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for every child

Guidance

Including children with disabilities in humanitarian action

General

Series of guidance consists of six booklets:

Including Children with Disabilities in Humanitarian Action

Preparedness
Response and early recovery
Recovery and reconstruction

General guidance

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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 formats, including EPUB, Braille-ready file and accessible HTML formats. For more information, please contact disabilities@unicef.org.

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Foreword

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 Core Commitments for Children in Humanitarian Action are a framework to deliver UNICEF's organizational commitment 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
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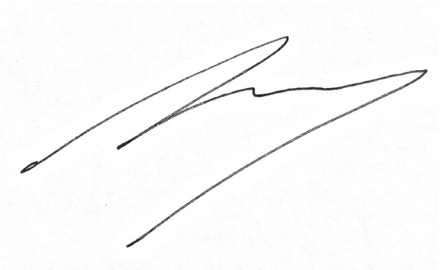

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Abbreviations

5W	who does what, where, when and for whom
BCC	behaviour change communication
C4D	communication for development
CBR	community-based rehabilitation
CCC	UNICEF Core Commitments for Children in Humanitarian Action
CCCM	camp coordination and camp management
CHAT	Communication for Humanitarian Action Toolkit
CRPD	Convention on the Rights of Persons with Disabilities
DPO	disabled persons' organization (also known as an organization of persons with disabilities)
FGD	focus group discussion
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-deficiency Syndrome
ISO	International Organization for Standardization
KAP	knowledge, attitude and practice
KII	key informant interviews
MICS	Multiple Indicator Cluster Survey
NGO	non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
PDNA	post-disaster needs assessment
SitRep	situation report
UNHCR	United Nations High Commissioner for Refugees
WASH	water, sanitation and hygiene
WHO	World Health Organization

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 six booklets on how to include children and adolescents with disabilities in humanitarian programmes are as follows: 1) general guidance; 2) child protection; 3) education; 4) health and HIV/AIDS; 5) nutrition; 6) water, sanitation and hygiene (WASH).

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

- Rapid-onset disasters, such as floods, earthquakes, typhoons or tsunamis;
- Slow-onset disasters, such as drought or famine;
- Health emergencies, such as the Ebola epidemic;
- Forced displacement, including refugees and internally displaced persons;
- Armed conflicts, including protracted crises.

Feedback and comments: This resource is a living document. As UNICEF's work to include children with disabilities in humanitarian action evolves, and as the guidance is applied in the field, the booklet will be updated and adapted. Based on experience with this guidance in the field, UNICEF colleagues and partners should send feedback to disabilities@unicef.org.

Box 1: Who will benefit from this guidance?

Anyone can contribute significantly to the inclusion of children with disabilities, even those who are not experts or specialists on issues related to disability. This booklet provides practical tips and entry points to start the process.

While the guidance is primarily for UNICEF field staff – including humanitarian field officers, coordinators, specialists and advisors – UNICEF's partners and other stakeholders can also benefit from it. All staff can play an active role in ensuring that children with disabilities are included in humanitarian interventions.

The 'Practical tips' section *(see Section 9)* contains hands-on advice that humanitarian officers may find useful when engaging directly with children with disabilities and their families, such as during consultations, when visiting services or programme facilities, or in designing messages for affected populations.

Box 2: Children and adolescents with disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) identifies adults, adolescents and children with disabilities as people who:

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

The CRPD, ratified by 173 countries as of May 2017, 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]

[1] Countries that have ratified the CRPD must report on progress in meeting 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.

- A 2011 report from the World Health Organization (WHO) estimates that one billion people around the world have disabilities, including 93 million children under the age of 14 (WHO, 2011).
- Disasters and armed conflict increase the number of children and adolescents with disabilities.
- Persons with disabilities are especially vulnerable in disasters. In the 2011 earthquake and tsunami in Japan, for instance, the mortality rate among persons with disabilities was twice that of the rest of the population (IFRC, Handicap International and CBM, 2015).
- During disasters and conflict, children with disabilities:
  - Are more likely to be left behind, abandoned or neglected (UNICEF, 2013).
  - May lose essential medications and assistive devices, reducing their level of functioning and resulting in increased dependence on caregivers (UNICEF, 2013).
- In the aftermath of a disaster, children with disabilities may become separated from their carers or family and be vulnerable to violence, exploitation and abuse (UNHCR, 2003).[2]
- Girls with disabilities are particularly vulnerable in humanitarian contexts, and are at risk of sexual and gender-based violence (UNICEF, 2013), or engaging in survival sex with community members (WRC, 2012). Their risk of undernutrition is higher compared with boys with disabilities (LCD, UNICEF and Spoon, 2014).

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

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A boy with an injured eye waits with other children and women to board a bus from a refugee and migrant reception centre near Gevgelija, the former Yugoslav Republic of Macedonia.

- Children and adolescents with disabilities are rarely included in assessments and other data collection exercises.[3] Thus, humanitarian programmes may inadequately document and consider their needs.
- Mainstream humanitarian interventions fail to take into account the specific situations of children with disabilities. Significant interventions, such as infant and young children feeding programmes, vaccination campaigns and psychosocial support, often reach children through schools, temporary learning spaces and child-friendly spaces, from which children and adolescents with disabilities may be excluded (CBM et al., 2014; see also *Education and Child Protection* booklet, available at training.unicef.org/disability/emergencies).
- Families may hide children from the community due to stigma, decreasing the child's access to humanitarian aid and support (UNICEF, 2013).
- 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]
- Humanitarian aid and services, such as food and water distribution, health facilities, temporary learning spaces and child-friendly spaces are often located in sites that are inaccessible for children and caregivers with disabilities.
- Supplies to support children and adolescents with disabilities, such as accessible WASH facilities, adapted utensils and assistive devices, may not be planned, pre-positioned, supplied and distributed.

[3] Reasons include lack of awareness and guidance on disability data collection, data not being disaggregated by disability, and assessments being carried out in facilities, such as schools, that are not attended by children with disabilities.

[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

The Core Commitments for Children in Humanitarian Action (CCCs) are a global framework to guide UNICEF's and partners' work in emergencies. They outline a set of commitments for each UNICEF sector in humanitarian contexts: nutrition, WASH, health, HIV/AIDS, education and protection. All programme core commitments apply to children with disabilities.[5] Some examples include:

- Education Commitment 2: All children, including preschool-aged children, girls and other excluded children, access quality education opportunities.
- Child Protection Commitment 3: Key child protection mechanisms are strengthened in emergency-affected areas.

Many strategies to include children with disabilities fit within the CCCs and programme actions (see checklist at the end of each sector-specific thematic booklet, at training.unicef.org/disability/emergencies).[6]

'Do no harm' is a CCC principle to address the specific needs of the most vulnerable groups of children and women – including children with disabilities – and develop targeted programme interventions. It further stresses the need to avoid causing or exacerbating conflict between groups of people (UNICEF, 2010).

[5] There are programme core commitments for performance monitoring; rapid assessment, monitoring and evaluation; nutrition; health; WASH; child protection; education; HIV/AIDS; and supply and logistics.

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

4.2 Sphere charter and minimum standards

The Sphere Project, initiated in 1997 by various humanitarian non-governmental organizations (NGOs) and the International Red Cross and Red Crescent Movement, aims to improve the quality of actions during humanitarian response and ensure accountability. The Sphere Project sets minimum rights-based standards for WASH, food security and nutrition, shelter, settlement and non-food items and health. The rights of persons with disabilities are a cross-cutting theme within the handbook, with both mainstreamed and focused actions throughout the standards (Sphere Project, 2011).

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

Launched at the World Humanitarian Summit in Istanbul, Turkey (23 and 24 May 2016), the Charter commits States, United Nations agencies, civil society organizations and organizations of persons with disabilities (DPOs) that have endorsed it to make humanitarian action inclusive of persons with disabilities, lift barriers that keep them from accessing humanitarian services, and ensure their participation. The charter has been widely endorsed.[7]

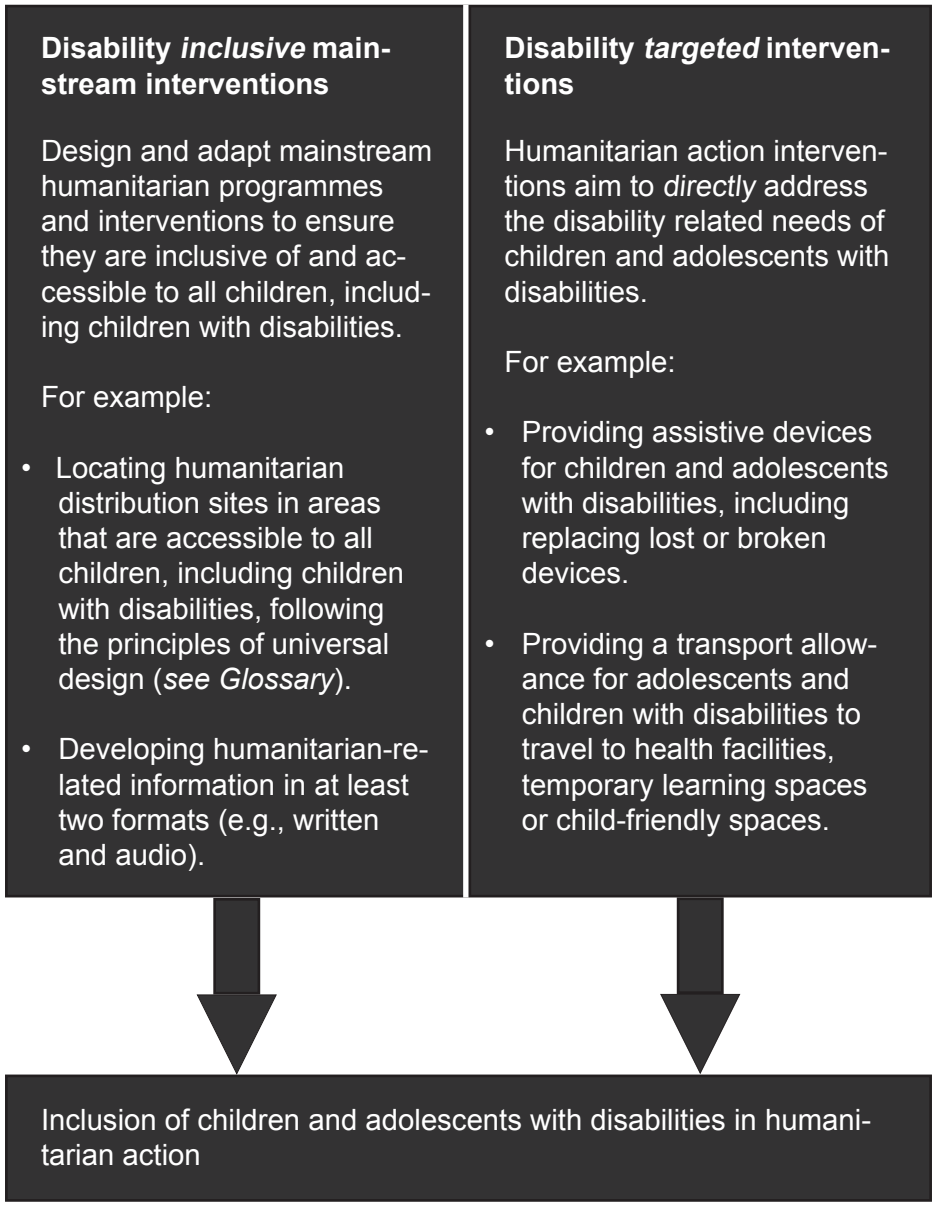
4.4 Twin-track approach

The twin-track approach strengthens the inclusion of children and adolescents with disabilities in humanitarian interventions.[8] (*See Figure 1* on the two components.)

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

[8] Note that, in accordance with the CRPD, children with disabilities have a right to access all services on an equal basis with other children. Children with disabilities may also need additional services, such as special education, rehabilitation or assistive device provision.

Figure 1: Twin-track approach



Interventions that embrace children with disabilities build capacities, resources, partnerships and plans, making them more effective and efficient.

A range of actions can make 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 depending on the country context, as not all actions are applicable in all settings. Some will be more suitable in protracted crises, others in sudden-onset emergencies. The guidance materials in the following three sections organizes actions according to humanitarian phases, but 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),[9] these guidelines can be considered alongside UNICEF's Simplified Standard Operating Procedures.[10] (For actions pertaining to specific programmes, refer to booklets covering the relevant sectors.)

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

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

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13-year-old Zein and his brother, 15-year-old Sajad (who uses a wheelchair), laugh while waiting with their mother at a refugee processing centre in Vienna, Austria. The family is seeking asylum after fleeing Iraq.

Including children with disabilities in preparedness is crucial not only to reduce the risks they and their families face and build their resilience, but also to establish capacities, resources and plans for an inclusive response and recovery. Children and adolescents with disabilities also need to be included in any initiative that draws upon children's and adolescents' participation.[11] If actions undertaken during 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 humanitarian coordination mechanisms (for instance, in existing clusters or working groups).[12]

b. Within the working group or task force, engage actors with experience in addressing the needs of children with disabilities (such as the government ministry responsible for disability; departments and organizations that provide social welfare, education, health or other services to children with disabilities; DPOs; other disability groups; NGOs).

c. When establishing cluster or sector capacity, identify, create and foster partnerships with government stakeholders and civil society organizations that have expertise on disability, including

[11] Refer to UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives*, 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.

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

NGOs, disability service providers and DPOs (*see Box 5*).

Example: Jordan coordination mechanism – Disability task force

Within coordination mechanisms, there are various ways to address disability, depending on the context. Examples include establishing a working group under one of the clusters, or an age and disability task force.

A disability task force, co-chaired by United Nations High Commissioner for Refugees (UNHCR) and Handicap International, was established in Jordan in 2015 under the protection cluster. The task force developed technical guidelines for providing services for refugees and vulnerable host populations with disabilities in camp and non-camp settings, mapped specialized services for persons with disabilities and strengthened disability data collection (UNHCR, 2015a).[13]

In addition, an age and disability task force for Za'atari camp was formed to ensure coordination between agencies regarding the access and inclusion of older persons, persons with disabilities and injuries, and persons with chronic diseases within Za'atari camp (UNHCR, 2016a).

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

- Inserting components on disability inclusion in terms of reference developed by working groups, clusters or other relevant coordination mechanisms (actions outlined 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 on children and adolescents with disabilities;
- Coordinating with emergency and disaster management authorities to facilitate access to preparedness activities (such as preparedness drills) for children with disabilities;
- Coordinating with national and local humanitarian service providers to establish clear referral mechanisms based on the most up-to-date map of available services for children with disabilities;
- Working with national and local service providers and coordination mechanisms (clusters) to plan the accessibility of key humanitarian interventions, such as access to distribution points, establishment of systems to prioritize persons with disabilities, outreach mechanisms, and designs for accessible infrastructure (such as WASH facilities or temporary learning spaces).

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).

[13] Access the full document at http://reliefweb.int/report/jordan/disability-task-force-guidelines-prioritisation-disability-specific-services-refugees.

Box 3: Identifying children with disabilities from existing sources

- Data on children with disabilities are available from a variety of sources: for instance, disability related ministries or departments; education departments; special schools for children with disabilities; and registers of beneficiaries of social protection schemes for children with disabilities or education grants, or recipients of assistive devices. Previous household surveys, such as UNICEF's Multiple Indicator Cluster Survey (MICS), may have used the 'child functioning' module (*see Box 4*).[14]
- If limited data are available on children with disabilities, 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).
- WHO's estimate that 15 per cent of the world population lives with a disability is useful in calculating the approximate number of adults with disabilities in any given population (WHO, 2011).
- 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, 2007).
- Estimates should consider that the proportion of persons with disabilities may be higher in conflict-affected areas.[15]

[14] UNICEF's MICS, the largest household survey programme providing data on children's well-being worldwide, has been conducted in 107 countries. For more information, see http://mics.unicef.org.

[15] 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.

Box 4: Collecting disability disaggregated data

- Surveys, censuses and registration systems can use two modules 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.[16]
  - The Washington Group/UNICEF Survey Module on Child Functioning is a set of questions to identify children aged 2 to 17 years who have difficulties across 14 domains, including seeing, hearing, mobility, communication and comprehension, learning, relationships and playing.[17]
- Disaggregating data by disability (in addition to age and gender) is important in all humanitarian phases, such as needs assessment and programme monitoring.
- Including the child functioning module within a larger survey, such as UNICEF's MICS, or in a registration system allows for other information – such as nutritional status, educational enrollment, refugee status – to be disaggregated by disability.[18]

[16] The Washington Group was established by the UN 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.

[17] The Survey Module on Child Functioning is recommended for children aged 2 to 17 years old, as it is more sensitive to child development than the Washington Short Set. It is not possible to collect reliable information on children with disabilities under age 2 in a population survey. Due to the transitional nature of child development, developmental delays in children this age are not necessarily indicative of a disability (UNICEF, 2016). For more information, see https://data.unicef.org/topic/child-disability/module-on-child-functioning/ and www.washingtongroup-disability.com/washington-group-question-sets/child-disability.

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 4*).

d. Identify the specific needs of children with disabilities in assessments related to nutrition, education, health, protection, shelter, water and hygiene.

e. Map existing services that are accessed by children with disabilities, such as inclusive and special schools, provision of assistive devices, or rehabilitation centres.

f. DPOs and NGOs working with children with disabilities and implementing community-based rehabilitation (CBR) programmes often have data on children with disabilities, particularly at the community level.[19]

- 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 CBR workers can also be useful resources in the process of collecting data on persons with disabilities.

Programme monitoring and evaluation

g. When establishing systems and procedures that measure what interventions will be delivered, who will receive services and what results are achieved, disaggregate by disability in addition to sex and age.

h. Review and adapt existing mechanisms like 5W mapping systems ('who does what, where, when and for whom') to collect information on services accessed by children with disabilities (*see Section 6.2.e*).[20] These data will also be useful at the evaluation stage.

i. Consider investing in 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 Health Management Information Systems (HMIS), Education Management Information Systems (EMIS) or Child Protection Information Management Systems (CPIMS) is a longer-term investment in national capacity for monitoring humanitarian response.

6.3 Planning

As part of planning, consider the following:

Service provision

a. Assess existing policies and programmes for children with disabilities and their families (such as policies related to protection benefits, education grants or disability related benefits).

b. Highlight this information in trainings for humanitarian actors and behaviour change communication (BCC) and communication for development (C4D) materials (*see Glossary*).

c. Determine if a system of disability identity cards exists.[21] Consider ways to simplify procedures to issue new identity cards and replace lost cards faster.

[18] See footnote 14 for more information on MICS.

[19] 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.

[20] 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-who-does-what-where.

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

d. Gather information on social protection programmes and benefits to support children and adolescents with disabilities (for instance, 'special needs' education grants, transportation assistance or provision of assistive devices).

Human resources

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

f. Develop sample job descriptions for disability related personnel (see above), so that they can be mobilized swiftly during response phase.

g. Consult and recruit persons with disabilities in all preparedness processes, as they contribute first-hand expertise on issues faced by children and adults with disabilities (*see Box 5*).

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

Procurement and supplies

i. Identify regular supplies beneficial to all children, including children with disabilities. These include grab rails to support the use of toilets, and toys designed or modified to be inclusive, such as balls with bells inside for children who are blind.

j. 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), hearing aids and batteries, and white canes.

k. 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 of assistive devices accordingly.

l. The WHO list of priority assistive products can inform the planning and procurement of assistive devices.[22]

m. Some devices can be developed and made locally with basic resources. Families of children with disabilities and health workers may assist in designing items.

n. UNICEF's emergency kits, such as the School in a Box, the Recreation Kit, the Early Childhood Development Kit and the Adolescent Kit for Expression and Innovation, have been evaluated and modified for accessibility for children and adolescents with disabilities.[23]

o. For locally procured kits, consider local materials that are suitable for children with disabilities, such as balls with bells.

p. Whether procured from UNICEF Supply Division or locally, supplementary disability guidance is available, including practical tips on how activities can be adapted to include children with various disabilities.[24]

q. When establishing basic supply chain requirements, such as location of relief stocks, suppliers and logistics, identify local suppliers of assistive devices and share this information with humanitarian partners.

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

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

[24] 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.

Funding and budgeting

r. Allocate a budget (proportional to funding availability) for actions listed in this booklet,[25] such as training humanitarian actors to identify and address the needs of children with disabilities; conducting awareness campaigns on disability; building or modifying facilities for accessibility;[26] producing accessible communication materials; ensuring transportation; providing assistive devices; and mobilizing outreach teams.

s. Allocate a budget for service providers who address the needs of children with disabilities, such as physical or occupational therapists, social workers with experience in working with children with disabilities, or sign language interpreters.

6.4 Capacity Development

a. Look for opportunities to train personnel on inclusion of children and adults with disabilities, and nominate staff to attend.[27]

b. Invite DPOs to trainings organized with humanitarian partners to familiarize them with the humanitarian system architecture, the humanitarian programme cycle, and international response processes and tools (such as coordinated needs assessments and flash appeals), and to government coordination structures for emergency response. This will encourage DPOs to contribute to risk analysis, monitoring, preparedness and response actions.

c. Develop a disability awareness session and training module to be used in induction and orientation processes for staff and partners and as part of humanitarian training programmes.[28] These should cover:

- Data collection on children with disabilities and their needs;
- Risks and barriers faced by children with disabilities in accessing humanitarian services, and inclusive approaches to address these barriers;
- Communicating with children with disabilities (*see Section 9.2*) and adapting information for accessibility and inclusion (*see Sections 9.3 and 9.4*).

d. When developing a pool of trainers, include trainers with experience in disabilities, such as staff from DPOs and NGOs working on issues facing children with disabilities.

e. Conduct systematic training that incorporates components on children with disabilities in mainstream humanitarian trainings, and use the module (*see Section 6.4.c*) to present specific training on disability and 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.*[29] It aims to support women leaders in training members, colleagues and partners on humanitarian action, and to enhance the capacity of women with disabilities to advocate effectively on women's and disability issues within relevant humanitarian forums at the national and regional levels (WRC, 2017).

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

[26] 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 beginning (WEDC, 2010).

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

[28] Awareness-raising sessions aim to create interest and change attitudes towards disability, while training aims to improve practical and professional skills to further the inclusion of children with disabilities. The UNICEF Disability Orientation video introduces issues relating to disability, explains why it is important to include children with disabilities, and outlines UNICEF's approach to disability inclusion. Available in English, French and Spanish, at www.unicef.org/disabilities/66434.html.

6.5 Making preparedness interventions inclusive and accessible[29]

a. When designing and implementing preparedness interventions like emergency drills or early warning systems, consider the requirements of children with different disabilities.

   - Adapt activities and bring in specialized personnel, such as sign language interpreters, where necessary.

   - See Sections 9.2 and 9.3 for guidance on communicating with children and creating messages for children with different types of disabilities; see also 'Accessibility tips' in thematic booklets for more information on accessible facilities. (see training.unicef.org/disability/emergencies)

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

c. Provide support to enable children with disabilities and their caregivers to participate in preparedness activities; support may include transport assistance, or allowances for caregivers to accompany and support children with disabilities during activities.

d. When assessing and pre-identifying buildings and facilities for use in emergency interventions, for example as evacuation centres or distribution points, look for infrastructure that is already accessible or requires minor modifications.

e. Include accessibility in assessment criteria or standards used to select buildings and facilities.

[29] See https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1443-humanitarian-facilitators-guide.

Box 5: Engaging persons with disabilities and DPOs

Persons with disabilities can be staff, consultants, advisors, volunteers or partners in all phases of humanitarian processes. Their experience and perspectives can inform cluster mechanisms, data collection, assessments, programme and supply planning and implementation, and preparation of communication materials.

- To ensure their full participation, ask persons with disabilities which information formats they prefer (*see Section 9.3*). Also consider the accessibility of meeting venues (see thematic booklets regarding building and facility accessibility, training.unicef.org/disability/emergencies).
- If possible, cover additional expenses for persons with disabilities, such as transportation or the cost of a companion.

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

- In some regions, women's DPOs are active and well informed about the unique needs and rights of women and girls with disabilities.

- Identify and establish partnerships with DPOs and other organizations with expertise in the inclusion of children with disabilities. Mobilize existing partnerships in humanitarian activities to ensure access by persons with disabilities.

- To find a DPO, review the member list of the International Disability Alliance.[30]

- Contact a regional DPO if a country-level DPO is not available.

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 (information provided by UNICEF Jordan). Makani Centres, designed to be inclusive and non-discriminatory, are safe spaces for children that provide learning support, skills building and psychosocial interventions. Each centre has a community outreach component and refers children to other specialized services as needed.

In 2016, some 2,024 children with disabilities received services through the centres (information provided by UNICEF Jordan). The Jordan Makani Standard Operating Procedures (SOP) for frontline staff delineate Makani infrastructure standards and include accessibility standards for persons with disabilities related to entranceways, pathways, area and space navigation, and WASH facilities (UNICEF Jordan, 2016).[31]

f. Where relevant, plan and budget for necessary modifications to make humanitarian facilities and distribution points accessible. Consider accessibility in both the establishment of temporary facilities and the construction of infrastructure.

g. Planning for accessibility from the outset – starting from the planning and design stage – is far less expensive than modifying existing infrastructure.[32] For more information, see 'Accessible infrastructure tips' in the sector thematic booklets,

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

[31] The Jordan Makani SOP can be found in English at https://www.unicef.org/jordan/ENG_Makani__-_UNICEF_Operations_Manual4.pdf, and in Arabic at https://www.unicef.org/jordan/Arabic_Makani__-_UNICEF_Operations_Manual_A4.pdf.

[32] The cost of making a school latrine accessible, for example, is less than 3 per cent of the overall costs of the latrine, and can be less than 1 per cent if planned at the beginning (WEDC, 2010).

training.unicef.org/disability/emergencies).[33]

6.6 Behaviour change communication and communication for development

a. Involve communication staff in the development and planning of inclusive and accessible information (*see Sections 9.2 and 9.4*) as well as in campaigns on children and adolescents with disabilities. These might include:

- Information on existing humanitarian services for families of children and adolescents with disabilities;
- Clear information about the essential nutrition, WASH, health, education and protection needs of children and adolescents with disabilities;
- 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 (for instance, depicting 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, use at least two means of gathering feedback, such as written and verbal) (*see Section 9.2*).

[33] Accessibility specifications for buildings and facilities can also be found in *Accessible Components for the Built Environment: Technical cards embracing universal design*, available at http://www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12%20technical%20cards%20for%20accessible%20construction.pdf.

6.7 Preparedness checklist

The checklist, derived from the programmatic actions outlined in this document, can help determine whether key actions to include children and adolescents with disabilities in preparedness are being taken. Completing the checklist may require consultation with other colleagues and stakeholders, perhaps through a team or coordination meeting. Additional printable copies of the checklist can be found at training.unicef.org/disability/emergencies.

Considerations to include children with disabilities in preparedness	
Coordination	
Has a disability focal point, focal agency or task force been identified in humanitarian related co-ordination mechanisms (including clusters)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Assessment, monitoring and evaluation	
Have available data on children with disabilities been compiled (from different sources such as departments of health, education or social welfare; schools; institutions; NGOs; DPOs)?	☐ Planned ☐ In progress ☐ Completed
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 4*)	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have organizations with experience on issues relating to disability, such as relevant government departments, NGOs or DPOs, been involved in data collection and needs assessment?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Planning	
Have issues related to children with disabilities been included in emergency preparedness plans, including in plans developed by coordination mechanisms or inter-ministry/inter-departmental working groups?	☐ Planned ☐ In progress ☐ Completed

Preparedness

Notes:	
Has a budget for services and supplies that address the needs of children with disabilities been allocated?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Has a roster of agencies and individuals with experience in the inclusion of children with disabilities (e.g., disability focused government agencies, NGOs, DPOs, speech therapists) been developed?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Has supply planning considered products relevant to children with disabilities (e.g., assistive devices, inclusive emergency kits, grab rails to support the use of toilets)?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Capacity development	
Have humanitarian 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:	
Making preparedness interventions inclusive and accessible	
Are children with disabilities included in preparedness-related interventions (e.g., emergency drills, early warning system)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Is disability accessibility a criterion for identification and selection of emergency-related facilities (e.g., evacuation centres, child-friendly spaces, outreach services)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

BCC/C4D	
Are humanitarian communications produced in accessible formats (e.g., are materials available in at least two formats, such as print and audio)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Are children with disabilities visible in humanitarian preparedness related communications (e.g., are photos of children with disabilities included in materials)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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Marjorie sleeps beside her 18-month-old son, Herwens, in a displacement camp following the earthquake near Port-au-Prince, Haiti. Although part of her arm was crushed during the earthquake, she managed to save her son.

Review preparedness actions and adapt response and early recovery actions accordingly.

7.1 Coordination

a. Establish a disability focal point, focal agency or task force to represent disability issues in humanitarian coordination mechanisms such as clusters or working groups.[34]

b. Form links between government authorities and clusters or sectors on critical issues related to children and adolescents with disabilities. For example, ensure inclusion of children with disabilities in temporary learning spaces (education cluster) and child-friendly spaces (protection cluster), which are often sites for essential health interventions and should have accessible WASH facilities. For more information on the specific links between different clusters, see the sector thematic booklets, at training.unicef.org/disability/emergencies.

c. When mapping humanitarian services (as in a 5W database), collect information from the ministry or department responsible for disability issues, organizations that provide inclusive services for children and adolescents with disabilities, and those that provide directed services (such as physiotherapy, occupational therapy, foster care or assistive devices).

d. Identify gaps and advocate for adapting services that are currently not inclusive of children with disabilities, following the guidance in this booklet and the thematic booklets. Examples of inaccessible services are health clinics that lack ramps that would enable access by children and adults with disabilities, or schools that lack teachers trained to include children with disabilities in the classroom.

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

Example: Disability inclusive mapping

In Iraq, UNICEF is the focal point agency for the Child Protection Area of Responsibility and Child Protection Sub-working Groups in the Kurdistan region. These sub-working groups use 5W mapping (who does what, where, when and for whom) to collect data on child protection programmes and interventions.

Within the 5W mapping, a specific column on children with disabilities was included. The data 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 UNICEF situation reports (SitReps), the weekly Internally Displaced Persons SitReps and the bi-weekly Refugee SitReps (information provided by UNICEF Iraq).

7.2 Assessment, monitoring and evaluation

a. Check whether data collection tools were developed during the preparedness phase.

b. If data collection tools have been developed, review them, 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 and disaggregation of data by disability can inform design of inclusive programmes and determine the extent to which children with disabilities are accessing services.

e. See Box 3 for identification of children with disabilities from existing sources and Box 4 for disability disaggregated data.

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.[35] To this end, UNHCR has piloted the use of the Washington Group Short Set of Questions (*see Box 4*) in 98 registration interviews. During the pilot, the prevalence of disability among refugees increased from 2.3 per cent (in data collected prior to the pilot) to 27.5 per cent.[36] UNHCR registration staff reported that the Washington Group questions helped identify unseen disabilities. The questions contained neutral, non-stigmatizing terminology, which encouraged the disclosure of disabilities (UNHCR, 2016b).

Humanitarian needs assessement

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

g. For instruments that collect information on individuals (such as sectoral surveys), adapt tools to collect data on children and

[35] The Disability Task Force is part of the protection working group within the country coordination mechanism.

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

[37] For more information see ‘Humanitarian Programme Cycle: Needs assessments’, https://www.humanitarianresponse.info/en/programme-cycle/space.

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adolescents with disabilities as follows:

- Disaggregate data collected by disability, age and sex (*see Box 4*).

- Identify the disability related needs relevant to the child's age, gender and disability. These may include rehabilitation, support in feeding and self-care, education and school support, and assistive devices.

h. Observe the accessibility of humanitarian services and facilities like temporary learning spaces, child-friendly spaces, WASH facilities and food distribution points, to see whether children with disabilities are present and participating in humanitarian activities. See 'Accessible infrastructure tips' in the thematic booklets, training.unicef.org/disability/emergencies.

i. In participatory assessments, organize focus group discussions (FGDs) and key informant interviews (KIIs) to gather information about access to services and local perceptions of 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 FGDs (*see Box 5*).

- Collect information on the barriers that keep children with disabilities and their caregivers from accessing humanitarian services and information. Barriers may include:

  - Discriminatory practices that keep girls with disabilities from accessing reproductive health information (for instance, denial of information or services);

  - Inaccessible distributions sites (for instance, stairs and no ramp, toilets that cannot be used by people in wheelchairs);

  - Lack of disability awareness on the part of humanitarian workers and;

  - Lack of supplies appropriate for the child's disability and age (such as appropriately sized wheelchairs, crutches and hearing aids).

j. Encourage children's participation.[38] Children are often aware of which children are excluded from schools and why (UNESCO, 2010). Use creative mediums of art and play as a way for children with disabilities to express their views about what kind of support they need in KIIs and FDGs;[39]

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

- Consider organizing separate FGDs with women and girls with disabilities to identify the particular discriminatory practices and barriers they face, as compared with other groups of children and adults with disabilities, and highlight findings in further reporting.

Example: Identifying children with disabilities after the earthquake

As part of the assessment after the 2015 earthquakes in Nepal, two UNICEF partners – the National Federation of Disabilities Nepal and the Karuna Foundation Nepal[40] – identified 5,245 children with disabilities (44 per cent girls) in the earthquake-affected districts (UNICEF, 2015). As these partners were already working with children with disabilities, they were able to rapidly identify those affected by the earthquake (Information provided by UNICEF Nepal).

[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, please refer to UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives*, available at www.unicef.org/disabilities/files/Take_Us_Seriously.pdf.

Programme monitoring and evaluation

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

   - Percentage of schools or learning spaces accessible to children with disabilities.[41]
   - Number of children with disabilities admitted to therapeutic treatment programmes.

l. Document and report on progress in reaching children with disabilities and meeting their needs in humanitarian monitoring and reporting, for instance in SitReps, humanitarian dashboards, or six-monthly or annual reports.

m. Include questions on whether children and women with disabilities are accessing services, and what challenges they face, in real-time monitoring using mobile phones and text messages (SMS), joint monitoring with partners, post-distribution monitoring and assessment. Ask questions such as "Did children and adolescents with disabilities access temporary learning spaces, child-friendly spaces, school feeding programmes?" or "Were appropriate assistive devices and their maintenance available?"

[40] The National Federation of Disabilities Nepal is the national DPO in Nepal. The Karuna Foundation is an NGO that works to improve quality of life for children with disabilities by strengthening health care systems and empowering communities.

[41] Indicator adapted from Humanitarian Indicator Registry, Education Cluster, code E-1-20, sub-domain Facilities and services; available at https://www.humanitarianresponse.info/en/applications/ir/indicator/e-1-20.

Box 6: 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 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 interventions, both mainstreamed and targeted, achieve the expected results?
  - To what extent did the interventions have unexpected effects?
  - To what extent did humanitarian needs assessments identify the specific 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?

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

o. Document and share lessons on inclusion of children with disabilities in the humanitarian response (for instance, through case studies) (*see Section 8.2*).

p. 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 upon the abilities and unique experiences 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 needs of children with disabilities, identify barriers that keep them from accessing interventions and add activities that include children with disabilities.

c. Include children and adolescents with disabilities as a 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 a situation analysis, accounting for the barriers and risks they face.

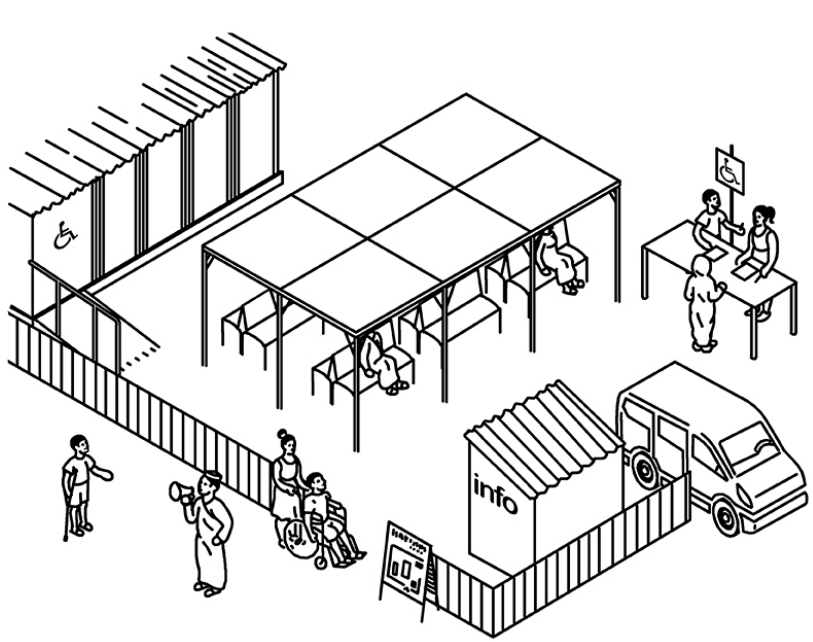
e. If data are not available on the sex, age, disability and sector specific needs of children with disabilities and the barriers that keep them from accessing services, identify this information gap and put in place actions to address it.

7.4 Making humanitarian interventions inclusive and accessible

a. Establish fast tracks (*see Glossary*), prioritization queues or set times for children and adolescents with disabilities and their caregivers to register and access services, for instance in health centres (for services like vaccinations or malnutrition screening), temporary learning spaces, child-friendly spaces, and distribution points of food, water and essential household items.

b. Provide covered seating to enable people to rest while queuing, for example at water or non-food item distribution points (*see Figure 2*). This assists not only persons with disabilities, but also elderly people and pregnant women.

Figure 2: Dedicated area for persons with disabilities



Source: IFRC, Handicap International and CBM, 2015

c. Provide transport assistance or allowances for children or caregivers with disabilities, as needed to enable them to reach services (like health facilities or schools).

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d. Develop outreach mechanisms to engage children and adolescents with disabilities and their caregivers who are isolated in their homes. Girls and young women with disabilities may be more isolated and less likely to participate in planning activities than their male peers.[42]

Example: Fast track system for refugee registration

During the massive influx of Syrian refugees to Za'atari and Azraq camps in Jordan in 2013–2014, 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 times at the reception area 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).

e. Reach out to parents and caregivers through thematic programmes (for instance in protection and education) and provide practical guidance on how to care for, communicate with and support children with disabilities (see thematic booklets, available at training.unicef.org/disability/emergencies).

f. Plan and supervise accessibility compliance in construction, reconstruction and repair of infrastructure, including WASH facilities. Ensure accessibility for children and adults with different types of disabilities, considering the choice of location, access, and use of temporary and permanent facilities (see 'Accessible infrastructure tips' in the thematic booklets at the above link).

g. Adapt or modify signs that provide information, including the location of services and distributions, for persons with various types of disabilities (see 'Accessible infrastructure tips' in the thematic booklets at the above link).

[42] Girls and women with disabilities may have less power and status in society due to social norms relating to age, gender and disability.

Social protection for children with disabilities[43]

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

i. Identify existing social protection programmes for persons with disabilities (such as disability allowance, pensions, free transport passes, special needs education grants, or food subsidy coupons) and consider using or modifying these existing programmes to reach out to children with disabilities.

j. Organize simplified registration processes and provide dedicated cards for easy identification and inclusion in social protection programmes for households with children with disabilities.[44]

k. Cash transfers enable vulnerable households affected by crises, including households with persons with disabilities, to access food, non-food and medical items such as assistive devices (for instance, to replace lost glasses, hearing devices or wheelchairs), and services such as rehabilitation.

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

m. Add disability to the criteria for selection of recipients in cash-based programming.

[43] Learn more about social protection and humanitarian action at https://www.unicef.org/socialprotection/framework/index_61912.html.

[44] Households with children with disabilities can be identified through data collection processes such as household surveys, refugee registration or service records.

Example: Cash transfers in Aleppo, Syrian Arab Republic

In November 2016, UNICEF and partners in the Syrian Arab Republic started a cash allowance programme for families of children with disabilities. Beneficiary identification was carried out through the country's existing disability certification system, with follow-up from specialized partner NGOs that evaluate eligibility for cash transfers. Families who benefit include both internally displaced persons and host communities. They receive US$40 every month (double the cost of the minimum food basket), because caregivers are often unable 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 (information provided by UNICEF Syria).

n. Mitigate stigma, myths or jealousy that may result from targeted interventions, such as cash grants or assistive devices, through C4D 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 'Do no harm', Section 4.1*).

Box 7: Camp coordination and camp management[45]

- Engage persons with disabilities, including children with disabilities and their parents and caregivers, in camp coordination and camp management (CCCM) meetings, committees and management groups to ensure that these adequately represent and address children's specific needs in camps.
- Design, construct and modify camp infrastructure (including shelters, food distribution and water points, latrines and bathing areas, schools, health centres and camp offices) for accessibility (see the 'Accessible infrastructure tips' section in sector thematic booklets, at training.unicef.org/disability/emergencies).
- Plan outreach mechanisms when implementing full camp coverage activities (such as vaccination campaigns or blanket distributions), to identify and include households with children with disabilities.
- When planning exit strategies for camp closure, support the mobility and reintegration of households with adults and children with disabilities (for instance, through allowances for accessible transportation, or support to find accessible housing in resettlement).

Partnerships

o. Disability expertise can be mobilized through existing partnerships or by establishing new partnerships with government agencies (such as ministries of education or social welfare), DPOs, disability specific NGOs, and by recruiting short-term consultants (*see Box 5*).

[45] Adapted from Inter-Agency Standing Committee, *Thematic Area Guide for Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Camp coordination and camp management*, 2016

p. 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.

Example: Mobilizing existing partnerships in an earthquake response

After the earthquakes that struck Nepal in April and May 2015, UNICEF utilized existing partnerships with disability related NGOs and service providers to implement a multi-sectoral response that provided support and inclusive mainstream services to almost 2,000 children with disabilities. Partners – the National Federation of Disabilities Nepal and the Karuna Foundation Nepal – were mobilized quickly as they were already working with UNICEF prior to the earthquake (UNICEF, 2015).

7.5 Human resources

a. Consult and recruit persons with disabilities for response and early recovery processes, as they contribute first-hand expertise of issues faced by children and adults with disabilities (*see Box 5*).

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 humanitarian personnel, designate experience working with children with disabilities as an 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 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 with different types of individual accommodations. In 2016, UNICEF also set up a Greening and Accessibility Fund to support UNICEF offices in making premises disability accessible.

Example: Women's leadership in humanitarian coordination

Having professionals with disabilities on the humanitarian response team can help ensure that children with disabilities are included in humanitarian programming.

Cara Elizabeth Yar Khan was the first woman with a severe disability to be deployed by UNICEF 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. Her lived experience as a woman with a disability informed her work as a Resource Mobilization Specialist, and she took on the additional role of Disability Focal Point for UNICEF Haiti.

Ms. Yar Khan was able to advocate for actions that promoted the inclusion of children with disabilities in various sectors. Her work illustrated how women with disabilities bring both expertise and critical awareness of key issues that affect girls and boys with disabilities in humanitarian settings (WRC, 2016).

7.6 Procurement and supplies

a. While carrying out procurement and planning of supplies, consider whether products can be used by children with different disabilities (*see Sections 6.3.i and j*).

b. Reach out to government departments (such as health, education, social welfare), DPOs and organizations working with persons with disabilities for products and information related to disability, for example assistive devices (*see Section 6.3*).

c. Utilize the supplies planned and pre-positioned in the contingency plan (*see Section 6.3*). Update items and quantities from the findings of needs assessments and surveys.

d. In the case of assistive devices, distribute supplies in coordination with health, protection and education actors and include information on the device's use and ongoing maintenance (*see Health Booklet*, training.unicef.org/disability/emergencies).

7.7 Funding and budgeting

a. In fundraising documents, such as flash appeals, fundraising brochures or infographics:

- Include information on the situation and needs of children with disabilities. For example, a line in a flash appeal could state, "Children with disabilities are one of the most excluded groups, especially in emergency contexts. Particular attention will be given to including children who are most at risk, including those 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; adapted supplies; assistive devices; awareness-raising; training and other 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 include disability inclusive and accessible interventions through dedicated activities, outcomes and results.

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

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- Disability are included in the needs assessment;
- Data are disaggregated by sex, age and disability;
- Information is provided on the extent to which local children and adolescents with disabilities' can access services, or face barriers;
- Activities are planned and budgeted to meet the needs of children with disabilities, to direct service providers, or for related indicators and outcomes (*see Section 7.4*).

e. Track funding and projects dedicated to responding to the needs of children with disabilities (for instance, through financial tracking systems or country pooled funds).[47]

7.8 Capacity development

a. Identify scheduled training opportunities relating to inclusion of children and adults with disabilities, and nominate staff to attend.[48]

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

c. Where possible, provide training at different levels for humanitarian coordination teams, data collection teams, humanitarian workers, psychosocial staff, volunteers, parents and caregivers, adolescents with disabilities (to act as peer educators), and schoolteachers.

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

[48] NGOs working with persons with disabilities, DPOs or government ministries or departments often organize trainings to address the needs of children with disabilities in their country or region.

- Include questions about disability in knowledge, attitude and practice (KAP) pre- and post-testing mechanisms for integrated humanitarian training participants (like staff, mothers or caregivers).
- Encourage participants in any training to record key lessons and actions to implement in programmes and interventions, such as individual action plans. Where possible, follow up with participants on the success of the execution.
- Consider covering any additional expenses for persons with disabilities.

d. Enlist adults and youth 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.

7.9 Behaviour change communication/communication for development

a. Share information on existing services for children with disabilities through leaflets, groups, or during conversations with children, adolescents and caregivers.

b. Disseminate information where people are queuing for essential household items, food or vaccinations; during training or information sessions; through parenting groups; or by attaching simple pictorial messages about including children with disabilities to distributed items (*see Section 9.3*).

c. Provide information on humanitarian services in at least two different formats, such as posters, banners or signs for services, or text message campaigns along with audio announcements through radio or community loudspeakers (*see Section 9.3*).

Response and early recovery

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

e. See Section 6.6.c for accessible feedback and complaint mechanisms as part of accountability and community engagement processes.

7.10 Checklist for response and early recovery

The checklist, derived from the programmatic actions outlined in this document, can be used to determine whether key actions are being taken to include children and adolescents with disabilities in response and early recovery. Consultation with other colleagues and stakeholders may be required in completing the checklist, and this may be done through a team or coordination meeting. Additional printable copies of the checklist can be found at training.unicef.org/disability/emergencies.

Considerations for including children with disabilities in response and early recovery	
Coordination	
Do clusters or coordination mechanisms have a disability focal point, focal agency or task force?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have issues related to children with disabilities been included in cluster, coordination or response plans?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Assessment, monitoring and evaluation	
Have available data on children with disabilities been compiled (from different sources such as departments of health, education and social welfare; schools; institutions; NGOs; DPOs)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Do needs assessments and referral forms identify the needs of children with disabilities and disaggregate data by disability? (*see Box 4*)	☐ Planned ☐ In progress ☐ Completed

Response and early recovery

Notes:	
Do humanitarian-related monitoring, reporting and evaluations (SitReps, dashboards, real-time monitoring and evaluations, joint evaluations) capture information on access to humanitarian services and challenges faced by children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are children with disabilities and their families and DPOs included while consulting affected populations?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Inclusive and accessible interventions	
Are persons with disabilities able to access and use humanitarian-related infrastructure and facilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are children with disabilities accessing specialized services (e.g., therapy, rehabilitation, assistive devices, emergency or corrective surgery)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Human resources	
Have existing humanitarian staff and personnel with expertise on disability related issues been identified?	☐ Planned ☐ In progress ☐ Completed

Notes:	
Have collaboration or partnerships been established with government agencies or organizations with disability expertise (e.g., NGOs working on disability, DPOs, community-based rehabilitation organizations, rehabilitation centres, special schools)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Procurement and supplies	
Have collaborations been established with government departments, DPOs or NGOs on products and supplies for children with disabilities (e.g., assistive devices)?	☐ 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 humanitarian 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:	
BCC/C4D	
Are humanitarian communications produced in accessible formats (e.g., are materials available in at least two formats, such as print and audio)?	☐ Planned ☐ In progress ☐ Completed

Response and early recovery

Notes:	
Are children with disabilities visible in humanitarian-related communications (e.g., photos of children with disabilities)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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Ali holds the hands of his granddaughters, 11-year-old Samar (left) and 6-year-old Rosol (right), near the remnants of the residential towers where the girls used to live in the Gaza Strip. Their father was killed and their mother has a disability as a result of a blast.

Recovery from a humanitarian crisis provides an opportunity to institutionalize and sustain the disability inclusive processes and interventions introduced during the response phase, 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 relevant ministries and departments in which various services for children with disabilities initiated during the response phase can be consolidated as part of recovery planning.

b. Work with government counterparts to include disability inclusive practices established in the response phase into relevant mainstream programmes and training plans (*see Section 8.8*), partnerships and ongoing support.

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

d. Upload relevant resources and reports on inclusion of persons with disabilities produced during response and recovery to relevant coordination websites at the national and international level (for instance, clusters' websites or humanitarian websites).

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

f. Establish long-term partnerships with disability related organizations, including DPOs and NGOs working on issues related to disability (*see Box 5*).

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 Education Management Information Systems (EMIS) or Health Management Information Systems (HMIS) (*see Box 4*).

b. See Box 4 for data disaggregation by disability and Box 3 for identification of children with disabilities.

Needs assessment

c. Engage in recovery-related assessments and planning processes, such as post-disaster needs assessments (PDNAs), to influence both data collection and key policy and planning discussions that provide opportunities to increase access to social services for children with disabilities.[49]

d. Collect and present data on children and adolescents with disabilities in PDNAs and related reporting, addressing any identified information gaps (*see Box 4*).

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

Programme monitoring and evaluation

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

[49] PDNAs are often conducted by the European Union, the World Bank and the United National Development Programme (UNDP).

mendations for ongoing programmes.

g. Conduct targeted surveys (such as KAP or participatory assessments) focusing on households with children with disabilities, assessing their level of recovery and access to services.

h. Include qualitative data collection activities (such as 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.

Example: Documenting lessons learned

The Ageing and Disability Task Force (ADTF) established in Pakistan after floods in 2010 published a resource book of inclusive practices that captured the disability inclusive interventions, lessons learned and case studies of the 10 international and local organizations that made up the ADTF (CBM, 2011).[50]

8.3 Social protection[51]

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

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

[50] For full report, see http://www.cbm.org/article/downloads/54741/ADTF_Report.pdf.

[51] Learn more about social protection and humanitarian action at https://www.unicef.org/socialprotection/framework/index_61912.html.

8.4 Accessible infrastructure

Reconstruction and rehabilitation offers an opportunity to build back better, safer and more accessible facilities.

a. Champion and support relevant ministries and departments to review the accessibility of designs planned for the reconstruction of temporary and permanent infrastructure, including health facilities, schools, community buildings and WASH facilities (see 'Accessible infrastructure tips' in sector thematic booklets, training.unicef.org/disability/emergencies).

b. Advocate for inclusion of accessibility in reconstruction plans.

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

8.5 Human resources

a. Work with relevant ministries and departments to develop databases and rosters of persons who have disability related training and experience.

b. Support local governments in reviewing human resources (including social workers, teachers, occupational therapists, speech therapists and nutritionists), advocating for sufficient numbers of qualified staff to address the needs of children with disabilities (*see Box 8*).

8.6 Procurement and supplies

a. Encourage health departments and ministries to develop catalogues of assistive devices for a range of disabilities.[52]

[52] For the full list of WHO priority assistive products and more information, see www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en.

Recovery and reconstruction

b. Establish long-term agreements with suppliers of inclusive and accessible supplies, such as assistive devices, grab rails for WASH facilities, and toys and learning materials modified for children with disabilities (*see Section 6.3 i and j)*.

c. Map other agencies that procure and provide assistive devices. Bulk procurement can reduce costs.

d. Support local and national governments in integrating inclusive supplies (like accessible teaching and learning materials, portable ramps or assistive devices) into their procurement processes, including basic training modules and information on their safe use and maintenance.

8.7 Funding and budgeting

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

b. Support local and national governments in developing inclusive and participatory planning and budgeting processes, engaging in focus group discussions with DPOs, other disability groups, parents' associations, experts, and children and adolescents with disabilities, to help prioritize services and use financial resources better (*see Box 5 and Section 7.2.i*).

8.8 Capacity development

a. Work with government counterparts in relevant ministries or departments to mainstream training modules on disability into regular humanitarian training (for instance, encourage collaboration on trainings that focus on cross-cutting topics, such as gender and disability).

b. Provide awareness-raising sessions on the rights of children with disabilities for local authorities and humanitarian staff.

c. Support DPOs in strengthening their capacity and engage them in both recovery planning and disaster risk reduction.[53]

Example: Building resilience of Nepali adolescents with disabilities

UNICEF reached adolescents with disabilities in Nepal following the 2015 earthquakes, including them in social and financial skills-training sessions designed to build adolescents' resilience. In addition, 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 (information provided by UNICEF Nepal).

8.9 Policies

a. Review national humanitarian policies and frameworks to determine if they consider disability.

b. Based on the review, provide recommendations and advocate for the amendment of existing policies or development of new policies that promote inclusion of children with disabilities.

[53] See WRC, *Strengthening the Role of Women with Disabilities in Humanitarian Action: A facilitator's guide*, at https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1443-humanitarian-facilitators-guide.

8.10 Checklist for recovery and reconstruction

The checklist, derived from the programmatic actions outlined in this document, can be used to determine whether key actions are being taken to include children and adolescents with disabilities in recovery and reconstruction. Consultation with other colleagues and stakeholders may be required to complete this checklist, and may be done through a team or coordination meeting. Additional printable copies of the checklist can be found at training.unicef.org/disability/emergencies.

Considerations for including children with disabilities in recovery and reconstruction	
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:	

Assessment, monitoring and evaluation	
Have disability disaggregated data been integrated into national information systems (e.g., Health Information Systems, Education Management Information Systems, Child Protection Information Management Systems)?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Have lessons-learned exercises included good practices and challenges related to inclusion of children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	
Are children with disabilities, their families and DPOs consulted as part of recovery and reconstruction efforts?	☐ Planned ☐ In progress ☐ Completed

Recovery and reconstruction

Accessible infrastructure	
Does reconstruction of infrastructure (e.g., schools, playgrounds, hospitals, community health clinics) have disability accessibility as a criterion?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Procurement and supplies	
Have partnerships been established with Government and service providers for providing assistive devices for children with disabilities?	☐ Planned ☐ In progress ☐ Completed
Notes:	

Human resources	
Do humanitarian-related databases and rosters capture information on staff and personnel with expertise on disability?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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

Recovery and reconstruction

Capacity building	
Have humanitarian staff received training on inclusion of children with disabilities (e.g., disability inclusive programming, communicating with children with disabilities, adapting information)?	☐ Planned ☐ In progress ☐ Completed
Notes:	

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Razan, an adolescent girl with autism, speaks in sign language with her best friend Arwa, who is deaf, at a Makani Centre in Za'atari Refugee Camp, Jordan.

The practical tips presented below are a reference for humanitarian officers when engaging directly with children with disabilities and their families (including caregivers with disabilities), for example during consultations with affected populations, when visiting services and programme facilities, or when designing messages for affected populations.

9.1 Terminology[54]

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

a. Use person-first terminology (for example, 'child with disabilities', not 'disabled child'; 'girl who is blind' or 'girl with a vision impairment', not 'blind girl').

b. Do not use terms that have negative connotations, such as 'suffer', 'suffering', 'victim' or 'handicapped'. Say that someone is a 'wheelchair user', rather than '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).[55]

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

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

[55] The Convention on the Rights of Persons with Disabilities (CRPD) 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 want to be referred to as children and people, and using abbreviations denies that.

9.2 Communicating with children and adolescents with disabilities[56]

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

b. Be patient. Do not make assumptions. Confirm that you understand what the child has expressed.

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

d. Trained or specialist staff who work with children with disabilities, such as speech therapists and early childhood specialists, can support caregivers in communicating and interacting 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, maintain eye contact and do not cover your mouth.

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

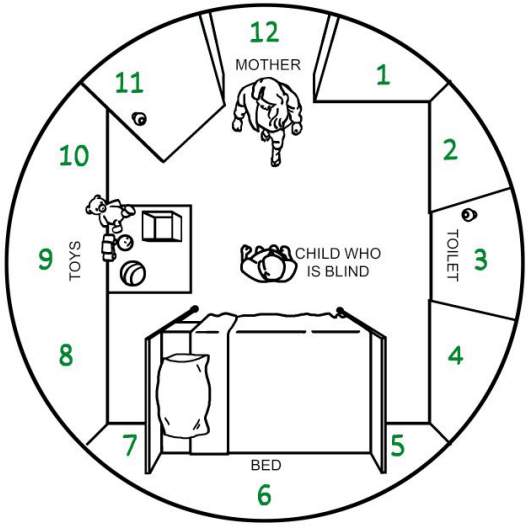
- Describe surroundings and introduce people present.

- Use the 'clock method' (*see Figure 3*) to help older children and adolescents locate people and items (for example, 'the toilet is at 3 o'clock' if directly to their right, or 'the toys are

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

between 8 and 10 o'clock' if they are on the left).

Figure 3: The clock method



Source: UNICEF Disability Section

- Touching and feeling different objects can support learning and help identify objects such as food or cutlery.
- Ask permission if offering to guide or touch the child or his or her 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 (for example, soap to announce a bath or a spoon to indicate that they are hungry).

- Support children and adolescents in developing a book, a board, or cards with pictures or drawings related to daily activities, feelings and items (like utensils, favourite games or whether they are feeling hot or cold; *see Figure 4*). They can use these to communicate about health or food needs, or to play (Novita, 2007).

Figure 4: Communication board

Source: Novita, 2017.

- Train parents and caregivers to observe and learn the subtle facial expressions or body movements that the child uses to show how he or she is feeling (such as uncomfortable, happy, in pain, full, hungry or thirsty).

9.3 Adapting information for persons with disabilities[57]

a. Produce humanitarian information in different formats. Using different formats will ensure that children, adolescents and caregivers with physical, intellectual, hearing and visual impairments have access to and can understand information.

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

c. People with screen reading software on their computers can also access electronic information (like emails or word processing formats).

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

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

f. Organize workshops to engage DPOs, other disability groups and children and adolescents with different types of disabilities in the design, review and dissemination of communication materials, such as radio programmes run by adolescents with disabilities (*see Box 5 and Section 7.2.j*).

[57] For more information on adapting information for persons with disabilities, see the UNICEF Inclusive Communications Module, www.unicef.org/disabilities/index_90418.html and UNDP's inclusive communication on Ebola in Sierra Leone, https://www.youtube.com/watch?v=M015lGIF1MA.

Example: Accessible formats in the 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 not accessible for persons with hearing disabilities or difficulty hearing.

After the disaster struck, a private company called PLUSVoice initiated a service to provide free sign language interpretation via video calls for inhabitants 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

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

a. Include pictures of children with disabilities in humanitarian information related to disability as well as in humanitarian information unrelated to disability, to represent community diversity.

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

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

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

- UNICEF Communication for Humanitarian Action Toolkit (CHAT).[58]

- UNICEF Communication for Development (C4D): Provide a voice for children and adolescents with disabilities through social mobilization, involve them in communication campaigns as major actors, and focus on a positive image of disability, with the aim of transforming social norms and reducing stigma and discrimination.

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

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 persons with different types of disabilities. Formats include 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 orient all people, including persons with disabilities. All signs should be visible, clear, simple, easy to read and understand, 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 (BCC): 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.[59]

[59] More information at 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. Those caregivers include fathers, mothers, siblings, grandparents and other relatives, as well as childcare providers who play a significant role in caring for infants and young children (UNICEF, 2014).

Communication for development (C4D): 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.[60]

Disability: Long-term impairments that affect the functioning of a person and that in interaction with attitudinal and environmental barriers 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 persons' organizations (DPOs), also known as organizations of persons with disabilities: Associations of persons 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 or 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 (examples include 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 (an example is Down syndrome).
- Physical impairments – partial or total limitations in mobility, including of the upper and/or lower body.

Inclusion: A process that aims to ensure that the most vulnerable people are taken into account equally, and to ensure that they 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).

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 this is needed (UN, 2006).

[60] More information at https://www.unicef.org/cbsc.

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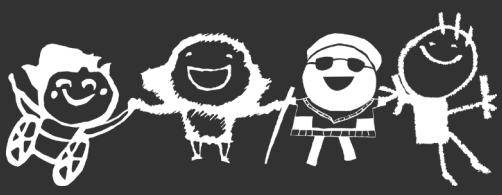
Caption: Ahmed pushes his daughter Safa, 6, in a wheelchair in the Za'atari refugee camp, Jordan. After the family's home in the Syrian Arab Republic was destroyed, they sheltered in an abandoned farmhouse. Here the family was caught in an attack that left Safa gravely injured – she lost her right leg and suffered burns and shrapnel wounds.



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