Guidance

Including children with disabilities in humanitarian action

Child Protection

Series of guidance consists of six booklets:

Including Children with Disabilities in Humanitarian Action

Preparedness
Response and early recovery
Recovery and reconstruction

Child protection

UNICEF in collaboration with Handicap International prepared *Guidance on Including Children with Disabilities in Humanitarian Action: Child protection*. The core team included Ricardo Pla Cordero, Gopal Mitra and Megan Tucker. The booklets were developed under the supervision of Rosangela Berman Bieler, Senior Advisor and Chief, Disability Section, UNICEF.

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UNICEF does not necessarily share or endorse the examples from external agencies contained in this publication.

The six booklets, accompanying materials and information (such as posters, presentations, checklists, etc.) can be found at training.unicef.org/disability/emergencies.

In addition to the print and PDF versions, the guidance is also available in a range of accessible formats, including EPUB, Braille-ready file and accessible HTML formats. For more information, please contact disabilities@unicef.org.

Editor: Christine Dinsmore
Copy editor: Timothy DeWerff
Fact checker: Hirut Gebre-Egziabher
Layout and graphic design: Jason Robinson
Illustrator: Frank Barbara

An estimated one in every 10 children has a disability. Armed conflict and disasters further increase disabilities among children. Within any crisis-affected community, children and adults with disabilities are among the most marginalized, yet they often are excluded from humanitarian assistance.

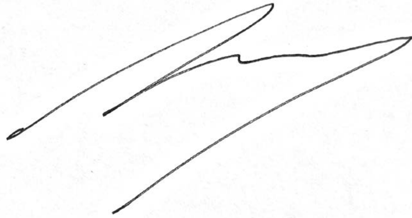
The UNICEF Core Commitments for Children in Humanitarian Action are a framework to deliver humanitarian assistance to *all* children, regardless of their status or context. Children with disabilities are first and foremost children, requiring the same basic services to survive and thrive: nutrition, health care, education, safe water and a protective environment. They have additional needs owing to their disability, such as accessible environments and assistive devices.

UNICEF was one of the first organizations to endorse the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, launched at the World Humanitarian Summit. This further demonstrates our commitment to addressing the rights and needs of children with disabilities.

Including children with disabilities requires a better understanding of the challenges they face in humanitarian crises. It is also essential to know how to tailor humanitarian programmes to meet their needs and to partner with organizations that have expertise on issues related to disability.

UNICEF's humanitarian programmes around the world are increasingly reaching out to children with disabilities. The number of UNICEF country offices reporting on disability inclusive humanitarian action increased fivefold over the last five years. This guidance, developed through extensive consultation with UNICEF staff, provides practical ways to make humanitarian programmes more disability inclusive. We hope it will support humanitarian practitioners to make humanitarian action more equitable and inclusive of children with disabilities.

Ted Chaiban
Director, Programme Division
UNICEF



Manuel Fontaine
Director, Office of Emergency Programmes
UNICEF

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Abbreviations

5W	who does what, where, when and for whom
CCC	UNICEF Core Commitments for Children in Humanitarian Action
CPIMS	Child Protection Information Management Systems
CRPD	Convention on the Rights of Persons with Disabilities
DPO	disabled persons' organization (also known as an organization of persons with disabilities)
ERW	explosive remnants of war
GBV	gender-based violence
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome
ISO	International Standardization Organization
MHPSS	mental health and psychosocial support
MICS	Multiple Indicator Cluster Survey
MRE	mine/explosive remnants of war risk education
MRM	Monitoring and Reporting on Grave Violations Mechanism
NGO	non-governmental organization
RECU	reach, enter, circulate and use
SitRep	situation report
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
WASH	water, sanitation and hygiene
WHO	World Health Organization
WRC	Women's Refugee Commission

The purpose of *Including Children with Disabilities in Humanitarian Action* is to strengthen the inclusion of children and women with disabilities, and their families, in emergency preparedness, response and early recovery, and recovery and reconstruction. This series of booklets provides insight into the situation of children with disabilities in humanitarian contexts, highlights the ways in which they are excluded from humanitarian action, and offers practical actions and tips to better include children and adolescents with disabilities in all stages of humanitarian action.

The booklets were created in response to UNICEF colleagues in the field expressing a need for a practical resource to guide their work. The information and recommendations are based on evidence and good practices gathered from literature and field staff experiences.

The guidance comprises six booklets on how to include children and adolescents with disabilities in humanitarian programmes: 1) general guidance; 2) child protection; 3) education; 4) health and HIV/AIDS; 5) nutrition; 6) water, sanitation and hygiene (WASH). Each booklet is a stand-alone resource with sector-specific humanitarian actions for embracing children, adolescents and families with disabilities.

The actions and practical tips are relevant across various humanitarian contexts:

- Rapid-onset disasters, such as flood, earthquake, typhoon or tsunami;
- Slow-onset disasters, such as drought or famine;
- Health emergencies, such as Ebola;
- Forced displacement, including refugees and internally displaced persons;
- Armed conflict, including protracted crisis.

Feedback and comments: This resource is a living document that will be updated and adapted as UNICEF's work to include children with disabilities in humanitarian action develops and the resource is applied in the field. UNICEF colleagues and partners can send feedback to disabilites@unicef.org.

Box 1: Target audience

All protection humanitarian staff can contribute significantly to the inclusion of children with disabilities, even if not an expert or specialist on issues related to disability. This booklet provides practical tips and entry points to start the process.

While primarily for UNICEF field staff including protection humanitarian field officers, coordinators, specialists and advisors, the guidance can also be useful for UNICEF partners and other stakeholders. All staff can play an active role in ensuring that children with disabilities are included in humanitarian interventions.

'Practical tips' (*see Section 9*) contains hands-on advice that humanitarian officers, social workers, case managers and child-friendly space facilitators may find useful when engaging directly with children with disabilities and their families (e.g., during case management or in designing messages for affected populations).

Box 2: Children and adolescents with disabilities

According to the Convention on the Rights of Persons with Disabilities (CRPD), adults, adolescents and children with disabilities include those who have:

- Long-term physical, mental, intellectual or sensory impairments, and
- Barriers that may hinder their full and effective participation in society on an equal basis with others (UN, 2006).

Ratified by 174 countries as of June 2017, the CRPD underscores that children and adolescents with disabilities have the right to protection and safety in situations of risk, including armed conflict, humanitarian emergencies and natural disasters.[1] Children with disabilities who are victims of abuse also have the right to recovery and reintegration.

[1] Countries that have ratified the CRPD must report on progress to meet the the commitments outlined in the convention, including those related to Article 11 on humanitarian situations. For the list of countries that have ratified the CRPD, country reports and concluding observations on these reports by the CRPD Committee, see www.ohchr.org/EN/HRBodies/CRPD (UN, 2006).

- Children with disabilities are 3–4 times more likely than children without disabilities to be victims of violence (Hughes et al., 2012).

- Children and adolescents with disabilities are often considered 'easy victims' and are targeted by abusers (UNICEF, 2005).

- In some cultures, extreme violence against children with disabilities is commonly accepted as a way of managing behaviour perceived as negative (UNICEF, 2013).

- Violence can be severe (such as mercy killings[2]) or may include profound neglect through denial of food, medicine and other life-sustaining services including disability related care, resulting in further disabilities or death (Handicap International and Save the Children, 2011).

- Children with disabilities are more likely to be institutionalized. In the Central and Eastern Europe region, UNICEF estimates that a child with a disability is almost 17 times more likely to be institutionalized as one who is not disabled (UNICEF, 2017).

- Girls with disabilities may experience both disability and gender related discrimination and human rights violations, such as forced or coerced sterilization, withholding of assistive devices, and denial of assistance for personal hygiene or daily tasks (Human Rights Council, 2012).

- Girls with disabilities face risks of gender-based violence (UNICEF, 2013), engaging in survival sex with community members (WRC, 2012), with increased exposure to HIV (UNICEF, 2013) and higher rates of severe neglect compared to boys with disabilities (UNICEF, 2005).

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[2] Killing a child with a disability at birth may be due to misbeliefs around disability or 'to reduce child's suffering' and is sometimes prompted by medical or religious advice.

- Girls and boys with intellectual and psychosocial disabilities are more vulnerable to sexual violence in humanitarian contexts, due to a lack of: information about gender-based violence; awareness of personal safety; and weaker or no protective peer networks (WRC, 2015).

- Incidents of violence are exacerbated during humanitarian crises.

- In humanitarian contexts, children with disabilities are more likely than their peers without disabilities to experience psychological distress due to separation from caregivers, breakdown of routine or high risk of abuse (UNICEF, 2013).

- Children recruited and used by armed forces or groups are vulnerable to sustaining injuries that can potentially lead to disabilities. Former child soldiers with disabilities face double stigma – from their former association with armed forces or armed groups and their disability (UNICEF, 2007a).

- Mothers of children with disabilities may be harassed, stigmatized and abandoned by other community members due to their child's disability (WRC, 2008).

- Compared to adults, children are disproportionately harmed by explosive remnants of war (ERW). In 2013, children made up 46 per cent of global ERW casualties; however, in some countries, such as the Democratic Republic of Congo, this percentage is as high as 90 per cent (Landmine and Cluster Munition Monitor, 2014).

Box 3: Child-Focused Victim Assistance Guidance

In 2016, UNICEF launched Child-Focused Victim Assistance Guidance[3] to ensure child survivors of mines and other explosives accidents receive the immediate and long-term support required for their physical and psychological well-being. This guidance is not only for mine action programmes, but is designed to support any programme engaged with child victims and survivors of any type of injury.

[3] For more information, see: www.mineaction.org/resources/guidance-child-focused-victim-assistance-unicef.

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In Muzaffargarh, Pakistan, a child who has been blind since birth sits outside his family tent and sings in one of the worst flood-affected districts in the province.

- Data on children with disabilities are often not collected and child protection information management systems frequently do not capture data on disability (Handicap International and Save the Children, 2011).

- Both children with disabilities and their protection needs often are not identified by humanitarian protection mechanisms (Handicap International and Save the Children, 2011).

- Many humanitarian organizations consider persons with disabilities to be a homogeneous ‘at-risk’ group for prioritization of services or assistance without analysing intersecting vulnerabilities such as age and gender (WRC, 2017a).

- Lack of accommodation and support for children with disabilities to overcome difficulties in communication, movement or comprehension adversely affects their capacity to report abuses and make disclosures.

  - Violence and abuse are linked to social isolation; children with disabilities are regularly shut off within households or isolated in confined spaces (UNICEF 2005).

  - Information about health, life skills and sexuality may not reach adolescents with disabilities and often are not in formats they can understand, putting them at greater risk of sexual abuse (UNICEF, 2013).

  - Family, community or health and protection staff may be aware of parents or caregivers abusing a child but are unwilling to intervene, citing parents’ stress or lack of alternative care arrangements (UNICEF 2005).

  - Families and parents may be reluctant to report sexual abuse for fear of bringing more shame upon an already stigmatized child or family (UNICEF, 2007b).

    - The testimonies of children with disabilities may be regarded as less reliable – especially those from children with intellectual disabilities (UNICEF, 2007b).

- Child-friendly spaces are not in accessible locations and information or activities are not adapted to be accessible and inclusive of children and parents with disabilities.
    - Lack of knowledge about children with disabilities and lack of programme capacity to address their needs may decrease opportunities for inclusion or perpetuate assumptions that separate, specialized programmes or interventions are required (WRC, 2014).[4] This could result in children with disabilities being excluded from psychosocial services including child-friendly spaces.

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[4] Based on a field assessment of refugees and internally displaced persons in eight countries.

4.1 UNICEF Core Commitments for Children in Humanitarian Action

UNICEF's Core Commitments for Children in Humanitarian Action (CCC) are a global framework to guide UNICEF and partners in emergencies, outline commitments and benchmarks related to child protection interventions in humanitarian action. They include the monitoring and reporting of grave violations, family reunification, child recruitment, mine-risk education, psychosocial support and other protection mechanisms (UNICEF, 2010). All protection core commitments are applicable for children with disabilities. (*See Annex for specific inclusive actions for each child protection commitment*).[5]

The CCCs advocate the 'Do no harm' principle in humanitarian action. The principle addresses the specific needs of the most vulnerable groups of children and women – including children with disabilities – and develop targeted programme interventions, stressing to avoid causing or exacerbating conflict between groups of people (UNICEF, 2010).

4.2 Minimum Standards for Child Protection in Humanitarian Action

The Minimum Standards for Child Protection in Humanitarian Action support child protection work in humanitarian settings and integrate disability within the standards.[6]

4.3 Sphere Humanitarian Charter and Minimum Standards

Initiated in 1997 by humanitarian non-governmental organizations (NGOs) and the International Red Cross and Red Crescent Movement, the Sphere Project aims to improve the quality of actions during disaster response and ensure accountability. The Sphere Project sets both a humanitarian charter – which includes protection principles – and minimum standards for WASH, food security and

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[5] For more information on the UNICEF CCCs, see: www.unicef.org/emergencies/index_68710.html.

[6] For more information, see: https://emergency.unhcr.org/entry/80383/minimum-standards-for-child-protection-in-humanitarian-action.

nutrition, shelter, settlement and non-food items and health. The rights of persons with disabilities are a cross-cutting theme within the Sphere Handbook, both in mainstreamed and targeted actions (Sphere Project, 2011).

4.4 Charter on the Inclusion of Persons with Disabilities in Humanitarian Action

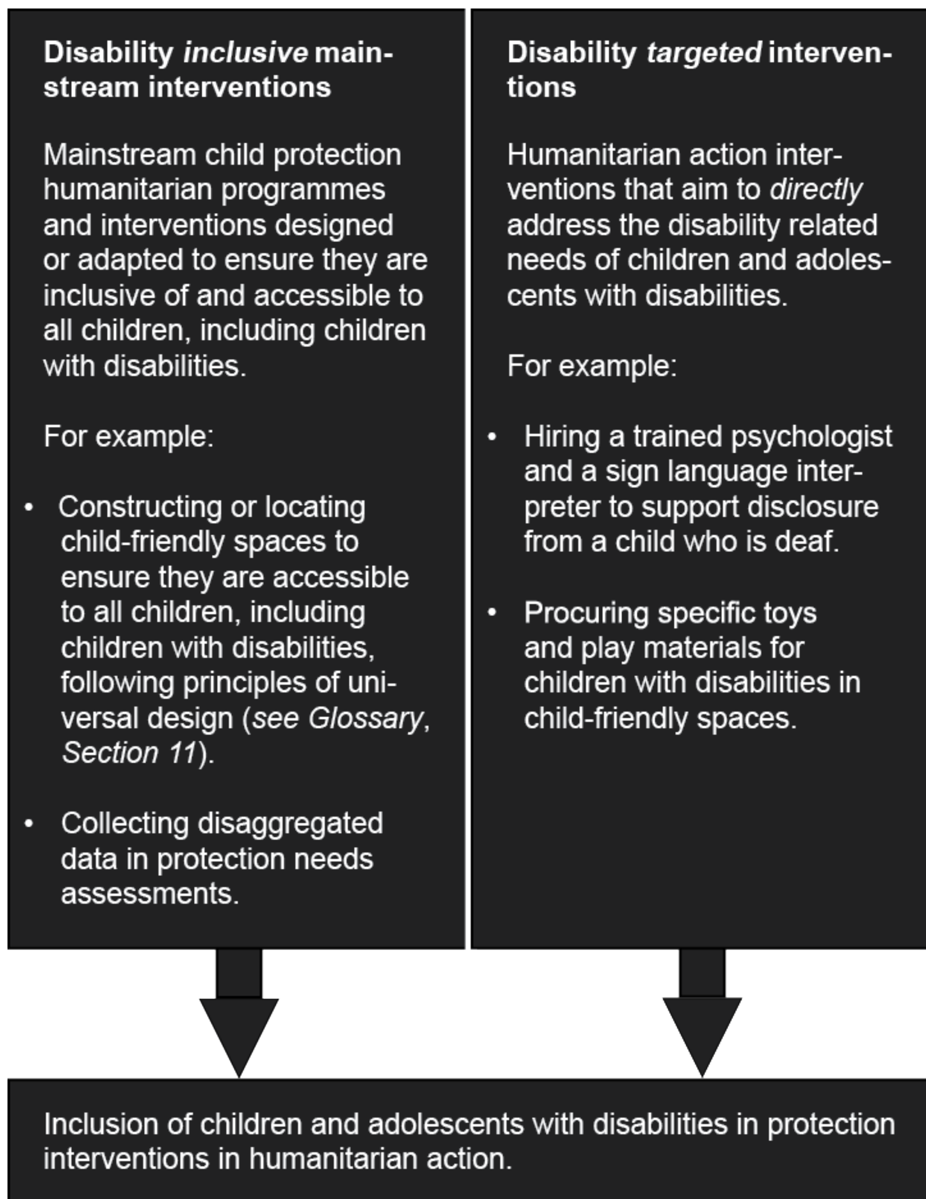
The Charter was launched at the World Humanitarian Summit in Istanbul, Turkey, on 23 and 24 May 2016. It commits endorsing States, United Nations agencies, civil society organizations and organizations of persons with disabilities (DPOs) to make humanitarian action inclusive of persons with disabilities, lift barriers to accessing humanitarian services and ensure the participation of persons with disabilities. The Charter has been widely endorsed.[7]

4.5 Twin-track approach

The twin-track approach strengthens the inclusion of children with disabilities in protection interventions (*see Figure 1*).

[7] For the list of endorsees, including States, United Nations agencies and NGOs, see http://humanitariandisabilitycharter.org.

Figure 1: **Twin-track approach**



There is a range of actions outlined below to make protection interventions more inclusive of children and adolescents with disabilities in all phases of the humanitarian action programme cycle: preparedness; response and early recovery; and recovery and reconstruction. These actions are entry points that can be prioritized based on the country context, recognizing that not all actions are applicable in all settings. Some actions are better suited for protracted crises while others are applicable in sudden-onset emergencies. While this guidance organizes actions according to humanitarian phases, it is important to recognize that these phases are interlinked and can overlap. In some contexts, especially conflict settings, the phases are not distinct.

During major emergencies (such as Level 2 or 3 emergencies),[8] these guidelines can be considered alongside UNICEF's *Simplified Standard Operating Procedures*.[9]

[8] For more information, see: www.unicefinemergencies.com/procedures/level-2.html.

[9] For more information, see: www.unicefinemergencies.com/procedures/index.html.

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Fabienne smiles as her five-year-old daughter, Alexi, plays with toys from a UNICEF early childhood development kit in Port-au-Prince, Haiti. Fabienne and her daughter, who has a physical disability, lost their home during the earthquake.

Including children with disabilities in preparedness is crucial not only to reduce risk and build resilience in children with disabilities and their families, but also to establish capacity, resources and plans for an inclusive response and recovery. Whenever children and adolescents participate in any initiative, children and adolescents with disabilities also need to be included.[10] If actions undertaken in preparedness are not inclusive, actions in later phases will need to be adapted.

Interventions in this section can also support inclusion of children with disabilities in risk-informed planning. Some actions are also relevant in the recovery and reconstruction phases.

6.1 Coordination

a. Establish a disability focal point, focal agency or task force to represent disability issues in coordination mechanisms for child protection, gender-based violence, mental health and psycho-social support, and protection mainstreaming (e.g., in existing clusters or working groups).[11]

b. Within the working group or task force, engage actors with experience in addressing the needs of children with disabilities (e.g., government ministry responsible for disability, departments and organizations that provide services to children with disabilities such as social welfare, education and health, NGOs and DPOs [see *Glossary, Section 11*]).

c. When establishing cluster or sector capacity, identify, create

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[10] Refer to UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives* (2013), which provides advice on reaching and identifying children with disabilities and working with their parents and caregivers, along with practical steps to engage children and measure the effectiveness of their participation; see: www.unicef.org/disabilities/files/Take_Us_Seriously.pdf.

[11] In many cases, the disability focal point would benefit from participating in disability related training planned in the country or region.

and foster partnerships with government stakeholders and civil society organizations that have expertise on disability, including NGOs, disability service providers and DPOs (*see Box 6*).

Example: Jordan coordination mechanism – disability task force

In 2015, a disability task force, co-chaired by UNHCR and Handicap International, was established in Jordan under the protection cluster (UNHCR 2015a). The task force developed technical guidelines for providing services for refugees and vulnerable host populations with disabilities in camp and non-camp settings and strengthened disability data collection (UNHCR, 2015b and 2016b). In addition, an age and disability task force for Za'atari camp was formed to ensure coordination between agencies on the access and inclusion of persons with disabilities within the camp (UNHCR, 2016a).

d. Actions at the coordination level for the disability focal point, focal agency or task force may include:

- Adding components on disability inclusion in terms of reference developed by working groups, clusters or other relevant coordination mechanisms (actions in this booklet can inform the terms of reference);

- Supporting the collection of available data on children and adolescents with disabilities in humanitarian data collection processes, such as field monitoring systems, needs assessments, partner reports and humanitarian needs overviews;

- Assessing and mapping expertise and resources available for children and adolescents with disabilities;

- Coordinating with national and humanitarian service providers to establish clear referral mechanisms based on up-to-date mapping and assessments;

- Working with WASH, education and shelter, camp coordination and camp management mechanisms (clusters) to plan accessibility for key humanitarian interventions (e.g., child-friendly spaces, WASH facilities, temporary learning spaces and registration sites).

6.2 Assessment, monitoring and evaluation

By collecting data on children with disabilities, it is possible to identify them, assess their needs and monitor the outcomes of humanitarian interventions.

a. During preparedness stages, find and gather the best available data on children with disabilities within conflict-affected populations and those at risk of disasters.

b. Data on children with disabilities can be collected at any level (including community, district and national).

Box 4: Identifying children with disabilities from existing sources

- Data on children with disabilities are available from a variety of sources: disability related ministries or departments; education departments; beneficiary registers for social protection schemes for children with disabilities. Previous household surveys, such as UNICEF's Multiple Indicator Cluster Survey (MICS), may have used the child functioning module (*see Box 5*).[12]

- Special schools for children with disabilities, DPOs and NGOs working with children with disabilities or implementing community-based rehabilitation programmes (*see Glossary, Section 11*) often have data on children with disabilities, particularly at the community level.

- If data on children with disabilities are limited, an estimate can be used for planning purposes. Be aware that national surveys or censuses often under-report the number of children and adults with disabilities (WHO and UNESCAP, 2008).

- The World Health Organization (WHO) estimate of "15% of the world population lives with a disability" (WHO, 2011) can be used to calculate an approximate number of adults with disabilities in any given population.

- An estimate of the number of children with disabilities can be calculated based on 10 per cent of the population under 14 years of any given population (UNICEF, 2007b).

- Estimates should consider that the proportion of persons with disabilities may be higher in conflict-affected areas.[13]

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12 UNICEF's Multiple Indicator Cluster Survey (MICS) is the largest household survey of children's well-being worldwide and has been conducted in 107 countries. For more information, see: http://mics.unicef.org.

Box 5: Collecting disability disaggregated data

- Surveys, censuses and registration systems can use two modules (sets of questions) to identify children and adults with disabilities and to disaggregate data by disability:
  - The Washington Group Short Set of Questions identifies adults with disabilities through questions related to difficulties performing six activities: walking, seeing, hearing, cognition, self-care and communication.[14]
  - The Washington Group/UNICEF Survey Module on Child Functioning is a set of questions to identify children aged 2 to 17 years old who have difficulties across 14 domains, including seeing, hearing, mobility, communication and comprehension, learning, relationships and playing.[15]
- Disaggregating data by disability (in addition to age and sex) is important in activities across all phases, such as in needs assessment and programme monitoring.
- Including the child functioning module within a larger survey (e.g., UNICEF's MICS), Child Protection Information Management Systems (CPIMS) or in a registration system allows for other information, such as refugee status and protection concerns, to be disaggregated by disability.

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[13] For instance, a survey of Syrian refugees living in camps in Jordan and Lebanon found that 22 per cent have a disability (Handicap International and HelpAge, 2014). This is higher than the global estimated prevalence of 15 per cent.

[14] The Washington Group was established by the United Nations Statistics Commission to improve comparable data on disability. For the set of questions, see: www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions.

[15] The Survey Module on Child Functioning is recommended for children (aged 2 to 17), as it is more sensitive to child development than the

Needs assessments

c. Consider disaggregation by disability when establishing a rapid assessment mechanism, by inserting the Washington Group Short Set of Questions or the Child Functioning Survey Module into the questionnaire (*see Box 5*).

d. Identify the specific needs of children with disabilities in assessments related to protection.

e. Map existing protection programmes, interventions and services that are accessed by children with disabilities, such as inclusive and special schools, disability inclusive child-friendly spaces, psychosocial health, mine risk education programmes, provision of assistive devices, or rehabilitation centres.

f. DPOs and NGOs working with children with disabilities and implementing community-based rehabilitation programmes often have data on children with disabilities, particularly at the community level.[16]

- Such data can provide rich information on the situation, vulnerabilities and needs of children with different disabilities as well as the local capacities available to address them.

- DPO and community-based rehabilitation workers can also be useful resources in the process of collecting data on persons with disabilities.

Washington Short Set. It is not possible to collect reliable information on children with disabilities below the age of 2 in a population survey. Due to the transitional nature of child development, developmental delays in children of this age are not necessarily indicative of a disability (UNICEF, 2016a). For more information, see: https://data.unicef.org/topic/child-disability/child-functioning-module and http://www.washingtongroup-disability.com/washington-group-question-sets/child-disability./

[16] Data from the community level can provide information on the needs and vulnerabilities of children and adolescents with disabilities that can inform planning and programming.

Programme monitoring and evaluation[17]

g. When establishing systems and procedures that measure what protection interventions will be delivered, who will receive services and achieved results, disaggregate data by disability as well as sex and age.

h. Review and adapt existing mechanisms like 5W mapping systems ('who does what, where, when and for whom') to collect relevant information on services related to disability (*see Section 6.2.e*).[18] These data will also be useful at the evaluation stage.

i. Consider strengthening disaggregation by disability when developing information management systems that include sex- and age-disaggregated data and gender and disability responsive information. Including data disaggregated by disability in systems such as Child Protection Information Management Systems (CPIMS), and protection monitoring and reporting templates, such as Monitoring and Reporting Mechanism on Grave Violations (MRM) and family tracing and reunification, is a longer-term investment in national capacity for monitoring humanitarian response.

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[17] UNICEF's Child Protection Resource Pack: How to Plan, Monitor and Evaluate Child Protection Programmes contains considerations for humanitarian contexts including on disabilities; see: https://www.unicef.org/protection/files/CPR-WEB.pdf.

[18] The purpose of 5W is to outline the operational presence by sector and location within an emergency. For more information, see https://www.humanitarianresponse.info/en/applications/tools/category/3w-whol-does-what-where.

6.3 Planning

As part of planning, consider the following:

Service provision

a. Review child protection legislation, policies and programmes to assess if they consider children with disabilities.

b. Highlight this information in trainings for protection colleagues and in behaviour change communication and communication for development materials (*see Glossary, Section 11*).

c. Examine registration systems, case management processes, family reunification procedures, identification cards and other documents essential for legal and social protection and determine whether they are inclusive and address the needs of children with disabilities.

d. Determine if a system of disability identity cards exists.[19] Consider ways to simplify procedures to issue identity cards and replace lost cards.

e. Gather information on social protection programmes (*see Glossary, Section 11*) and benefits to support households with children with disabilities (e.g., cash transfers, victims' assistance programmes).

f. Use outreach mechanisms and collaborate with DPOs to reach children with disabilities who may not be in school or are isolated in their homes.

g. Support children with disabilities and their caregivers to participate in preparedness and disaster-risk reduction activities; support may include transport assistance or allowances for caregivers to accompany or help children with disabilities during activities.

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[19] Disability identity cards are often used as eligibility criteria for accessing services.

Box 6: Engaging persons with disabilities and DPOs

Persons with disabilities can be staff, consultants, advisors, volunteers and partners across all phases of humanitarian action. Their experience and perspective can inform protection coordination, data collection, assessments, case management, child-friendly space interventions and communication materials preparation.

DPOs are organizations representing persons with disabilities at the community, national, regional and global levels. Some are specific to a type of disability such as the National Federations of the Blind, while others are geographical such as the African Disability Forum.

- To ensure full participation, ask persons with disabilities their preferred format for information (*see Section 9.3*) and consider the accessibility of meeting venues (*see Section 10*).
- If possible, cover additional expenses for persons with disabilities, such as transportation or the cost of a companion.
- Establish partnerships with DPOs and other organizations with expertise in the inclusion of children with disabilities. Mobilize existing partnerships in humanitarian activities to utilize the capacity and experience of persons with disabilities.
- In some regions, women's DPOs are active and well informed on the unique needs and rights of girls with disabilities.
- To find a DPO, review the member list of the International Disability Alliance.[20]
- Contact a regional DPO if a country-level DPO is unavailable.

Human resources

h. Identify and create lists of existing personnel with expertise working with children with disabilities, such as sign language interpreters, physiotherapists, occupational therapists, speech and language therapists, case managers and social workers and special educators for children with intellectual and psychosocial disabilities or those who are deaf or blind.

i. Develop sample job descriptions for disability related personnel, so that they can be mobilized swiftly during response phase.

j. Consult and recruit persons with disabilities in all protection preparedness processes as they contribute first-hand expertise on issues faced by children and adults with disabilities (*see Box 6*).

k. Mobilize disability expertise and experience to inform inclusive protection programmes and interventions (*see Box 8*).

l. Consider nominating and resourcing a disability focal point within the organization or agency.

Procurement and supplies

m. Identify regular supplies that benefit all children, including children with disabilities. These include mattresses, wedge pillows (*see Figure 2*), toys designed or modified to be inclusive for child-friendly spaces, communication materials, bells and whistles for alarms.

n. Identify targeted supplies that respond to children's disability related needs. These include assistive devices and implements to support children and adolescents with disabilities, such as mobility devices (wheelchairs, crutches, tricycles), communication boards/books, hearing aids and batteries, and white canes.

[20] For member list, see: www.internationaldisabilityalliance.org/content/ida-members.

Figure 2: Supplies, like wedge pillows, can support children with disabilities to play

Source: Adapted from Handicap International, 2010

o. Without pre-existing data on children and adults with disabilities, estimate that 3 per cent of the population needs assistive devices (WHO and UNICEF, 2015). Plan budgets and supplies for assistive devices accordingly and collaborate with organizations that work on the provision of assistive devices.

p. The WHO list of priority assistive products can inform the planning of assistive devices.[21]

q. Some devices can be developed and made locally with basic resources. DPOs, families of children with disabilities and health workers may assist in locating, designing or adapting items.

r. UNICEF's emergency kits, such as School-in-a-Box, Recreation Kit, Early Childhood Development Kit, and the Adolescent Kit for Expression and Innovation, have been reviewed and modified for accessibility.[22]

s. Whether procured from UNICEF Supply Division or locally, supplementary disability guidance is available including practical tips

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[21] For the full list and more information, see: www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en/.

[22] For example, clocks with Braille and a globe with tactile elements are included.

on how activities can be adapted to include children with various disabilities.[23]

Funding and budgeting

t. Allocate budgets (proportionate to funding availability) for actions listed in this booklet[24] such as conducting awareness campaigns on disability, constructing or modifying protection facilities for accessibility, producing accessible materials for child-friendly spaces, developing accessible communication materials and mobilizing outreach teams.

u. Allocate budget for service providers who can address the needs of children with disabilities, such as occupational therapists, physiotherapists, social workers with experience in working with children with disabilities, and sign language interpreters.

6.4 Capacity Development

a. Identify training opportunities on the inclusion of children and adults with disabilities and nominate staff to attend.[25]

b. Invite DPOs to trainings organized on humanitarian issues to familiarize them with the humanitarian system, programming and protection processes and tools, and also invite them to government coordination structures for emergency response. This will encourage DPOs to contribute to protection coordination mech-

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[23] See the supplementary guidance to the *Education Kit Handbook* on including children with disabilities: https://www.unicef.org/supply/index_78176.html. See technical note on adolescents and disability in the Foundational Guidance for the Adolescent Kit for Expression and Innovation: http://adolescentkit.org/guides-for-program-coordinators.

[24] *The Minimum Standards for Age and Disability in Humanitarian Action* recommends budgeting an additional 0.5–1 per cent for physical accessibility (buildings and latrines) and 3–4 per cent for specialized non-food items and mobility equipment (Age and Disability Consortium, 2015).

[25] Often NGOs working with persons with disabilities, DPOs or government ministries and departments organize trainings to address the need of children with disabilities in the country or region.

anisms, risk analysis, monitoring, preparedness and response actions.

c. Develop a disability awareness session and training module to be used in child protection in emergency training programmes,[26] covering:

- Data collection on children with disabilities and identification of their protection needs;
- Protection risks and barriers faced by children with disabilities to accessing protection and other humanitarian services and ways to mitigate them through mainstream inclusive approaches;[27]
- Key elements of disability and protection in case management (*see Section 7.4.d–j*);
- Psychosocial support including psychological first aid;
- Particular protection risks faced by women and girls with disabilities;
- Communicating with children with disabilities (*see Section 9.2*) and adapting information to be accessible (*see Section 9.3*).

d. Include trainers with experience in disabilities when developing a pool of trainers (e.g., DPO and NGO staff who work on issues related to children with disabilities and government).

e. Conduct systematic and relevant training that includes compo-

[26] Awareness sessions aim to create interest and change attitudes towards disability, while the objective of training is to improve practical and professional skills for the inclusion of children with disabilities. The UNICEF Disability Orientation video provides an introduction to disability, why it is important to include children with disabilities and UNICEF's approach to disability inclusion. Available in English, French and Spanish; see: www.unicef.org/disabilities/66434.html.

[27] See the Protection Mainstreaming Training Package at Global Protection Cluster: www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html.

nents on children with disabilities in mainstream protection workshops. Use the module (*see Section 6.4.c*) to carry out specific training on disability and protection in humanitarian action.

Example: Training women with disabilities on humanitarian action

The Women's Refugee Commission in collaboration with organizations of women with disabilities in Africa and South Asia has developed a resource, *Strengthening the Role of Women with Disabilities in Humanitarian Action: A facilitator's guide*, to support women leaders in training members, colleagues and partners on humanitarian action.

The training enhances the capacity of women with disabilities to advocate effectively on women's and disability issues, including those related to protection, within relevant humanitarian forums at national and regional levels (WRC, 2017b).

6.5 Accessible protection infrastructure

a. When assessing and pre-identifying buildings and facilities that could be used for protection in emergency interventions (e.g., child-friendly spaces), look for infrastructure that is already accessible or requires minor modifications.

b. Include accessibility in assessment criteria or standards used to select protection-related buildings and facilities.

c. Where relevant, plan and budget for necessary modifications to make protection-related facilities accessible. Consider accessibility in the establishment of temporary facilities (such as child-friendly spaces).

Example: Accessible child-friendly spaces in Jordan

In host communities and refugee camps in Jordan, UNICEF and partners have established 233 child-friendly spaces called Makani centres (UNICEF Jordan). Makani centres, designed to be inclusive and non-discriminatory, are safe spaces for children that provide learning, skills building and psychosocial interventions. Each Makani centre does community outreach and refers children to other specialized services as needed.

In 2016, some 2,024 children with disabilities received services through the centres (UNICEF Jordan). *The Jordan Makani Standard Operating Procedure* for frontline staff delineates infrastructure standards and includes accessibility standards for persons with disabilities related to entranceways, pathways, space and area navigation and WASH facilities (UNICEF, 2016b).[28]

Preparedness

d. Planning for accessibility from the outset – starting from the planning and design stage – is far less expensive than modifying existing infrastructure.[29]

e. For tips on constructing, reconstructing or modifying buildings and facilities for accessibility, see 'Accessible infrastructure tips' (*Section 10*).[30]

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28 The Jordan Makani Standard Operating Procedures can be found in English: https://www.unicef.org/jordan/ENG_Makani__-_UNICEF_Operations_Manual4.pdf and Arabic: https://www.unicef.org/jordan/Arabic_Makani__-_UNICEF_Operations_Manual_A4.pdf

29 For example, the cost of making a school latrine accessible is less than 3 per cent of the overall costs of the latrine, and can be less than 1 per cent if planned from the outset (WEDC, 2010).

30 For accessibility specifications for buildings and facilities, see: www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12 techical cards for accessible construction.pdf

6.6 Behaviour change communication and communication for development

a. Involve communication colleagues in the development of inclusive and accessible information (*see Sections 9.2 and 9.3*) and in campaigns on the needs of children and adolescents with disabilities, including:

   - Easy-to-understand information on existing protection services such as access to registration, legal support, protection benefits for families with children and/or adolescents with disabilities, etc.;

   - Messages on the right to services and protection for all girls and boys with disabilities.

b. Include positive images of children and women with disabilities in communication materials (e.g., women with disabilities as mothers or pregnant women), to help transform attitudes towards persons with disabilities and reduce stigma and discrimination.

c. When using feedback and complaint mechanisms as part of accountability and community engagement processes, consider accessibility for persons with different types of disabilities; for instance, using at least two means of gathering feedback, such as written and verbal (*see Section 9.2*).

Example: Protection campaign in Za'atari refugee camp, Jordan

The Amani ('my protection') campaign, launched in Jordan in 2014, has an overall message, "Our sense of safety is every-one's responsibility." The campaign focuses on how to better protect children and adults from harm and violence, including one message specifically directed to children with disabilities: "Our abilities are different but our rights are always the same."

The campaign goals include to promote the rights of children with disabilities; encourage other children to play with children with disabilities and speak to adults about violence they see; and urge adults to include people with disabilities and endorse their rights (Save the Children et al. 2014).

6.7 Checklist for preparedness

The checklist, derived from the programmatic actions outlined in this document, can help plan and assess whether key actions include children and adolescents with disabilities in preparedness. To complete the checklist, discussions may be required with other colleagues and stakeholders. Completing the checklist in a team or coordination meeting would be helpful. Additional printable copies of the checklist can be found at: http://training.unicef.org/disability/emergencies/protection.html.

Considerations for including children with disabilities in preparedness	
Coordination	
Has a disability focal point, focal agency or task force been identified in protection-related coordination mechanisms (including clusters)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Assessment, monitoring and evaluation	
Have available data on children with disabilities been compiled (e.g., from government departments related to disability, special schools, residential facilities, NGOs, DPOs)?	☐ Planned ☐ In progress ☐ Completed

Preparedness

Notes:	
Do needs assessments, referral forms, and monitoring and reporting tools identify the needs of children with disabilities and disaggregate data by disability? (*see Box 5*)	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have existing services and programmes for children with disabilities been mapped (e.g., residential facilities, social protection and victims assistance programmes)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Planning	
Have issues related to children with disabilities been included in child protection preparedness plans, including in plans developed by coordination mechanisms or inter-ministry/inter-departmental working groups?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Have children with disabilities, their families and DPOs been consulted and involved in preparedness-related protection activities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Has a budget for services and supplies that address the needs of children with disabilities been allocated?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Is disability accessibility a criterion for identification and selection of facilities for protection-related services (e.g., child-friendly spaces, location of outreach services)?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Have collaborations/partnerships been established with agencies/organizations with expertise on disability (e.g., government departments providing services to children with disabilities, NGOs working on disability, DPOs, rehabilitation centres, special schools)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Capacity development	
Have humanitarian protection staff received training on inclusion of children with disabilities (e.g., how to make interventions inclusive, communicating with children with disabilities, adapting information)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Behaviour change communication/communication for development	
Are communication materials developed as part of preparedness programmes in at least two formats (e.g., written and audio)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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11-year-old Nour participates in a UNICEF child-friendly space in the Islahiye camp for Syrian refugees in Turkey. Nour, who has Down syndrome, fled the Syrian Arab Republic with her family.

Check preparedness actions and adapt them to response and early recovery actions accordingly.

7.1 Coordination

a. Establish a disability focal point,[31] a focal agency or a task force to represent disability issues in humanitarian protection coordination mechanisms (e.g. clusters, working groups).

b. Form links between government authorities and clusters on critical issues to support coordinated and inclusive protection services and the mainstreaming of protection in all humanitarian response.[32]

c. Create referral pathways through inter-sectoral connections to effectively identify and respond to the needs of children with disabilities:

- With the Health Cluster to facilitate the provision of assistive devices (e.g., hearing, vision and mobility aids) to improve participation in child-friendly spaces and schools as well as identify and refer unaccompanied hospitalized children with disabilities to family reunification services (*see Health booklet*[33]).

- With Mental Health and Psychosocial Support Working Group and Child Protection Area of Responsibility to refer children with psychosocial disabilities.

- With the Gender-based Violence Working Group to refer girls with disabilities and survivors of gender-based violence, and to

[31] The disability focal point may benefit from participating in disability related training planned in the country or region.

[32] Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid; see: www.globalprotectioncluster.org/en/areas-of-responsibility/protection-mainstreaming.html.

[33] See: http://training.unicef.org/disability/emergencies/health-and-hivaids.html.

advocate for adolescent girls with disabilities and female caregivers to be included in all community gender-based violence prevention and empowerment activities.

- With Education Cluster to strengthen reporting of any abuse identified by teachers through a referral mechanism and periodic case management meetings between teachers and case managers (*see Education booklet*[34]).

d. When mapping humanitarian services as in a 5W database (*see Section 6.2.h*), collect information from the ministry or department responsible for disability issues, organizations that provide services accessed by children and adolescents with disabilities, and those that provide targeted services (e.g., victim assistance, foster care, assistive devices, rehabilitation centres).

Example: Disability inclusive mapping

In Iraq, UNICEF is the focal point for the Child Protection Area of Responsibility and Child Protection Sub-Working Groups in the Kurdistan region. A 5W mapping (who does what, where, when and for whom) is used to collect data on child protection programmes and interventions. Within the 5W mapping, a specific column on children with disabilities was included. The data collected provide information on coverage, gaps and overlaps in child protection interventions, including those for children with disabilities. The Information Management Officer consolidates regular updates and feeds them into UNICEF and inter-agency reporting mechanisms such as situation reports (SitReps), weekly Internally Displaced Persons and bi-weekly Refugee SitReps (UNICEF Iraq).

e. Identify gaps and advocate for adapting services that are currently not inclusive of children with disabilities following the guidance in this booklet. Examples of services that are not inclusive include child-friendly spaces that lack ramps that would enable

[34] See: http://training.unicef.org/disability/emergencies/education.html.

access by children and adults with disabilities, or schools without teachers trained on including children with disabilities in activities.

7.2 Assessment, monitoring and evaluation

a. Review and use any data collection tools that were developed or adapted during preparedness to include children with disabilities.

b. If data collection tools have been developed, review and adapt as required to include children with disabilities (*see Section 6.2*).

c. Collect data on children with disabilities at all levels – including household, community, district and national.

Identification of children with disabilities and disaggregation of data

d. The identification of children with disabilities (*see Box 4*) and disaggregation of data by disability (*see Box 5*) can inform design of inclusive protection programmes and determine the extent to which children with disabilities are accessing services, such as child-friendly spaces.

Example: Using the Washington Group questions during refugee registration

One of the objectives of the Disability Task Force in Jordan is to improve the identification and consolidation of information on refugees and vulnerable populations with disabilities. To this end, UNHCR has piloted the use of the Washington Group Short Set of Questions (*see Box 5*) in registration interviews. During the pilot, the reported prevalence of disability among refugees increased 25 percentage points, from 2.3 per cent (in data collected prior to the pilot) to 27.5 per cent.[35] UNHCR registration staff reported that the Washington Group questions helped identify unseen disabilities. By using neutral, non-stigmatizing terminology, the questions encouraged the disclosure of disabilities.[36] (UNHCR, 2016b)

Humanitarian needs assessement

e. Incorporate issues related to children with disabilities into mainstream humanitarian needs assessments, such as multi-cluster or multi-sector initial rapid assessment[37] and post-disaster needs assessments.

f. For instruments that collect information on individuals (e.g., refugees/internally displaced persons registration, tracing and family reunification, Monitoring and Reporting Mechanisms on Grave Violations [MRM], case management), adapt tools to collect disaggregated data by disability, age and sex (*see Box 5*).

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35 Previously the UNHCR asked, “Are you disabled?” leading to an underestimation of refugees with disabilities.

36 As of January 2017, UNHCR and 19 partners conducted on average 5,000 home visits per month.

37 For more information, see Humanitarian Programme Cycle/Needs assessment: https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-overview.

g. Observe the accessibility of protection services and facilities such as child-friendly spaces, to see whether children with disabilities are present and participating in humanitarian activities (*see Section 10*).

h. Determine if existing residential facilities are functioning, the condition of children with disabilities in the facilities, the number of children per caregiver and their access to services including WASH, health, nutrition and education.

i. In participatory assessments, organize focus group discussions and key informant interviews to gather information on protection risks and access to protection services for girls and boys with disabilities.

- Interview adults and youth with disabilities as key informants. Invite DPOs, local disability groups, and parents and caregivers with disabilities to focus group discussions (*see Box 6*).

- Collect information on the barriers faced by children with disabilities and their caregivers to accessing humanitarian services and information, and consider this when establishing referral pathways as part of case management. Barriers may include:

  - Discriminatory practices against girls with disabilities in obtaining reproductive health care (e.g., denial of information or services);

  - Difficulty reaching services due to distance or lack of transport;

  - Inaccessible facilities (e.g., child-friendly spaces with stairs and no ramp, toilets that are not wheelchair-accessible);

  - Lack of knowledge and support from humanitarian workers; and

  - Lack of suitable supplies for children with disabilities (e.g., appropriate-sized wheelchairs, crutches, hearing aids).

j. When collecting data directly from children with disabilities, such as in case management and identification and registration interviews, appropriate support may be required to communicate, give consent and maintain confidentiality. Such support includes alternative communication or sign language interpretation (*see Section 9.2*).

k. Encourage children's participation.[38] Children are often aware of who is excluded from schools and child-friendly spaces and why (UNESCO, 2010). Use art and play as a way for children with disabilities to express their views about their needs and preferences in key informant interviews and focus group discussions.[39]

- Establish a target to ensure that at least 10 per cent of all consulted children are children with disabilities.

- Consider organizing separate focus group discussions with women and girls with disabilities to identify specific discriminatory practices and barriers, and highlight findings in further reporting.

l. Use existing data or data collected in assessments to inform humanitarian needs overviews and humanitarian response plans. Share such data with relevant agencies.

Programme monitoring and evaluation

m. Develop prioritized disability specific indicators to monitor progress in reaching and meeting the needs of children with disabilities. Indicators may include:

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[38] When engaging children in data collection, ensure that ethical standards are upheld. See: https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF and https://www.unicef-irc.org/publications/849.

[39] For information on the participation of children with disabilities, refer to UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives*, https://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf

- Number of girls/boys/women/men with disabilities with safe access to sustained and structured psychosocial support activities.

- Number of women/men with disabilities participating in structured and sustained positive parenting programmes (camp/urban/informal-tented-settlements/sub-district).[40]

n. Disaggregate monitoring data related to beneficiaries by disability, sex and age.

o. Document and report progress made on reaching children with disabilities and meeting their protection needs in humanitarian monitoring and reporting (e.g., in SitReps, humanitarian dashboards, six-monthly or annual reports).

p. Include questions on whether children with disabilities are accessing protection services and facing any challenges, in real-time monitoring using mobile phones and text messages, joint monitoring with partners, post-distribution monitoring and assessment. Ask questions such as, “Did children and adolescents with disabilities access child-friendly spaces?”

[40] Example indicators taken from the UNICEF Makani indicator guidance for UNICEF partners 2017. See: http://training.unicef.org/disability/emergencies/protection.html

Box 7: Assessing inclusion of children with disabilities

In humanitarian evaluations, consider disability inclusion as an evaluation criterion and include such questions as:

- To what extent were protection interventions relevant to the specific needs of children with disabilities?
- How efficiently were interventions and services delivered to children with disabilities in emergency settings?
- To what extent did protection interventions, both main-streamed and targeted, achieve the expected results?
- To what extent did the interventions have unexpected effects?
- To what extent did needs assessments identify the specific protection needs of children with disabilities?
- To what extent was information on children with disabilities from needs assessments used to inform programming?
- To what extent were ongoing programmes on disability connected with the humanitarian response?
- Have there been lasting or sustained benefits as a result of connecting ongoing programming on disabilities with the humanitarian response?

q. Analyse information gaps in assessments and bottlenecks in implementation of inclusive child protection humanitarian programmes (for instance, through workshops with partners or the development of a paper).

r. Document and share lessons learned on inclusion of children with disabilities in humanitarian child protection interventions such as through case studies (*see Section 8.2*).

s. See Section 6.6.c for accessible complaint and feedback mechanisms.

7.3 Planning

a. Despite the urgency of a humanitarian response, there are ways to draw on the abilities and unique experience of children, adolescents and adults with disabilities and include them in the response (*see Section 9.2*).

b. When developing or providing feedback on emergency plans (such as Inter-Agency Humanitarian Response Plans, Regional Response Plans and UNICEF humanitarian work plans), include the protection needs of girls and boys with disabilities, identify barriers to accessing protection interventions and add activities that include children with disabilities.

c. Include children and adolescents with disabilities as a specific category of people to be reached in response plans by developing:

- A strategy that articulates prioritized actions for reaching children with disabilities;
- Targets and prioritized indicators to track the extent to which children with disabilities are reached.

d. Consider children with disabilities when setting beneficiary selection criteria based on situation analysis, taking into account barriers and risks they face.

e. If data are not available on sex, age, disability and protection needs of children with disabilities and barriers to accessing services, identify this as an information gap and initiate actions to address it.

7.4 Making humanitarian interventions inclusive and accessible

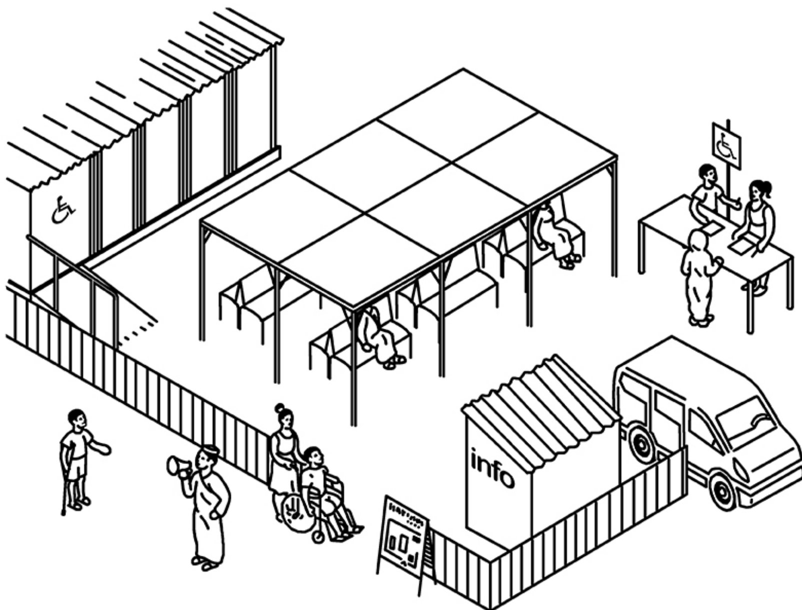
Registration of refugees and internally displaced persons

a. Set up fast tracks (*see Glossary, Section 11*), priority queues or set times for children and adolescents with disabilities and their caregivers to register.

b. Have trained social workers identify children with disabilities in registration waiting areas, giving them and their caregivers priority for registration.

c. Provide covered seating to enable people to rest while queuing to register (*see Figure 3*). This assists not only persons with disabilities, but also elderly people and pregnant women.

Figure 3: Inclusive and accessible waiting areas



Source: Adapted from IFRC, Handicap International and CBM, 2015

Example: Fast track system for refugee registration

During the 2013–2014 massive influx of Syrian refugees to Za'atari and Azraq camps in Jordan, teams working at the reception area were trained by Handicap International to identify children and adults with disabilities or injuries. Persons with disabilities were accompanied and prioritized in the registration process to reduce waiting time and to hasten the allocation of shelters. Mobile teams identified and visited these households to ensure access to essential services, using a case-management approach (information provided by Handicap International).

Case management (*see Glossary, Section 11*)[41]

d. Provide training to staff involved in identification and assessment, including initiating a case and documentation, on how to communicate with and identify children with disabilities who need assistance (*see Section 9.2*).

e. Collect data on disability in standard case management registration information (*see Section 6.2*).

f. When assessing the family or household, staff should identify the family's capacity to care for a child with disabilities (e.g., providing stimulation, adapting food) and further risks the child faces in order to make referrals to the most appropriate services.

  - Assessment should be done in a manner that strengthens the responsibilities and relationship between child and family.

g. Consider solutions for potential barriers to the completion of referrals, such as recommending accessibility modifications, providing information to children with disabilities in at least two formats, and providing assistive devices (*see Section 9.3*).

[41] Adapted from Save the Children 2011.

h. Invite case managers, social workers and other professionals with expertise in working with children with disabilities (such as members of DPOs) to case conferences to guide case workers and supervisors on responding to the needs of children with disabilities (*see Box 6*).

i. Engage children with disabilities to develop individual support plans and when closing their cases (*see Section 9.2*).

j. Train outreach mobile teams to reach children who cannot travel to registration sites or child-friendly spaces and to visit children in residential facilities including those in detention centres.

- Visit residential facilities regularly. If they have closed, consider relocating children with disabilities to family-based/foster care or existing boarding or residential schools. If staff have deserted the facilities or if programmes are understaffed, consider mobilizing human resources from protection, education, WASH and health clusters.

- Refer children with disabilities living in residential facilities to existing case management systems to improve access to all humanitarian services.

Monitoring and Reporting Mechanism on Grave Violations

k. Utilize the Monitoring and Reporting Mechanism on Grave Violations (MRM) to record and manage known and suspected cases of grave violations among children with disabilities.

- Document disability related factors that contribute to grave violations against children in armed conflict (e.g., abandonment when communities flee armed violence; exploitation and recruitment of children with intellectual disabilities).

- Disaggregate MRM data by disability.

- Document whether the grave violation has resulted in disability (*see Box 5*).

- While gathering information, including interviews related to the MRM and other mechanisms, provide support and accommodations for children with disabilities who may need help communicating (e.g., sign language interpreters, people trained in augmentative/alternative communication).[42]

- Ensure legal support for children with disabilities and referral services for children in need of rehabilitation and psychosocial support.

Family tracing and reunification

l. Train child protection staff in the identification, registration and reunification of unaccompanied and separated children with disabilities.

m. Identify and register unaccompanied and separated children with disabilities in hospitals and residential facilities through an identification and referral mechanism established with health actors.

n. Allow for accessibility and communication requirements (e.g., sign language interpretation, appropriate living arrangements) when identifying, referring and arranging alternative care for unaccompanied and separated children who have a disability (*see Section 9.2 and Section 10*).

Psychosocial support

o. Train psychosocial support providers on disability, including people delivering psychological first aid.

p. Mobilize social workers, psychologists and community workers with appropriate training for the provision of psychosocial support for children with disabilities (*see Box 8*) and involve them in the design and implementation of activities in child-friendly spaces and other protection responses.

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[42] For more information, see: www.asha.org/public/speech/disorders/AAC.

Psychosocial support: Parenting programmes

q. Locate parents of children with disabilities and help enrol them in peer support groups and parenting programmes.

r. Integrate topics of behaviour management into positive parenting programmes, addressing stigma and self-care of children with disabilities.

s. Identify appropriate strategies to reduce stress for families that have a child with a disability (e.g., through case management, streamlining referrals for shelter assessment, identifying and facilitating access to child-friendly spaces, helping them to connect socially with neighbours and other community members, establishing community-based respite support).

t. Recruit occupational therapists, midwives and other professionals to train parents on caring for and stimulating children with disabilities to reduce child abuse, exploitation, violence and neglect (*see Figure 4*).

u. When establishing child protection committees and surveillance mechanisms, provide extra support to families with children with disabilities at risk of violence (e.g., first-time parents, single or adolescent parents, low-income, unmarried teenage mothers or parents with a history of substance abuse).

Figure 4: Parents and siblings playing with children with disabilities

Source: Adapted from Handicap International, 2010

Psychosocial support: Child-friendly spaces

v. Arrange for volunteers (e.g., parents, community members, DPOs) and professionals (e.g., sign language interpreters, occupational therapists) to support children with disabilities in child-friendly spaces.

w. Train child-friendly space facilitators on identification of abuse or neglect in children with disabilities and how to include the children in child-friendly space activities.

x. Organize peer groups of adolescents with and without disabilities to travel to child-friendly spaces and schools, raising awareness on protection risks and road safety.

y. If possible, provide transportation (through cash allowances or accessible transportation) for children with disabilities who have difficulty reaching child-friendly spaces and other psychosocial services, considering also their caregiver or peer companion.

z. Plan and supervise accessibility compliance in construction, re-construction and repair of child protection-related infrastructure, including child-friendly spaces. Choose accessible locations for temporary and permanent protection-related facilities for children and adults with different types of disabilities (*see Section 10*).

aa. Signs that provide information, including the location of child-friendly spaces, can be made accessible (*see Section 10*).

Example: Child-friendly spaces after Nepal earthquakes

As part of the UNICEF response to the 2015 earthquakes in Nepal, 5,245 children with disabilities were identified in earth-quake-affected districts. Among them, 1,911 children with disabilities (47 per cent girls) attended inclusive child-friendly spaces with play materials to recover from the psychological distress (UNICEF, 2015). This was made possible through training on engaging children with disabilities for the child-friendly space facilitators and organizers. The Karuna Foundation Nepal[43] helped find accessible sites and locally produced accessible toys for the child-friendly spaces. These inclusive spaces became disability support centres, facilitating referrals to health facilities and providing assistive devices (UNICEF Nepal).

Mine/Explosive remnants of war risk education (MRE)

ab. Train community-based mine risk education staff to teach children with and without disabilities how to protect themselves from mines and explosives and ensure that all child survivors and their families receive adequate assistance including medical and rehabilitation care.

[43] The Karuna Foundation is an NGO that works to improve the quality of life for children with disabilities by strengthening health care systems and empowering communities.

ac. Collect data on children with disabilities and their caregivers who are receiving mine risk education and victims assistance.

ad. Involve survivors with disabilities as peer trainers. Mine/explosive remnants of war (ERW) survivors can be effective and credible MRE trainers/messengers for different target audiences.

ae. Ensure mine risk education messaging allows for accessibility and communication needs of children with disabilities (*see Section 9.3*).

Example: Persons with disabilities as MRE trainers

In Mali 12 victims of explosive incidents and persons with disabilities (including five women) were trained and now (2017) deliver mine risk education in their communities as part of an income-generating activity in Timbuktu and Gao (UNICEF Child Protection Section).

Social protection (*see Glossary, Section 11*)[44]

af. Households with persons with disabilities may face financial hardship in emergencies due to disruption of services and social protection benefits, additional costs of health services, assistive devices and loss of income due to caring for a family member with a disability.

ag. Identify existing social protection programmes for persons with disabilities (e.g., disability allowances, pensions, free transport passes, special needs education grants, food subsidy coupons) and consider using or modifying them to reach children with disabilities.

[44] Learn more about Social Protection and Humanitarian Action at: https://www.unicef.org/socialprotection/framework/index_61912.html.

ah. Organize simplified registration processes and provide identification cards to households with children with disabilities[45] for easy identification and inclusion in social protection programmes.

ai. Consider additional disability related costs for households with disabilities when selecting households eligible for social protection programmes such as cash transfers.

aj. Add disability as a criterion for recipient selection in cash-based programming to reach households with disabilities.

Example: Cash transfers in Aleppo

In November 2016, UNICEF and partners in the Syrian Arab Republic started a cash allowance programme for families of children with disabilities. They identified beneficiaries through a disability certification with follow-up from a specialized partner NGO that evaluated eligibility for cash transfers. Families included both internally displaced persons and host communities. Families receive US$40 monthly (double the cost of the minimum food basket) because caregivers are often not able to access other income-generating opportunities. The first round of cash transfers went to families in Aleppo, reaching 4,200 children with disabilities to date (UNICEF Syria).

Gender-based violence

ak. Coordinate with gender-based violence (GBV) and protection actors to develop GBV referral mechanisms that identify children with disabilities who are survivors, refer them to accessible protection systems and provide them with specialized services through survivor assistance programmes.

[45] Households with children with disabilities can be identified through data collection processes such as household surveys, refugee registration and services records.

al. Target adolescent girls with disabilities to include them in all community-based GBV prevention and empowerment activities. Identify and invite girls who are most at risk, such as those with intellectual disabilities.

am. Establish safe and accessible spaces where girls can meet separately from boys, connect with peer and social networks, and safely access information and services.

Partnerships

an. Disability expertise can be mobilized through existing partnerships or by establishing new partnerships with government agencies (e.g., ministries of education or social welfare), DPOs, disability specific NGOs, and by recruiting short-term consultants (*see Box 8*).

ao. Civil society organizations, such as women's rights and human rights associations, may have expertise in cross-cutting issues for disability, gender, age and other factors that may put children with disabilities more at risk in emergencies.

7.5 Human resources

a. Consult and recruit persons with disabilities for response and early recovery processes, adding first-hand expertise on issues faced by children and adults with disabilities (*see Box 6*).

Box 8: Disability expertise

- While developing humanitarian rosters, identify personnel with expertise on issues relating to children with disabilities by adding this option in the experience column.
- Identify team members with previous experience working directly with children with disabilities or on disability related issues.
- In job descriptions for protection-related positions (e.g., social workers, case managers, supervisors), designate experience working with children with disabilities or on related issues as a desirable asset.
- Encourage men and women with disabilities to apply for available staff, consultancy or volunteer positions.[46]
- Reach out to disability networks and DPOs to share recruitment information and identify persons with disabilities who have relevant technical expertise.
- Develop disability related terms of references for consultancies or partnerships to engage disability experts (such as speech and language therapists, occupational therapists or sign language interpreters) when relevant.

[46] UNICEF has an Executive Directive on Employment of Persons with Disabilities. There is also a Disability Accommodation Fund, which provides support to staff members with disabilities for different types of individual accommodations. In 2016, UNICEF also set up a Greening and Accessibility Fund to support UNICEF offices to make premises disability accessible.

Example: A woman's leadership in humanitarian coordination

Having professionals with disabilities as part of a humanitarian response team can help ensure children with disabilities are included in humanitarian programming. UNICEF deployed Cara Elizabeth Yar Khan as its first woman with a severe disability in an active crisis setting. In the aftermath of the 2010 earthquake in Haiti, Ms. Yar Khan served as member of the UNICEF Haiti Team in 2011. In her role as a Resource Mobilization Specialist, she brought her lived experience as a woman with a disability, taking on the additional role of Disability Focal Point for the UNICEF Haiti Country Office. She was able to advocate for actions that promoted the inclusion of children with disabilities in various sectors. Ms. Yar Khan's work illustrated how women with disabilities bring both expertise and critical awareness on key issues that affect girls and boys with disabilities in humanitarian settings (WRC, 2016).

7.6 Procurement and supplies

a. Distribute the supplies planned and procured in a protection contingency plan (*see Section 6.3.m–s*). Update items and quantities based on the findings of needs assessments and surveys.

b. For the provision and distribution of assistive devices, collaborate with health actors and include information on the device's use and ongoing maintenance (*see Health booklet*).[47]

[47] See: http://training.unicef.org/disability/emergencies/health-and-hivaids.html.

7.7 Funding and budgeting

a. In fundraising documents (e.g., flash appeals, Humanitarian Action for Children appeals,[48] fundraising brochures and info-graphics):

- Introduce information on child protection needs and priority actions for children with disabilities. For example, a flash appeal could state: "Children with disabilities are more at risk of abuse, exploitation and violence than their peers without disabilities. Particular attention will be given to the protection needs of children most at risk, including children with disabilities."

- Use positive language to refer to children with disabilities (*see Section 9.1*).

b. When developing proposals, allocate dedicated budgets for human resources, accessible facility construction, repair and reconstruction, capacity development, assistive devices, awareness-raising, training and related costs.

c. When evaluating proposals from humanitarian actors, assess and provide feedback on the extent of inclusion of children and adolescents with disabilities, encouraging organizations to demonstrate how their activities, monitoring and results are disability inclusive.

d. Identify and fund projects that include children with disabilities and their families. Consider following criteria when selecting projects:

- Disability is included in the needs assessment;

- Data are disaggregated by sex, age and disability;

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[48] UNICEF's Humanitarian Action for Children sets out the organization's annual appeal and its goals in providing children access to safe water, nutrition, education, health and protection across the globe.

- Planned and budgeted activities, as well as related indicators and outcomes, consider the protection needs of children with disabilities or are specifically directed towards them (*see Section 7.4*).

e. Track funding and projects dedicated to responding to the child protection needs of children with disabilities (e.g., financial tracking systems or country pooled funds).[49]

7.8 Capacity development

a. Identify scheduled training opportunities or request partners to conduct training on inclusion of children and adults with disabilities[50] and nominate staff to attend.

b. Conduct training on inclusion of children and adolescents with disabilities for child protection staff, utilizing the training resources identified and modules developed during the preparedness phase (*see Section 6.4.c*).

c. Where possible, conduct training at different levels for child protection coordination personnel, data collection teams, psychosocial support staff, detention facilities and institution staff, child-friendly space facilitators, psychologists and social workers.

d. Engage adults and young people with disabilities as outreach team members and community volunteers. Allocate training resources to develop their capacity in identifying children with disabilities and providing information and referrals.

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[49] For more information, see Humanitarian Programme Cycle-Resource mobilization: https://www.humanitarianresponse.info/en/programme-cycle/space.

[50] NGOs working with persons with disabilities, DPOs or government ministries or departments organize trainings on the needs of children with disabilities in the country or region.

7.9 Behaviour change communication and communication for development

a. Share information about existing child protection services for children with disabilities in child-friendly spaces, parent groups and during outreach.

b. Provide child protection–related information in at least two different formats, such as posters, banners or signs for services, text message campaigns and audio announcements on radio or community loudspeakers (*see Section 9.3*).

c. Include positive images of children, adolescents and women with disabilities in materials to ensure communication campaigns help transform attitudes and reduce stigma and discrimination towards people with disabilities.

d. Mitigate stigma, myths or jealousy that may result from targeted interventions (e.g., cash grants, assistive devices) through communication for development interventions. For example, hold open-discussion meetings with local communities and host populations to explain humanitarian activities and disability targeted interventions, such as transport allowances and assistive devices distributions (*see Section 4.1*).

e. Develop accessible feedback and complaint mechanisms as part of accountability and community engagement processes (*see Section 6.6.c*).

Example: Developing inclusive communication materials with refugees with disabilities

The Syrian Disability Representatives project, supported by Handicap International, aimed at developing self-help groups for Syrian refugees with disabilities in Jordan and Lebanon in 2016. The self-help groups produced communication materials (posters, postcards, images, videos) in Arabic and English to reduce stigma towards persons with disabilities. The materials illustrated CRPD articles, for example, Article 16 on the right to freedom from exploitation, violence and abuse[51] (Handicap International).

[51] For the materials, see: http://training.unicef.org/disability/emergencies/resources.html.

7.10 Checklist for response and early recovery

The checklist, derived from the programmatic actions outlined in this document, can help plan and assess whether key actions include children and adolescents with disabilities in response and early recovery. To complete the checklist, consultations may be required with other colleagues. Completing the checklist in a team or coordination meeting would be helpful. Additional printable copies of the checklist can be found at: http://training.unicef.org/disability/emergencies/protection.html.

Considerations for including children with disabilities in response and early recovery	
Coordination	
Do the child protection working group/sub-cluster and gender-based violence sub-clusters have a disability focal point or focal agency?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have issues related to children with disabilities been included in child protection sub-cluster/working group plans?	☐ Planned ☐ In progress ☐ Completed

Notes:

Assessment, monitoring and evaluation	
Have available data on children with disabilities been compiled (e.g., from government departments related to disabilities, special schools, residential facilities, NGOs, DPOs)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are data on child protection programmes disaggregated by disability (e.g., data on Monitoring and Reporting Mechanism on Grave Violations; unaccompanied and separated children; child recruitment and use; mine risk education)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Question	Status
Do protection-related needs assessments consider the needs of children with disabilities (e.g., in multi-cluster initial rapid assessment, post-disaster needs assessments)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Do protection-related monitoring, reporting and evaluations (SitReps, dashboards, real-time monitoring and evaluations, joint evaluations) capture information on access to child protection services and challenges faced by children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are children with disabilities, their families and DPOs included while consulting affected popula-tions?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Planning	
Have current services and programmes for children with disabilities been mapped (e.g., social protection benefits, victims assistance programmes, residential facilities and schools for children with disabilities)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Inclusive and accessible child protection interventions	
Does the process of identifying, documenting, tracing and reunifying unaccompanied and separated children consider specific issues related to children with disabilities (e.g., stigma and discrimination, accessibility requirements for communication)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Does the provision of alternative care consider requirements of children with disabilities (e.g., accessibility of the home in family-based care)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Does information gathering, including interviews related to the Monitoring and Reporting Mechanism and other instruments, provide support and accommodations that children with disabilities may need (e.g., sign language interpreters)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Do psychosocial support activities take into account inclusion and accessibility requirements of children with disabilities (e.g., in child-friendly spaces)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Do social protection and cash transfer programmes consider the specific vulnerabilities faced by children with disabilities (e.g., disability as eligibility criteria, targeted scheme for children with disabilities)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have collaboration/partnerships been established with agencies/organizations with expertise on disability (e.g., NGOs working on disability, DPOs, rehabilitation centres, special schools)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Human resources	
Have existing child protection staff and personnel with expertise on disability related issues been identified?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Funding and budgeting	
Are children with disabilities visible and their issues and needs highlighted in fundraising documents (e.g., flash appeals, brochures, proposals)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Capacity development	
Have child protection staff received training on inclusion of children with disabilities (e.g., adapting services to be inclusive, communicating with children with disabilities)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Behaviour change communication/communication for development	
Are communication materials developed as part of child protection programmes in at least two formats (e.g., written and audio)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are children with disabilities visible in child protection–related communication campaigns and messaging (e.g., photos of children and women with disabilities included in materials)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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In South Sudan, Bhang Wan (in white football jersey), 15, supports his younger siblings Kerwan and Nyalat. The children were separated from their mother after fleeing an attack on their home. A neighbour helped them to get to a safe location, carrying Kerwan, who now uses a wheelchair.

Recovery from a humanitarian crisis provides an opportunity to institutionalize and sustain the disability inclusive processes and interventions introduced during the response phase and to ensure ongoing advancement of the rights of children and adolescents with disabilities. Recovery and reconstruction phases affect preparedness interventions. Therefore, some actions below are also relevant for preparedness.

8.1 Coordination and planning

a. Identify ministries and departments with services for children with disabilities initiated during the response phase that could be further consolidated as part of recovery planning.

b. Work with government counterparts to include disability inclusive practices established in the response into relevant mainstream protection programmes and training plans (*see Section 8.7*), partnerships and ongoing support, and as part of child protection systems strengthening.

c. Incorporate data, information on services and resources relevant to disability generated during the response and early recovery phase into existing government and international mechanisms so they are not lost and can be available for future use.

d. Work with partners (relevant government departments, disability related NGOs, DPOs and private sector) to facilitate access to assistive devices for the most vulnerable families (e.g., through grants, health insurance or social protection benefits and by streamlining procurement).

e. Establish long-term partnerships with disability related organizations including DPOs and NGOs working on issues related to disability (*see Box 6*).

8.2 Assessment, monitoring and evaluation

Identification of children with disabilities and disaggregation of data

a. Advocate for the adoption of disability disaggregated data in national information systems, such as Child Protection Information Management Systems (CPIMS) and Gender-Based Violence Information Management Systems (*see Box 5*).

b. See Box 4 for identification of children with disabilities.

Needs assessment

c. Engage in recovery-related assessments and planning processes, such as post-disaster needs assessments, to influence both data collection and key policy and planning discussions, which will provide opportunities to strengthen child protection systems to include children with disabilities.[52]

d. Collect and present data on children and adolescents with disabilities in post-disaster needs assessments and related reporting, addressing any identified information gaps (*see Box 5*).

e. In targeted surveys and other participatory assessments, dedicate time and space for children with disabilities to express their views on their priorities for the recovery of their environment and themselves (*see Section 7.2.k.*).

Programme monitoring and evaluation

f. Capture good practices (what worked and why) that promote the inclusion of children with disabilities (e.g., through lessons-learned exercises) and use findings to provide recommendations

[52] Post-disaster needs assessments are often conducted by the European Union, the World Bank and the United National Development Programme (UNDP).

for ongoing child protection programmes.

g. Conduct targeted surveys (such as knowledge, attitude, practice or participatory assessments) focusing on households with children with disabilities to assess their access to child protection services.

h. Include qualitative data collection activities (e.g., focus group discussions) that can record the impact and change in the lives of children and adolescents with disabilities and describe lessons and challenges in evaluations and reporting.

i. Study other factors, such as gender, age and type of disability, to see which groups of children and adolescents have been underrepresented in programming.

j. Include access of children with disabilities to child protection services in all evaluations (*see Box 7*).

Example: Documenting lessons learned

During a three-year project (2013–2015), *Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings*, the Women's Refugee Commission (WRC) and the International Rescue Committee developed a 'Stories of Change' evaluation tool. It was designed for women and girls with disabilities to decide what mattered most to them. The tool identifies skills and capacities of women and adolescent girls with disabilities and determines which humanitarian activities are impactful in their lives. In Burundi, adolescent girls with disabilities found that activities such as organized sewing and crafting sessions were useful ways to meet other girls, share ideas and discuss their hopes for the future. They reported subsequently being invited to attend more community activities where they could express their ideas and opinions (WRC, 2015).

8.3 Social protection[53]

a. Social protection can play an important role in transforming relief interventions into long-term recovery programmes. For instance, cash in emergencies can evolve into predictable medium- or long-term protection mechanisms.

b. Think about converting cash transfer programmes for households with children with disabilities into education grants for children to reduce financial barriers to attending primary and secondary school and vocational training (*see Section 7.4.af–aj*).

8.4 Accessible infrastructure

Reconstruction and rehabilitation of protection-related facilities offer the opportunity to build back better, safer and more accessible.

a. Advocate for accessibility to be a key component in reconstruction plans (*see Section 10*).

b. Promote accessibility in national building codes and standards, and other relevant policies.

8.5 Human resources

a. Work with relevant ministries and departments and civil society organizations to develop databases and rosters of persons who have disability related training and experience (*see Box 8*).

b. Support local government in reviewing human resources (e.g., law enforcement, social workers, teachers, health staff), advocating for sufficient numbers of qualified staff to address the needs of children with disabilities.

c. In an environment with mines and explosive remnants of war, integrate mine risk education into existing public awareness and education programmes.

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[53] For more on social protection and humanitarian action, see: https://www.unicef.org/socialprotection/framework/index_61912.html.

8.6 Funding and budgeting

a. Specify the funding required for any unmet child protection needs of children and adolescents with disabilities in post-emergency needs assessment report and final cluster and country reporting.

b. Support local and national governments to develop inclusive and participatory planning and budgetary processes, engaging in focus group discussions with DPOs, other disability groups, parent associations, experts, and children and adolescents with disabilities to help prioritize protection services and use financial resources better (*see Box 6 and Section 7.2.k*).

8.7 Capacity development

a. Work with government counterparts in relevant ministries or departments to mainstream training modules on disability into regular child protection training.

b. Conduct awareness-raising sessions on the child protection risks and rights of children with disabilities to protection for local authorities and humanitarian staff.

c. Support DPOs to strengthen their capacity and engage them both in recovery planning and disaster-risk reduction.

Example: Building resilience of Nepali adolescents with disabilities

UNICEF reached adolescents with disabilities in Nepal following the 2015 earthquakes. They were included in social and financial skills training designed to build their resilience after the earthquakes. Additionally, an episode of the widely popular radio programme *Saathi Sanga Manka Kura* (Chatting with My Best Friend) was dedicated to youth with disabilities. The president of the National Federation of Disabled Nepal spoke on how to seek help in an emergency and provided insight into the challenges faced by persons with disabilities (UNICEF Nepal).

8.8 Policies

a. Review national child protection policies and frameworks to determine whether they consider disability.

b. Based on the review, provide recommendations and advocacy messages for the amendment of existing policies or the development of new policies inclusive of children with disabilities. Recommendations may relate to:

- Developing an alternative care strategy, moving to alternative systems for safe and supportive kinship and foster care, community-based programmes and protection benefits for households with children with disabilities.

- Policies to facilitate social reintegration including education, vocational training and livelihood support for deinstitutionalized children with disabilities, former child soldiers with disabilities and their families.

- Policies to support mine risk education and survivors assistance programmes.

Example: Minimum Standards for the Protection of Children, Adolescents and Women in Refugee Centres in Germany

In early 2016 the National Initiative to Protect Women and Children in Refugee Centres was launched, jointly led by UNICEF and the German Ministry of Family Affairs, Senior Citizens, Women and Youth. Under this initiative, Minimum Standards for the Protection of Children, Adolescents and Women in Refugee Centres were developed. In 2017, the Standards were revised to explicitly include vulnerable groups such as persons with disabilities and lesbian, gay, bisexual, transgender and intersex people. Disability has been incorporated throughout the minimum standards and a specific annex on persons with disabilities details how refugee centres in Germany can better include and protect persons with disabilities. The disability annex was developed by a multi-stakeholder working group, led by UNICEF and with members representing government, the national CRPD monitoring body, welfare agencies, local and international NGOs, DPOs, academic institutions as well as managers of refugee centres[54] (UNICEF Refugee and Migrant Response Germany).

[54] The revised *Minimum Protection Standards for Children, Adolescents and Women in Refugee Centres*, including the Disability Annex, can be found here: https://www.bmfsfj.de/blob/116834/8115ef88038eb2b10d-7f6e1d95b6d96d/mindesstandards-fluechtlinge-aktualisierte-fassung-juni-2017-data.pdf. It will be translated into English in 2017.

8.10 Checklist for recovery and reconstruction

The checklist, derived from the programmatic actions outlined in this document, can help plan and assess whether key actions are being taken to include children and adolescents with disabilities in recovery and reconstruction. To complete the checklist, discussions may be required with other colleagues. Completing the checklist in a team or coordination meeting would be helpful. Additional printable copies of the checklist can be found at: http://training.unicef.org/disability/emergencies/protection.html.

Considerations for including children with disabilities in response and early recovery	
Coordination and planning	
Are collaborations with ministries and departments that provide services for children with disabilities sustainable for the long term?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have issues related to children with disabilities been included in child protection recovery plans?	☐ Planned ☐ In progress ☐ Completed

Recovery and reconstruction

Notes:	
Do plans to strengthen child protection systems include provisions for children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Assessment, monitoring and evaluation	
Do child protection needs assessments related to recovery and reconstruction reflect the needs of children with disabilities and include disaggregated data by disability?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Do child protection–related monitoring, reporting and evaluations capture information on access to services and challenges faced by children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are children with disabilities, their families and DPOs consulted as part of recovery and reconstruction?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Accessible infrastructure	
Does reconstruction of infrastructure (e.g., residential facilities, community centres, playgrounds) have disability accessibility as a criterion?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Human resources	
Have collaboration/partnerships been established with agencies/organizations with expertise on disability (e.g., NGOs working on disability, DPOs, rehabilitation centres, special schools)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Do child protection–related databases and rosters capture information on child protection staff and personnel with expertise on disability?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Funding and budgeting	
Do child protection recovery and reconstruction budgets include funding for accessible facilities and services for children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Capacity building	
Does child protection–related training include components on how to respond to the rights and needs of children with disabilities (e.g., training for law enforcement personnel, social workers, teachers)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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A girl with Down syndrome smiles in a Makani Center, child-friendly space, in Amman, Jordan.

This section is a reference for humanitarian protection officers, social workers, case managers and child-friendly space facilitators when engaging directly with children and adolescents with disabilities and their families including caregivers with disabilities (e.g., during case management or in designing messages for affected populations).

9.1 Terminology[55]

The terminology used to address children and adolescents with disabilities or to talk about them in materials can either diminish or empower them.

a. Use person-first terminology (e.g., 'child with a disability', not 'disabled child'; 'girl who is blind' or 'girl with a vision impairment' rather than 'blind girl').

b. Do not use terms that have negative connotations, such as suffer, suffering, victim or handicapped. Say 'wheelchair user' rather than 'wheelchair bound' or 'confined to a wheelchair'.

c. Use 'persons without disabilities', rather than 'normal' or 'regular' persons.

d. Do not use acronyms to refer to children with disabilities (CWD) and persons with disabilities (PWD).[56]

e. Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual and psychosocial impairments (*see Glossary, Section 11*).

[55] For information on terminology related to disabilities, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

[56] The Convention on the Rights of Persons with Disabilities uses the terminology 'children with disabilities' and 'persons with disabilities'. As a response to the long-standing stigma and discrimination faced by children and adults with disabilities, they prefer to be referred to as children and persons and an abbreviation denies that.

9.2 Communicating with children and adolescents with disabilities[57]

a. When possible, talk to and try to get information directly from the child or adolescent with a disability and not only through their caregivers.

b. Be patient. Do not make assumptions. Confirm understanding what the child has expressed.

c. Where required, identify community members who can facilitate communication with children with disabilities (e.g., sign language interpreters, DPOs, inclusive education or special education teachers, caregivers of children with disabilities, speech and language therapists).

d. Trained or specialist staff working with children with disabilities, such as speech and language therapists and early childhood specialists, can support caregivers to communicate and interact with their child or adolescent with a disability.

e. Children and adolescents with hearing disabilities (deaf or hard of hearing) often use sign language. If the child or caregiver does not know sign language, use body language, visual aids or key words, and speak slowly and clearly.

- When speaking to a child who can lip-read, keep eye contact and do not cover the mouth.

f. For children and adolescents with visual disabilities (blind or low vision):

- Describe surroundings (e.g., child-friendly space) and introduce people present.

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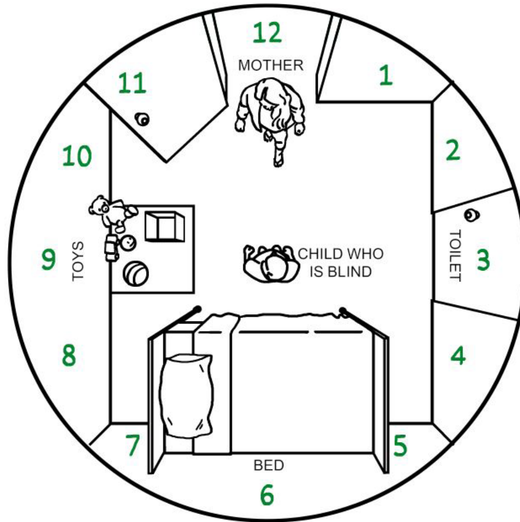
[57] For information on communicating with children with disabilities, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

- Use the ‘clock method’ (*see Figure 5*) to help older children and adolescents locate people and items (e.g., ‘the toilet is at 3 o’clock’ if directly to their right or ‘the toys are between 8 and 10 o’clock’ if they are on the left).

Figure 5: The clock method



Source: UNICEF Disability Section

- Touching and feeling different objects can support learning and help identify articles, such as toys, food or cutlery.

- Ask permission if offering to guide or touch the child or their assistive devices, such as wheelchairs or white canes.

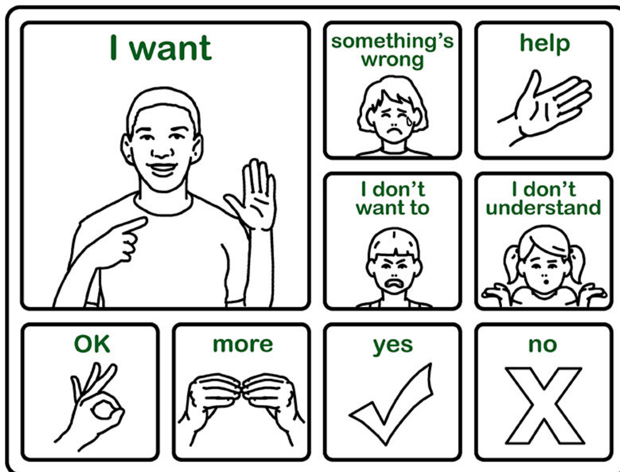
g. If the child or adolescent has difficulty communicating or understanding messages, use clear verbal communication and consider the following:

- Use objects that represent different activities to support the child’s or adolescent’s understanding and ability to anticipate what will come next and help build routine.

- Children and adolescents with disabilities can also use objects to ask for things (e.g., soap to announce a bath or spoon to indicate they are hungry).

- Support children and adolescents to develop a book, a board or cards with pictures or drawings related to feelings and responding to questions (*see Figure 6*). This can be used to communicate about issues, health, food or play (Novita, 2007a, 2007b).[58]

Figure 6: Communication board



Source: Adapted from Novita, 2017.

- Train parents and caregivers to observe and learn the subtle facial expressions or body movements used by the child or adolescent to show their feelings (e.g., uncomfortable, happy, hungry, thirsty).

- Smartphones and tablets can use applications that provide voice output when picture symbols are pressed. There are

[58] If the child is able, more-complex books can be developed with picture symbols arranged in different categories per page (e.g., food, kitchen items, clothes, school items). The same initial sentence starters can be used (e.g., I want, I don't want, I see, I hear, I feel, It is). This allows the learner to use full sentences even if they have no speech

also devices that can be used as voice output communication aids.[59]

9.3 Adapting information for persons with disabilities[60]

Produce child protection information in different formats. This will help ensure that children, adolescents and caregivers with physical, intellectual, hearing and visual disabilities can access and understand information.

a. Formats that are accessible for people with visual disabilities (blind and low vision) include large print, text messages on phones (most smartphones have free voiceover applications), Braille, radio and audio announcements.

b. People with screen-reading software on their computers can also access electronic information (e.g., emails, word formats).

c. Formats that are accessible for people with hearing disabilities (deaf and low hearing) include information in print, text messages, captions and sign language interpretation for meetings or television announcements.

d. Formats that are accessible for people with intellectual disabilities include simple language and visual signs, such as pictograms, drawings, pictures and photos on printed materials.[61]

e. Organize workshops to engage DPOs, other disabilities groups and children and adolescents with various disabilities in the

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59 For examples of voice output communication aids, see: https://www.nationalautismresources.com/speech-language/assistive-technology/.

60 For information on adapting information for persons with disabilities, see the UNICEF Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

61 For an example of an easy-to-read version of the Convention on the Rights of Persons with Disabilities, see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345108/easy-read-un-convention.pdf

design, review and dissemination of communication materials such as radio programmes run by adolescents with disabilities (*see Box 6 and Section 7.2.k*).[62]

Example: Accessible formats in tsunami response

Following the March 2011 earthquake and tsunami that hit Japan, radio broadcasts and vans with loudspeakers were used to reach the affected population. These announcements were inaccessible for persons who are deaf or have difficulty hearing. After the disaster struck, a private company *PLUSVoice* initiated a service to provide free sign language interpretation via video calls for residents of Iwate, Miyagi and Fukushima prefectures. This remote communications support provided persons with hearing disabilities access to emergency-related information and warnings (IFRC, Handicap International and CBM, 2015).

9.4 Developing messages inclusive of children with disabilities[63]

The way information portrays children with disabilities can help reduce stereotypes and prejudices and promote awareness of their needs and capabilities. All communication related to humanitarian action and development can be disability inclusive.

a. Represent community diversity through pictures of children with disabilities in child protection information both related and unrelated to disability.

b. Depict children with different types of disabilities among groups of children rather than by themselves or separated from the group.

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62 For an example of accessible communication for people with various kinds of disabilities, see UNDP's inclusive communication on Ebola in Sierra Leone: https://www.youtube.com/watch?v=M015lGIF1MA.

63 For information on developing inclusive messages, see UNICEF's Inclusive Communications Module: www.unicef.org/disabilities/index_90418.html.

c. Portray children with disabilities and their caregivers actively participating in activities (e.g., handwashing, playing, attending child-friendly spaces, temporary learning spaces).

d. Adapt existing communication tools to raise awareness on disability.

- UNICEF Communication for Humanitarian Action Toolkit.[64]

- UNICEF communication for development: Provide a voice for children and adolescents with disabilities through social mobilization, involve them in communication campaigns as main actors, and focus on positive images of disability with the aim of transforming social norms and reducing stigma and discrimination.

[64] See: https://www.adelaide.edu.au/accru/projects/effectivecomms/6-C4D-CHAT_Proof-2.pdf

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A boy in a wheelchair holds his drawing in one of the 1,400 Temporary Learning Spaces set up after the earthquakes in Nepal in 2015.

People with disabilities experience various barriers to accessing child protection services, child-friendly spaces and related information. These accessibility tips relate to identifying and overcoming physical barriers in the environment and infrastructure. The actions are minimum standards for making child protection–related infrastructure accessible and can apply to any facility that provides protection services (e.g., baby tents, child-friendly spaces, temporary learning spaces, social work offices, health clinics).

Education and health sector colleagues may need encouragement to ensure that all facilities providing child protection services are accessible to all. Toilets, handwashing, showers and water points within any child protection facility should be accessible and usable by people with different types of disabilities (*see 'WASH' booklet*).[66]

Where available, accessibility consultants can assist in assessing, planning, supervising and auditing the construction and reconstruction of accessible child protection facilities.[67]

a. Review national standards for accessibility. If there are no national standards, international standards can be used.[68]

b. Accessibility is built around the RECU principle: persons with any type of disability can Reach, Enter, Circulate and Use any protection-related facility in a continuous movement (e.g., without facing barriers).

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[65] All provided specifications are taken from the UNICEF resource *Accessible Components for the Built Environment: Technical guidelines embracing universal design*, www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12 technical cards for accessible construction.pdf.

[66] See: http://training.unicef.org/disability/emergencies/wash.html (unpublished UNICEF 2016 document).

[67] A database of qualified accessibility consultants in many countries and all regions is maintained by GAATES on behalf of UNICEF. Information can be obtained by emailing: disabilities@unicef.org.

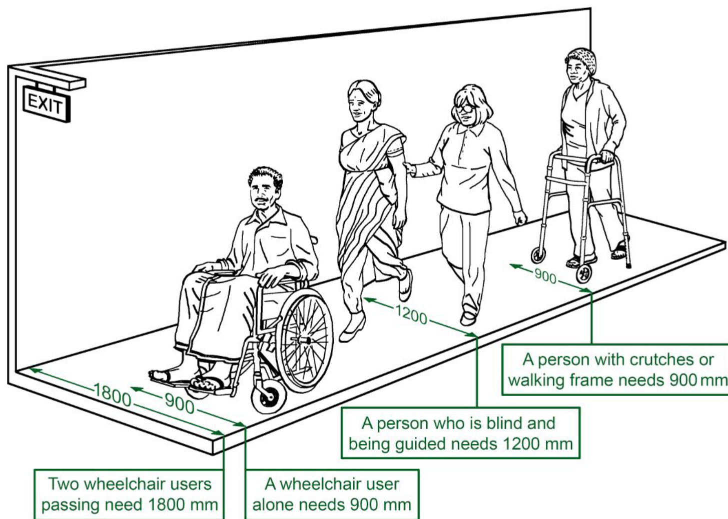
[68] Refer to *Building Construction: Accessibility and usability of the built environment* (2011) by the International Standardization Organization (ISO). It can be accessed by UNICEF colleagues by contacting Supply Division.

c. Consider the location of all child protection facilities: Are they easy to reach? Are buildings accessible for people with different types of disabilities?

d. Where possible, select locations and facilities that are already accessible or will be easy to modify (e.g., door widths are 800 mm,[69] ramp can be added to the main entrance).

e. Pathways should have a minimum width of 900 mm, with the ideal being 1800 mm to allow two wheelchair users to pass each other (*see Figure 7*). Paths should be firm and even.

Figure 7: **Paths should be minimum 900 mm to accommodate different users**

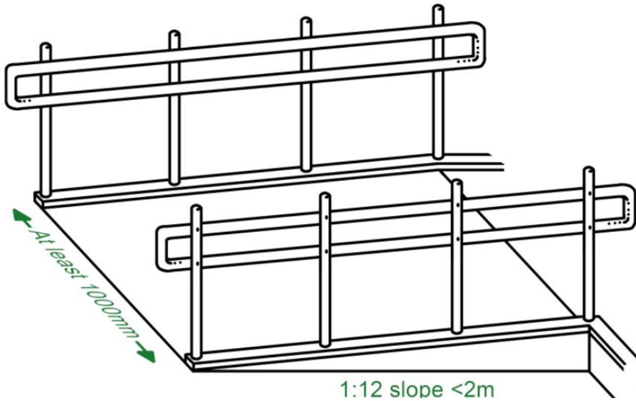


Source: Adapted from Oxley, 2002, by DFID and TRL, 2004 (UNICEF, 2016c)

[69] Doors are difficult to retrofit and modify after construction to make wider for wheelchairs to enter the building or rooms.

f. Ramps are the only practical solution for people who cannot use steps or stairs. They should have a minimum width of 1000 mm with handrails recommended for slopes steeper than 1:20, for stairs or drainage crossings (*see Figure 8*).

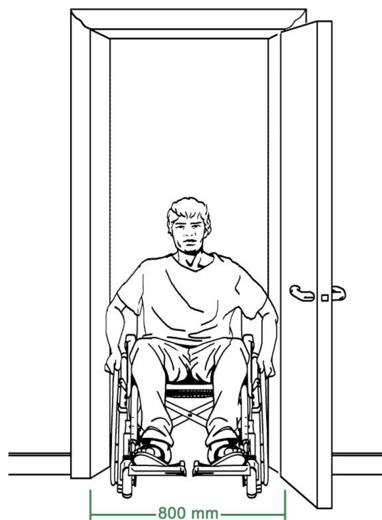
Figure 8: Ramps



Source: Adapted from IFRC, Handicap International and CBM, 2015

g. Entrances and door openings should be a minimum of 800 mm wide (*see Figure 9*) with no thresholds or barriers on the ground.

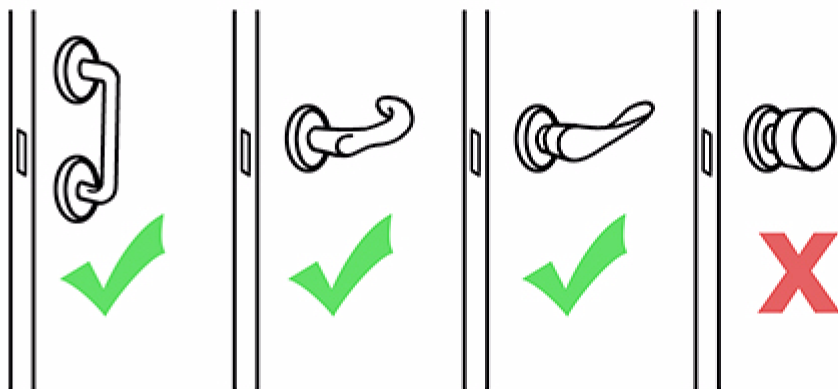
Figure 9: Doors should be a minimum of 800 mm wide



Source: Adapted from UNESCO, 1990, ISO, 2011 (UNICEF, 2016c)

h. Door handles should be mounted 800–900 mm above the floor, and D-lever handles are preferred (*see Figure 10*).

Figure 10: Easy-to-use door handles



Source: Adapted from IFRC, Handicap International and CBM, 2015

i. Reduce barriers inside child-friendly spaces and other child protection facilities by levelling floors and thresholds.

j. Allow for adequate circulation space within facilities.

k. Make signage related to child protection facilities accessible:

- Install well-lit maps showing the location of available services and arrows for better orientation (e.g., entrance to child-friendly spaces, clinics, food distributions, temporary learning spaces).

- Install all signage addressed to children at child's height and ensure that parents and caregivers are aware of the information to inform their children.

- Use simple language, pictures, colour contrast, pictograms and tactile elements.

Accessibility audits

l. Conduct accessibility audits of child-friendly spaces and all child protection facilities.

m. Involve children, adolescents and caregivers with disabilities in accessibility audits. Move through the environment and facilities with children with different types of disabilities to identify obstacles and elicit their suggestions for improvements.

Accessibility: Persons with disabilities accessing, on an equal basis with others, the physical environment, transportation, information and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas (UN, 2006). Physical accessibility is the provision of buildings or parts of buildings for people, regardless of disability, age or gender, to be able to gain access to them, into them, to use them and exit from them (ISO, 2011).

Accessible formats: Information available to people with different types of disabilities including displays of text, Braille, tactile communication, large print, accessible multimedia, written, audio, plain-language, human-reader, and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology (UN, 2006).

Accessible signage: Signage designed to inform and orientate all people, including persons with disabilities. All signs should be visible, clear, simple, easy to read and understandable, have tactile elements and be properly lit at night.

Assistive devices: Any external product (including devices, equipment, instruments or software), especially produced or generally available, the primary purpose of which is to maintain or improve an individual's functioning and independence, and thereby promote their well-being. Assistive products are also used to prevent impairments and secondary health conditions (WHO, 2016).

Behaviour change communication: A research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change to encourage and sustain positive and appropriate behaviours.[70]

[70] For more information, see: https://www.unicef.org/cbsc.

Caregiver: The term 'parent' or 'caregiver' is not limited to biological parents, but extends to any guardian providing consistent care to the child. Caregivers include fathers, mothers, siblings, grandparents and other relatives, as well as child care providers who play a significant role in caring for infants and young children (UNICEF, 2014).

Case management: The process of helping individual children and families through direct social-work support and managing information[71] (CPWG, 2012) and referral to other needed services,[72] and the activities that case workers, social workers or other project staff carry out in working with children and families in addressing their protection concerns (Save the Children, 2011).

Communication for development: A two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them.[73]

Community-based rehabilitation: A multi-sectoral approach working to improve the equalization of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability. Community-based rehabilitation is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services (WHO, 2010).

Disability: Long-term impairments that affect the functioning of a person and which in interaction with attitudinal and environmental barriers

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[71] Direct support involves the time case workers spend with children and families, discussing how they can address their concerns and simply providing support through their presence and attention. It also involves family tracing, medication and follow-up monitoring following family separation and reunification.

[72] Other services are those that are not or cannot be provided directly by the case worker to which the child or family is referred. Such services may include medical, legal, educational or livelihood support provided by another agency or government body.

[73] For more information, see: https://www.unicef.org/cbsc.

hinder the person’s full and effective participation in society on an equal basis with others (UN, 2006).

Disability inclusion: An approach that aims to address barriers faced by persons with disabilities, support their specific needs and ensure their participation.

Disabled People Organizations (DPOs), also known as organizations of persons with disabilities: Associations of people with disabilities and/or their representatives, including self-help groups, federations, networks and associations of parents of children with disabilities. An organization is considered a DPO if a majority of its board and members are persons with disabilities (PWDA, 2016).

Fast track: Mechanisms that aim to identify and prioritize certain groups, such as persons with disabilities, allowing prioritized access to services. Examples of fast track mechanisms include separate lines, token systems, beneficiary numbers or identification/beneficiary cards.

Impairment: A significant deviation or loss in body functioning or structure (WHO, 2002). Impairments may be either temporary or permanent, and people may have multiple impairments. There are five broad categories of impairments:

- Hearing impairments (sensory) – deafness and hearing loss.
- Visual impairments (sensory) – blindness and low vision.
- Psychosocial impairments – mental health issues that can cause difficulties in communicating, attention deficit and uncontrolled behaviours (e.g., attention deficit hyperactivity disorder, depression, post-traumatic stress disorder).
- Developmental and intellectual impairments – varying degrees of limitations on intellectual functions that can affect ability to learn, memorize, focus attention, communicate, and develop social autonomy and emotional stability (e.g., Down syndrome).

- Physical impairments – partial or total limitations in mobility including the upper or lower body.

Inclusion: A process that aims to ensure that the most vulnerable people are taken into account equally and that these people participate in and benefit from development and humanitarian programmes.

Persons with disabilities (children, adolescents and adults): Persons who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UN, 2006).

Social protection: A set of public actions that address not only income poverty and economic shocks but also social vulnerability, thus taking into account the inter-relationship between exclusion and poverty. Through income or in-kind support and programmes designed to increase access to services (e.g., health, education and nutrition), social protection helps realize the human rights of children and families (UNICEF, 2017).

Universal design: The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Does not exclude assistive devices for particular groups of persons with disabilities where needed (UN, 2006).

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The table, derived from the programmatic actions outlined in this document, lists key actions under each Child Protection Core Commitment for Children in Humanitarian Action[74] that enhance inclusion of children and adolescents with disabilities.

Commitment 1: Effective leadership is established for both child protection and gender-based violence (GBV) cluster areas of responsibility, with links to other cluster/sector coordination mechanism on critical inter-sectoral issues. Support is provided for the establishment of a mental health and psychosocial support (MHPSS) coordination mechanism.
Actions to include children with disabilities
Child protection and gender-based violence sub-cluster and working groups have a disability focal point or focal agency.
Issues related to children with disabilities included in Child Protection and gender-based violence sub-cluster and working group plans.
Commitment 2: Monitoring and reporting of grave violations and other serious protection concerns regarding children and women are undertaken and systematically trigger response (including advocacy).
Actions to include children with disabilities
Monitoring and Reporting Mechanism (MRM) data are disaggregated by disability.
Provide support and accommodations that children with disabilities may need when information gathering, including interviews related to MRM and other mechanisms (e.g., sign language interpreters).
Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.
Actions to include children with disabilities
Efforts to strengthen child protection systems include provisions for children with disabilities.

[74] For more information on the UNICEF CCCs see: www.unicef.org/emergencies/index_68710.html.

Plans for responding to the needs of vulnerable children include children with disabilities.
Commitment 4: Separation of children from families is prevented and addressed and family-based care is promoted.
Actions to include children with disabilities
Data on unaccompanied and separated children are disaggregated by disability.
The process of identifying, documenting, tracing and reunifying unaccompanied and separated children considers specific issues related to children with disabilities (e.g., stigma and discrimination, accessibility requirements for communication).
The provision of alternative care considers the requirements of children with disabilities (e.g., accessibility of the home in family-based care).
Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.
Actions to include children with disabilities
Data on violence, exploitation and abuse, including gender-based violence, are disaggregated by disability.
Programmes to prevent violence address the vulnerabilities and risks faced by children and women with disabilities.
Commitment 6: Psychosocial support is provided to children and their caregivers.
Actions to include children with disabilities
Child protection staff trained to provide psychosocial support to children with disabilities and their caregivers are present (e.g., at registration sites, child-friendly spaces, during community out-reach).
Psychosocial support activities take into account inclusion and accessibility requirements of children with disabilities (e.g., in child-friendly spaces).

Commitment 7: Child recruitment and use, as well as illegal and arbitrary detention, are addressed and prevented for conflict-affected children.
Actions to include children with disabilities
Data on child recruitment and use are disaggregated by disability, including children who have acquired disability as a result of use.
Release and reintegration activities consider the needs of children with disabilities.
Commitment 8: The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented and their impact is addressed.
Actions to include children with disabilities
Data on children and their caregivers accessing mine risk education and victim assistance programmes are disaggregated by disability.
Materials and campaigns respect the dignity of survivors including children with disabilities.
Mine risk education messaging is available in at least two formats (e.g., written and audio).

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Cover photo:

A teacher helps Grade 2 student Duuaa, who is blind, to assemble a wooden puzzle during a class in Al Walidia Basic School, near the Syria-Lebanon border.

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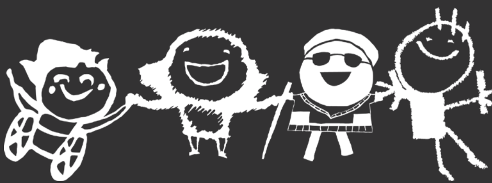

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