriers identified. | Slide 21: Short Video |
| **Implementation Challenge Part 1: Actions**  (45 min)  Start time: 05:20  *Facilitator* | **Materials:**   * [Policy Guideline Excerpts](#_Excerpts_of_Policy) - preprinted. * Flipcharts and markers   **Setup:**   * People stay in the same (small) groups as before. * Distribute the corresponding [Policy Guideline Excerpts](#_Excerpts_of_Policy) to the groups as following:   + To the groups with Nadia (violence and harmful practices) - section 5.2   + To the groups with Achen (economic empowerment) - section 5.3   + To the groups with Makeba (political participation) - section 5.4   + To the groups with Kanda (Sexual and reproductive health and rights) - section 5.5   + *Now we are going to discuss what actions are needed to address the situation of each character. In your groups, you are tasked with coming up with five concrete actions to address the situation of your character, referring to the section in the policy guideline. Write your actions on your group’s flipchart. Refer to the policy guideline section handed to you to help determine what actions to take.*   + *Then, identify who would be responsible for implementing each action, in your context.*   + Let me give you an *example: one of the groups that has Nadia - what types of violence is she facing? What resources should be available to Nadia to leave the violent situation? Who would need to be involved to implement these resources?*   **After 35 to 40 min, engage in a mini-debrief about the process**. Invite the participants back to the large group and form a circle.   * *How was it to come up with actions? How did you feel about this process? What did you discover?* | Slide 22: In groups |
| **Implementation Challenge - Part 2: Gallery Round**  (20 min)  Start time: 06:05  *Facilitator* | **Materials:**   * Post-its®   **Instructions:**  Distribute post-its to everyone individually.  One person stays as a representative of the group and stands by the flipchart, to explain what the group discussed. Representatives rotate after sharing their group’s discussion/actions twice.   * Gallery “attendees” use post-its to suggest other possible actions. |  |
| **BREAK**  (20 min)  Start time: 06:25  *Facilitator* | PURPOSE: For participants and facilitators to take a moment away and come back together.   * TAKE A BREAK! * Be back in 20 minutes | Slide 23: Break! |
| **Implementation challenge - Part 3: Debrief**  (20 min)  Start time: 06:45  *Facilitator* | **Large group debrief:**   * *What did you notice?* * *How did you use the policy guideline excerpts in your discussion?* * *How do the actions you discussed in your group connect to other groups?*   Gather and connect the actions to the categories introduced during the Laws and Policies section.   * + Economic empowerment   + Violence and harmful practices   + Political participation   + Sexual and reproductive health and rights |  |
| **Implementation challenge - Part 4: Application**  (30 min)  Start time: 7:05 *Facilitator* | **Instructions:**   * Divide the participants by country or region   + Split groups if they are too large * Instruct the group to work together and choose two actions that are possible to do in their country/region. * Then discuss how they will do it. * Pick one action that would be difficult to implement and discuss why. | Slide 24: Implementation Challenge: Application |
| **Wrap-up & Next Steps**  (10 min)  Start time: 7:35  *Facilitator* | **Instructions:**   * Answer any final questions from participants * [Summarize the session outcomes] * [Remind them of next steps, including follow-up materials] * [Share evaluation form] * [Address any logistical issues] * [Share any thanks or recognitions due - to interpreters, support staff, etc.] |  |
| **Closing Circle**  (5-10 min)  Start time: 07:45  *Facilitator* | **Instructions:**  Have people stand in a circle   * *For closing, I would like to ask each of you to name one commitment you’re making to advance gender equality for women with disabilities in your context. One person begins and we will continue to their left.* | Slide 25 |
| Logistics wrap-up  *Trainer* | PURPOSE: After participants have left, wrap up the training space and download artifacts for later use.   * Email participants follow-up documents, including any of the following, as applicable:   + Evaluation Form Link   + Slides   + Other handouts * Finalize any logistical issues |  |

# Handout – Extended Character Stories

**Training module on SDG 5: Gender equality (in-person training)**

**Extended character stories**

**Nadia**

Nadia was born in a very strict household and, since she was little, her father physically abused her and humiliated her because of the way she behaved. She was very quiet and did not like to be around people. She used to speak to herself and be in her own world and didn’t have friends in school. When she was 16 - after a particularly violent beating from her father - she started crying and screaming, saying she did not want to live anymore. Because she wasn’t stopping, her parents took her to a psychiatric hospital, and she was placed there for four months. She was given psychiatric medications and was not told what kind. She tried to refuse them, but they locked her in her room. The drugs made her really groggy, sleepy and she had a really hard time concentrating. One time, after being given these drugs, a male nurse came into her room, climbed on top of her and raped her. Because she was under the effect of the drugs she could not remember much, even though she was sure of what had happened to her. She couldn’t remember his face, or the time of day. She told her parents, and the psychiatrist, but they told her that she probably was having hallucinations, because everyone who worked at the hospital had been working there for several years and they had never received any complaints. Everyone was professional and trustworthy. She was told that she would have to give specific details to the police to file a complaint, so she chose not to do that. After she was sent home, she became unable to sleep by herself and has a lot of nightmares, so her parents continue to give her psychiatric medications.

**Achen**

Achen lives in a rural area and has an intellectual disability. Her parents and relatives have always treated her like a servant, and she is responsible for doing all the house chores. She is also expected to care for her aging parents. She was not allowed to go to school like her siblings, because they always said that she couldn’t learn and that, even if she went to school, no one would want to marry her. Recently, she heard her father telling a friend that he was Achen’s guardian, and that he could make all decisions for her. He told his friend that a lawyer had told him that the way to protect her was to place her under guardianship. Achen wants to be a nurse but she’s unsure about how to do it. She also wants to have a bank account so she can save her own money.

**Makeba**

Makeba is a natural leader in her community. When she was young she had an accident, and now uses a wheelchair. Over the past 15 years she has worked tirelessly to make her community more accessible and has fought for the rights of women and girls with disabilities to attend regular school, to ensure that they lead lives free of violence, and that they have access to services. For several years there has been advocacy to improve the legal framework on gender-based violence and create more effective responses. Makeba is part of the committee that’s leading the advocacy efforts. Unfortunately, the meetings with decision-makers and Congress staff have been scheduled in inaccessible places, making it impossible for Makeba to attend. She has denounced the situation, to no avail.

**Kanda**

Kanda is 35 and blind. She works as a social worker and lives on her own. She has decided to become a mother and form a family. The law in her country says that to become an adoptive parent, a person has to be physically and mentally fit. She went to an adoption agency and they told her that because of her impairment she would be found “unfit” to adopt. She feels very frustrated, as she knows she would be a great mother, and has the support of friends and family. She made an appointment with a clinic to request the provision of assistive reproductive technologies so she can get pregnant. However, all the forms and materials she had to read before the appointment were inaccessible, and the clinic itself was inaccessible to her. The staff kept telling her that she could not bring her guide dog inside. The doctor advised her against having children, and told her that “she’s crazy if she thinks that she can raise a child on her own” and warned her that no clinic will agree to do in-vitro fertilization for her.

# Gender Equality Handout: Excerpts of Policy Guideline on SDG 5

### Eliminate all forms of violence and harmful practices against women and girls with disabilities – Targets 5.2 and 5.3

* 1. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
  2. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

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

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

### Recommendations

To promote legislation and adopt policies to prevent violence that are inclusive of women and girls with disabilities, and in addition to the legislation considered under sections 4.2 and 5.1, governments should:

* + - 1. Promote the adoption and review of disability-inclusive legislation and policies to prevent and combat gender-based violence; trafficking; sexual, economic or other types of exploitation; child, early and forced marriage; female genital mutilation; harmful practices against women and girls with disabilities such as forced sterilization and forced abortions. Legislation and policy frameworks should:
         1. Adopt and implement a national policy and action plan to prevent and eradicate these practices
         2. Ensure that prevention measures address women and girls with disabilities by engaging in consultation with their representative organizations
         3. Ensure access to services and support for survivors of violence, such as housing, health, social or rehabilitation services, and address existing barriers to accessing services, including through the provision of reasonable accommodation
         4. Adopt and implement accessibility standards for facilities, information and communications related to those services
         5. Ensure the confidentiality of information and communications, including disability- related information
         6. Create or appoint monitoring mechanisms, in particular of all public and private facilities and programmes designed to serve persons with disabilities
         7. Provide remedies and redress for all women and girls with disabilities who experience any form of violence, exploitation, abuse or harmful practices, and apply sanctions and penalties to perpetrators

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

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

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

**Right to legal capacity**

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

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

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

### Recommendations

In regard to awareness-raising and empowerment for the prevention of violence against women and girls with disabilities, governments should:

* + - 1. Develop awareness-raising campaigns, directed to women and girls with disabilities and the public, to inform about:
         1. the rights of women and girls with disabilities to be free from violence
         2. the available complaint mechanisms to report violations
         3. the available services providing assistance
      2. Develop training and other activities based on previous context assessments, to empower women and girls with disabilities and to build the capacity of relevant staff, such as:
         1. inclusive educational programmes on building healthy relationships, to enable women and girls with disabilities to identify situations of violence, exploitation and abuse
         2. inclusive and comprehensive sexuality education that is made accessible and available to women and girls with disabilities
         3. community-based support directed to reducing the isolation of women and girls with disabilities
         4. training for service providers, professionals and community workers, so they can better detect violence and provide assistance to women and girls with disabilities who experience violence
      3. Develop counselling and psychosocial support services inclusive of women and girls with disabilities, in order to provide for primary and secondary prevention of violence
      4. Adopt measures for the economic empowerment of women and girls with disabilities

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

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

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

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

### Recommendations

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

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

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

Women and girls with disabilities face great barriers in accessing police and justice services. Accessible information on their rights and on services and mechanisms available is usually lacking,

e.g. on programmes to facilitate access to justice. Even when women and girls with disabilities have access to some information, facilities and procedures tend to be inaccessible and unresponsive to their requirements. Finally, stereotypes and prejudice against women with disabilities may lead to their complaints not being taken seriously, nor effectively investigated, prosecuted or sanctioned by law-enforcement agents.

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

* + Agencies within the public administration, e.g. police, legal aid services for women and girls who have experienced violence, public health system, protection services
  + National human rights institutions, which may have complaint mechanisms
  + Public attorney’s office
  + The judiciary, notably civil and criminal jurisdictions, and/or traditional justice systems, including customary courts
  + Civil society organizations working on the rights of persons with disabilities, women rights’ organizations and civil society organizations providing services regarding gender-based violence

### Recommendations

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

1. Ensure that women and girls with disabilities are able to report violence and seek assistance, including by:
   1. Providing training to police officials and other staff, including on accessible communication methods, and combating stereotypes and prejudices to ensure that the complaints and testimonies of women and girls with disabilities are appropriately registered
   2. Establishing protocols to facilitate the process to report and submit claims by women and girls with disabilities
   3. Providing legal aid services accessible to, and inclusive of, women and girls with disabilities (in collaboration with other agencies, e.g. Public Attorney Offices)
   4. Ensuring the safety and protection from retaliation of the persons concerned
2. Ensure the participation of women with disabilities in all procedures, on an equal basis with others, including by:
   1. Ensuring the provision of procedural and age-appropriate accommodations, when required
   2. Ensuring the accessibility of all facilities (courts, legal aid centres, police stations, etc.), information and communication throughout procedures
   3. Ensuring the direct participation of women and girls with disabilities in legal proceedings
3. Provide effective remedies for women and girls with disabilities who have experienced violence, including by:
   1. Ensuring efficient proceedings and timely decisions, be it administrative or judicial, including protection orders to prevent further violence
   2. Ensuring effective sanctions to perpetrators of violence, abuse, exploitation or harmful practices against women and girls with disabilities
   3. Ensuring full reparation to women with disabilities, including through compensation funds and other services

### Economic empowerment of women with disabilities – Targets 5.4, 5.a and 5.b

* 1. Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
  2. Undertake reforms to give women [with disabilities] equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
  3. Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

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

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

Women with disabilities are less likely than other women to be employed and have an income – the employment rate of women with disabilities is estimated at 32 per cent, compared to 50 per cent for other women (UNDESA, [*Disability and Development Report*](https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf), 2019, p. 109). In addition, many women with disabilities face barriers in accessing financial services to aid the development of their own economic activity. In many countries, gender stereotypes based on conservative views on the role of women in society contribute to perpetuating these inequalities, preventing women from seeking or accessing employment. For women with disabilities, this is compounded with the prejudice of them being unproductive, which leads to low expectations and low attainments. Lack of specific research on this and other related areas does not facilitate the addressing of this issue.

### Recommendations

To address this situation and bring women with disabilities out of their homes and into economic life, governments should:

* + - 1. Develop policies for independent living targeting women with disabilities, including by strengthening support services and social protection schemes
      2. Develop policies for the promotion of employment and self-employment specifically directed to women with disabilities, including through the adoption of specific measures favouring them over others
      3. Research and address structural barriers to the participation of women with disabilities, including barriers that relate to domestic and unpaid care work

### Ensure the right of women with disabilities to legal capacity and to engage in legal and financial affairs

Article 12(5) of the CRPD upholds the right to “own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit”. However, many women with disabilities are deprived of their right to exercise legal capacity

– it is substituted by third parties, such as guardians. Consequently, women with disabilities have no administration of their own assets, by law or in practice.

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

### Recommendation

To ensure the right of women with disabilities to legal capacity and to engage in legal and financial affairs, governments should:

* + - 1. Promote the review of legal frameworks to explicitly ensure women with disabilities, among all women, have equal rights to own and inherit land and properties and to sign contracts, including the right to exercise legal capacity

### Develop programmes to facilitate access to information and communication technologies inclusive of women with disabilities

Digital literacy and access to information and communication technologies (ICTs) are nowadays key for the access to information and empowerment of women with disabilities.

### Recommendations

In order to increase and improve access to ICTs, governments should:

* + - 1. Ensure that programmes to facilitate access to ICTs are inclusive of women with disabilities and provide for accessible goods and services, that are respectful of the diversity of their impairments
      2. Ensure that digital literacy programmes are inclusive of women with disabilities, whether within or outside formal education
      3. Promote a legal and/or regulatory framework for public procurement that includes accessibility standards and requirements for goods and services (computers, phones, software, applications, etc.)

### Equal participation in political, economic and public life – Target 5.5

* 1. Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

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

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

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

### Recommendations

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

* + - 1. Repeal legal provisions allowing for restriction on the right to vote on the basis of disability and/or gender
      2. Include explicit measures to increase the political participation of women with disabilities within existing gender parity schemes or other specific measures
      3. Include explicit measures to increase political participation of women with disabilities, e.g. equal distribution of reserved seats for men and women with disabilities in parliament

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

Effective participation and inclusion as an active member of the community require empowerment – taking hold of one’s inherent power to shape one’s own life and the life of the community. Many women and girls with disabilities have been denied opportunities to take charge and make decisions about their body, aspirations and life trajectory. As both women and individuals with disabilities, women and girls with disabilities experience compounded barriers, within their family, school, workplace and community, to assert their rights and interests; they may be unaware of their rights and/or how to claim them and be at a loss of accessible information or opportunities to do so.

### Recommendations

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

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

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

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

### Recommendations

To complement the actions recommended in section 4.5 and promote the participation of women with disabilities in public life (including support to organizations of women with disabilities), governments should:

* + - 1. Adopt specific measures to promote the inclusion of women with disabilities in leadership positions within civil society, notably in organizations of persons with disabilities and women’s rights organizations. For example, this could include requiring a percentage of women with disabilities to occupy leadership positions or to participate in consultations
      2. Ensure that programmes and training on human rights, leadership, civic participation and advocacy are inclusive of women and girls with disabilities and engage in outreach to ensure their inclusion

### SDG 5 logo: Gender EqualitySexual and reproductive health and rights – Target 5.6

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

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

Women and girls with disabilities face challenges in accessing, and are commonly denied access to, sexual and reproductive health services, based on stereotypes, prejudice and on the lack of accessibility of facilities, information and communication. For instance, they may have less access to family planning and maternal health care than other women. However, women with disabilities have the right to sexuality education and to access sexual and reproductive health information and services, including family planning, on an equal basis with others.

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

### Recommendations

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

* + - 1. Promote and ensure that legislation and policies explicitly recognize the sexual and reproductive health and rights of women and girls with disabilities, on an equal basis with others
      2. Ensure that comprehensive sexuality education and information is accessible to, and inclusive of, women and girls with disabilities
      3. Develop inclusive regulations and programmes to ensure that women and girls with disabilities have access to family planning information and services, including prevention and testing for sexually transmitted infections, access to contraceptives, safe abortion, post-abortion care and voluntary and confidential counselling that respects and supports their autonomy in decision- making (see also sections 5.2.1 and 5.5.2)
      4. Ensure access of women and girls with disabilities to maternal and newborn health services, to ensure antenatal care, skilled birth attendance, emergency obstetric care, post-partum care and newborn care
      5. Ensure that information and awareness-raising campaigns for prevention, testing, and treatment services for sexually transmitted infections, including HIV, are available and accessible to women and girls with disabilities
      6. Ensure that women with disabilities have access to women’s health information and services, including on termination of pregnancy (according to national laws), pelvic exams, pap smear tests, mammograms and cancer screenings.
      7. Develop programmes for the dissemination of age-, development- and disability-appropriate information on adolescent- and youth-friendly health information and services, tailored to girls and young women with disabilities.



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

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

(United Nations, [A/72/133](https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/ReproductiveHealthRights.aspx), para. 45)

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

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

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

In particular, the forced sterilization of women and girls with disabilities represents a widespread rights violation and research indicates that sterilization of women and girls with disabilities is up to three times higher than the rate for the general population (United Nations, [A/72/133](https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/ReproductiveHealthRights.aspx), para. 29).

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

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

1. These exceptions are widely accepted, in both law and practice, based on:
2. prejudices that women with disabilities are incapable of giving consent and/or are unfit to raise children
3. restriction or denial of the legal capacity of the woman concerned, with substituted decision- making being exercised by a third party (guardian, family member)

**End forced treatment**

iii) the intervention being deemed to be in the “best interest” of the woman; the intervention being deemed to be required by “medical or therapeutic necessity” to avoid a threat to the life or health of the woman; the pregnancy posing a “danger for the psychological state” of the woman

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

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

Other surgical procedures and hormonal treatments, such as oestrogen treatment, have been administered to girls and young women with higher support requirements. The treatment limits their growth (in terms of height and weight) and their entry into puberty, which prevents the onset of menstruation. The ultimate purpose of these kinds of treatment cannot be justified on medical grounds – their principal objective is to facilitate care.

Legal and policy frameworks should remove exceptions permitting forced treatment and practices without the informed consent of women and girls with disabilities and ensure their protection against them, as a key component to the realisation of SDG 5.

See also the [video on sexual and reproductive health and rights of women and girls with disabilities](https://www.ohchr.org/en/issues/disability/srdisabilities/pages/srdisabilitiesindex.aspx) [and video on legal capacity](https://www.ohchr.org/en/issues/disability/srdisabilities/pages/srdisabilitiesindex.aspx) developed by the Special Rapporteur on the rights of persons with disabilities.

### Recommendations

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

* + - 1. Promote, in legislation, the prohibition of non-consensual and harmful practices, such as forced sterilization, forced abortion or forced contraception, regardless of the age and legal capacity status of the individual concerned
      2. Develop protocols to ensure that sexual and reproductive health programmes, services and education are founded on the respect for the sexual and reproductive autonomy of all women, including women and girls with disabilities. Protocols should include the provision of specific measures for accessibility and reasonable accommodation so that women and girls with disabilities can access information and exercise their sexual and reproductive health rights on an equal basis with others
      3. Train healthcare workers on the right to free, prior and informed consent of women and girls with disabilities

### Key points for free, prior and informed consent

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

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