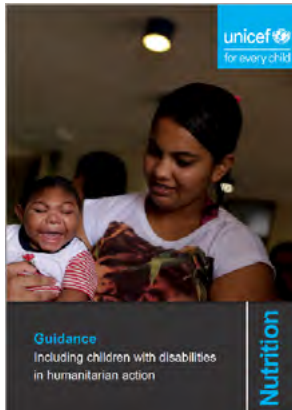




## Guidance

Including children with disabilities  
in humanitarian action

## Series of guidance consists of six booklets:



# **Including Children with Disabilities in Humanitarian Action**

**Preparedness**

**Response and early recovery**

**Recovery and reconstruction**

**Education**

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

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The guidelines were validated in Jordan and Nepal, with sincere thanks to all participants in the validation workshops (a list of workshop participants is available on the website). Special thanks go to Isabella Castrogiovanni, Kendra Gregson, Ettie Higgins, Tomoo Hozumi, Doreen Mulenga and Alok Rajouria for their support.

Special thanks go to UNICEF colleagues from the Division of Communication for providing guidance on the publishing of this booklet: Angus Ingham, Catherine Langevin-Falcon, Timothy Ledwith, Christine Nesbitt, David Ohana, Charlotte Rutsch and Samantha Wauchope.

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](https://training.unicef.org/disability/emergencies).

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

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

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

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

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

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



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## Abbreviations

5W	who does what, where, when and for whom
AIDS	Acquired Immunodeficiency Syndrome
CCC	UNICEF Core Commitments for Children in Humanitarian Action
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DPO	disabled persons' organization (also known as an organization of persons with disabilities)
HIV	Human Immunodeficiency Virus
INEE	Inter-Agency Network for Education in Emergencies
ISO	International Standardization Organization
MICS	Multiple Indicator Cluster Survey
NGO	non-governmental organization
RECU	reach, enter, circulate and use
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	water, sanitation and hygiene
WHO	World Health Organization
WRC	Women's Refugee Commission

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

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

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

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

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

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

### **Box 1: Target audience**

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

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

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

## Box 2: Children and adolescents with disabilities

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

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

Ratified by 174 countries as of June 2017, the CRPD underscores that children and adolescents with disabilities have the right to education.<sup>1</sup>

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

- Children and adolescents with disabilities have historically been among the most excluded from all levels of education (UNESCO, 2016).
  - An estimated one-third of all out-of-school children at the primary level have a disability (UNESCO, 2016).
  - More than half of all school-aged children with disabilities do not go to school (UNICEF, 2016a).
- People with disabilities are routinely denied their right to education, which is further compounded during emergencies.
  - Existing facilities for the education of children and adolescents with disabilities, such as resource rooms, accessible and inclusive regular schools, specialized equipment and learning materials, may be destroyed during an emergency.
  - Children and adolescents with disabilities may lose their assistive devices in humanitarian crises and disruption in health services may prevent or delay their replacement. This reduces their ability to participate in education activities (UNICEF, 2013).
  - United Nations High Commission for Refugees (UNHCR) estimates that on average refugees miss three to four years of schooling because of forced displacement (UNHCR, 2016).
    - A 2013 study in Iraq found that only 16 per cent of displaced children with disabilities living in camps and 10 per cent living in urban areas were attending schools around Domiz, Northern Iraq. Prior to displacement, 29 per cent of children with disabilities living in camps and 27 per cent living in urban areas were attending school (UNICEF and Handicap International, 2013).
- Studies show that in refugee camps, girls with disabilities are less likely to attend school than boys with disabilities (WRC, 2008).
  - In Thailand, among children with disabilities attending school in the camps for Karen refugees, 61 per cent are boys and 39

per cent are girls (Plan International, 2013).

- Education in emergencies is not only every child's right but is also the best investment to help those children develop the skills needed to rebuild their societies and economies in the future.
- Education in emergencies facilitates access to life-saving information and services, such as HIV/AIDS prevention, hygiene (including menstrual hygiene management), immunization and nutrition.<sup>2</sup> As children with disabilities are often excluded from education settings, they miss out on these critical and often life-saving interventions (UNICEF, 2013).

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<sup>2</sup> As referred to in CRPD, Article 24; CRC, Article 28; INEE Minimum Standards in Education; and UNICEF Core Commitments for Children in Humanitarian Action (CCC) in education (section 2.7).



Stephania Florestal, 19, with her friends at New Life Centre, a residential care facility in Port-au-Prince, Haiti. Stephania was abandoned when she was 2 years old and has lived at the centre longer than any other resident.

- Parents may hide children and adolescents with disabilities from the community out of shame or to protect them, reducing their participation in social and educational activities (UNICEF, 2013).
- Parents may not recognize the value of education for children with disabilities. A UNICEF study in the State of Palestine found that a third of children with disabilities reported that their families did support their going to school<sup>3</sup> (UNICEF, 2016b).
- Children with disabilities may be bullied by their peers and excluded from child-friendly spaces and temporary learning spaces.
  - In Kakuma and Dadaab refugee camps in Kenya, for example, girls with disabilities reported being teased and bullied both at and on the way to school. Additionally, family members often considered girls with disabilities to be ‘slow learners’ and ridiculed them when the girls raised issues (Handicap International and WUSC, 2016).
- Children with disabilities may be perceived as unable to participate in educational activities (INEE, 2009). However, with minor adaptations, 80–90 per cent of children with disabilities can be educated in regular schools (UNICEF, 2012).<sup>4</sup>
- It is often incorrectly assumed that making education inclusive demands high human and material resources (INEE, 2009).
- Teachers often lack capacity and skills to teach children with disabilities (INEE, 2009) and may be afraid to include them in their classes (Handicap International and HelpAge International, 2014).

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<sup>3</sup> Mostly, families felt education was unlikely to translate into a job for their child with a disability.

<sup>4</sup> Minor adaptations include teacher training in inclusive education pedagogy, child-to-child support and environmental adaptations.



- Many girls with disabilities who are in school in refugee camps stay home during menstruation because of a lack of sanitary towels (Handicap International and WUSC, 2016).
- Systemic and pedagogical barriers, such as untrained teachers, inaccessible school infrastructure and inadequate materials, keep children with disabilities out of school (IDDC and Light for the World, 2016).
- Lack of accessible roads and appropriate transportation prevents children with disabilities from attending schools, and they often require extra support from caregivers or other family members to make the journey.
  - A study on why children with disabilities stop education found that in the West Bank 49 per cent reported that transport was inadequate (UNICEF, 2016b).

## 4.1 UNICEF Core Commitments for Children in Humanitarian

### Action

UNICEF's Core Commitments for Children in Humanitarian Action (CCC), a global framework to guide UNICEF and partners in emergencies, outline commitments and benchmarks related to education interventions in humanitarian action. They include coordination, quality education opportunities for excluded children, integration of psychosocial and health services in educational response, life-skills programmes and other education interventions (UNICEF, 2010). All education core commitments are applicable for children with disabilities. (See *Annex B for specific inclusive actions for each education commitment.*)<sup>5</sup>

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

## 4.2 Minimum Standards for Education

The Inter-Agency Network for Education in Emergencies (INEE) *Minimum Standards for Education: Preparedness, response, recovery – A commitment to access, quality and accountability* handbook is a global tool that articulates the minimum level of educational quality and access in emergencies through recovery. The Minimum Standards underscore that all individuals – children, adolescents and adults – have a right to education. Inclusion is a theme throughout. It states explicitly that no individual should be denied access to

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<sup>5</sup> For more information on the UNICEF CCCs see [www.unicef.org/emergencies/index\\_68710.html](http://www.unicef.org/emergencies/index_68710.html).

full participation in education and learning opportunities based on disability (INEE, 2010a).<sup>6</sup>

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

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

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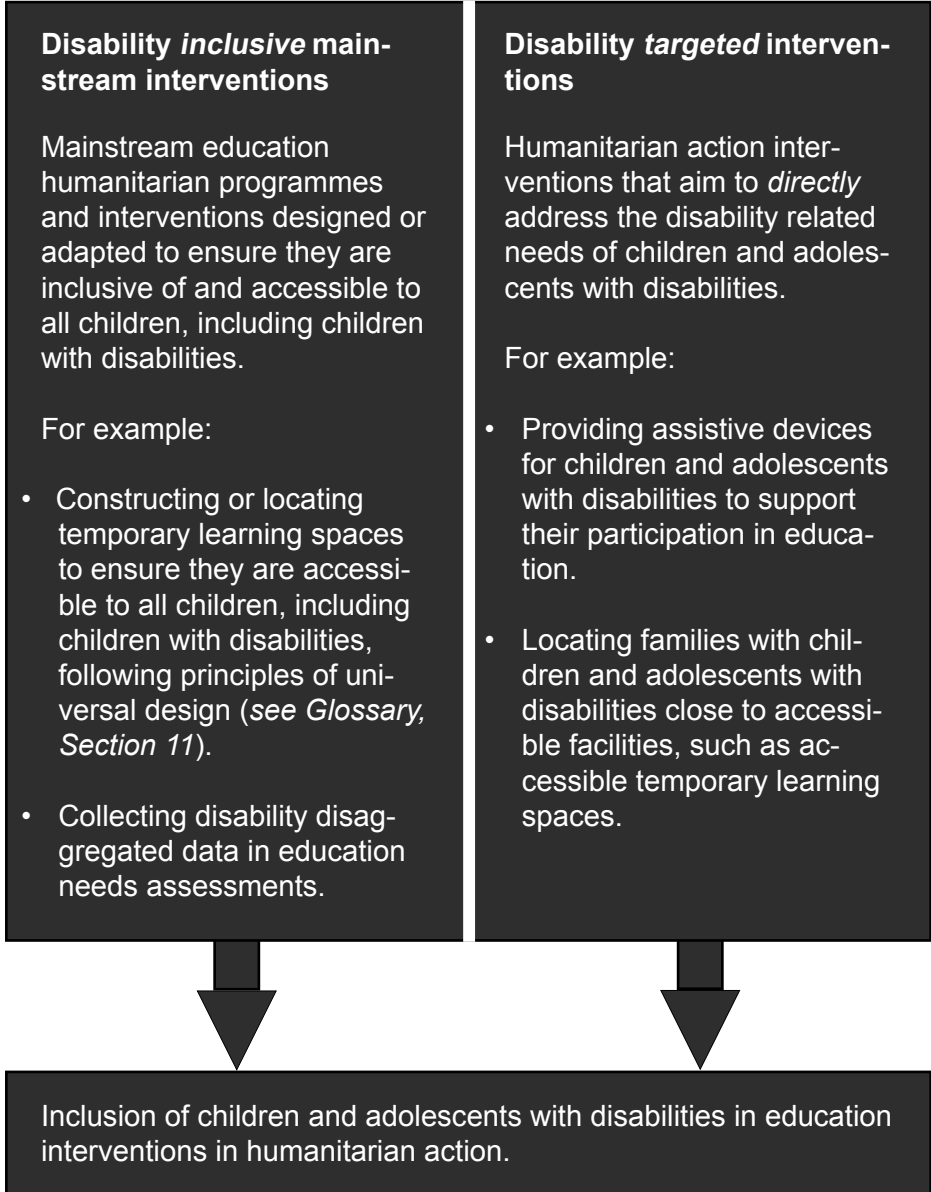
<sup>6</sup> The standards are also accompanied by an *INEE Pocket Guide to Supporting Learners with Disabilities* that offers practical ideas for including children and young people with disabilities in education before, during and after a crisis. More information is available at [http://toolkit.ineesite.org/inee\\_minimum\\_standards](http://toolkit.ineesite.org/inee_minimum_standards).

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

#### 4.4 Twin-track approach

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

**Figure 1: Twin-track approach**



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

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

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<sup>8</sup> For more information, see <http://unicefinemergencies.com/procedures/level-2.html>.

<sup>9</sup> For more information, see [www.unicefinemergencies.com/procedures/index.html](http://www.unicefinemergencies.com/procedures/index.html).



Sharmila reads a book in Braille in Nepal. Sharmila was trapped in her house after the earthquake in April 2015.

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

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

## 6.1 Coordination

- a. Establish a disability focal point, focal agency or task force to represent disability issues in coordination mechanisms for education (e.g., in clusters, education working groups, national education coordination groups).<sup>11</sup>
- b. Within the working group or task force, engage actors with experience in addressing the needs of children with disabilities (e.g., government ministry responsible for disability and education, departments and organizations that provide services to children with disabilities such as social welfare, education and health, 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 special and inclusive schools (see *Glossary, Section 11*), NGOs, disability service providers and DPOs (see *Box 5*).

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<sup>10</sup> 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](http://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf).

<sup>11</sup> In many cases, the disability focal point would benefit from participating in disability related training in the country or region.

## Example: Jordan coordination mechanism

In 2015, a disability task force, co-chaired by UNHCR and Handicap International, was established in Jordan under the protection cluster (UNHCR, 2015). In task force meetings, agencies working on inclusive education present their work on inclusion of children with disabilities in schools, support for resource rooms, and challenges with both teachers and parents (UNHCR, 2017a).

Additionally, the Jordan Education Sector Working Group has a focal point in the disability focal group that recognizes the Ministry of Education's emphasis on enrolment of children with disabilities in education programming (UNHCR, 2017b). The focal point provides updates to working group members, including concerns for special education within Jordan (UNHCR, 2017c).

- d. Actions at the coordination level for the disability focal point, focal agency or task force may include:
- Adding components on disability inclusion in terms of reference developed by working groups, clusters or other relevant coordination mechanisms (actions in this booklet can inform the terms of reference);
  - Supporting the collection of available data on children and adolescents with disabilities within Education Management Information Systems (see *Section 6.2.i*) and humanitarian data collection processes, such as field monitoring systems, needs assessments, partner reports and humanitarian needs overviews;
  - Assessing and mapping expertise and resources available for children and adolescents with disabilities, such as special and inclusive schools, resource rooms and Braille printers (see *Glossary, Section 11*);



- Coordinating with national and humanitarian service providers to establish clear referral mechanisms based on up-to-date mapping and assessments;
- Working with WASH, education and shelter, camp coordination and camp management mechanisms (clusters) to plan accessibility for key humanitarian interventions (e.g., temporary learning spaces, including WASH facilities).

## 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 education 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.

### Identification of children with disabilities and disaggregation of data

#### Box 3: Identifying children with disabilities from existing sources

- Data on children with disabilities may be available from a variety of sources: disability related ministries or departments; education departments; special schools for children with disabilities; ‘special needs’ education grant registers; Education Information Management Systems; beneficiary registers for social protection schemes for children with disabilities. Previous household surveys, such as UNICEF’s Multiple Indicator Cluster Survey (MICS), may have used the child functioning module (see Box 4).<sup>12</sup>

### Box 3 continued: Identifying children with disabilities from existing sources

- Special schools for children with disabilities, DPOs and NGOs working with children with disabilities or implementing community-based rehabilitation programmes (see *Glossary, Section 11*) often have data on children with disabilities, particularly at the community level.
- If data on children with disabilities are limited, an estimate can be used for planning purposes. Be aware that national surveys or censuses often under-report the number of children and adults with disabilities (WHO and UNESCAP, 2008).
- The World Health Organization (WHO) estimate of “15% of the world population lives with a disability” (WHO, 2011) can be used to calculate an approximate number that adults with disabilities in any given population.
- An estimate of the number of children with disabilities can be calculated based on 10 per cent of the population of children and young people in any given population (UNICEF, 2007).
- Estimates should consider that the proportion of persons with disabilities may be higher in conflict-affected areas.<sup>13</sup>

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

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

#### Box 4: Collecting disability disaggregated data

- Surveys, censuses and registration systems can use two modules (sets of questions) to identify children and adults with disabilities and to disaggregate data by disability:
- The Washington Group Short Set of Questions identifies adults with disabilities through questions related to difficulties performing six activities: walking, seeing, hearing, cognition, self-care and communication.<sup>14</sup>
- The Washington Group/UNICEF Survey Module on Child Functioning is a set of questions to identify children aged 2 to 17 years old who have difficulties across 14 domains, including seeing, hearing, mobility, communication and comprehension, learning, relationships and playing.<sup>15</sup>
- Disaggregating data by disability (in addition to age and sex) is important in activities across all phases, such as in needs assessment and programme monitoring.
- Including the child functioning module within a larger survey (e.g., UNICEF's MICS), Education Information Management Systems<sup>16</sup> or in a registration system allows for other information, such as school enrolment and attendance, to be disaggregated by disability.

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

<sup>15</sup> The Survey Module on Child Functioning is recommended for children (aged 2 to 17), 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 below the age of 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, 2016c). For more information, see <https://data.unicef.org/topic/child-disability/child-functioning-module> and [www.washingtongroup-disability.com/washington-group-question-sets/child-disability](http://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 education (e.g., assistive devices, accessible education materials, specific inclusive and accessible learning methods).
- e. Map existing education programmes, interventions and facilities that are accessed by children with disabilities, such as inclusive and special schools, resource rooms, disability inclusive child-friendly spaces, psychosocial health, mine risk education programmes, assistive device provision or rehabilitation centres.
  - Make note of trained staff, Braille printers and accessible learning materials.
- f. DPOs and NGOs working with children with disabilities and implementing community-based rehabilitation programmes often have data on children with disabilities, particularly at the community level.<sup>17</sup>
  - Such data can provide rich information on the situation, vulnerabilities and needs of children with different disabilities as well as the local capacities available to address them.
  - DPO and community-based rehabilitation workers can also be useful resources in the process of collecting data on persons with disabilities.

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<sup>16</sup> Education Information Management System is a form of administrative data collection used to monitor schools and enrolled children. It does not collect information on children out of school.

<sup>17</sup> Data from the community level can provide information on the needs and vulnerabilities of children and adolescents with disabilities that can inform planning and programming.

## Programme monitoring and evaluation

- g. When establishing systems and procedures that measure which education interventions will be delivered, who will receive services and what results are achieved, disaggregate data by disability, sex and age.
- h. Review and adapt existing mechanisms like 5W mapping systems ('who does what, where, when and for whom') to collect relevant information on services related to disability (see *Section 6.2.e*).<sup>18</sup> These data will also be useful at the evaluation stage.
- i. Consider strengthening disaggregation by disability when developing information management systems that include sex- and age-disaggregated data and gender and disability responsive information. Including data disaggregated by disability in systems such as Education Management Information Systems, school registers, and education monitoring and reporting templates is a longer-term investment in national capacity for monitoring humanitarian response.<sup>19</sup>

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<sup>18</sup> 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>.

<sup>19</sup> For more information, see the technical guidance, *Guide for Including Disability in Education Management Information Systems*: [http://training.unicef.org/disability/emergencies/downloads/guide-for-including-disability-in-education-management-information-systems-\(emis\)-\(1\).pdf](http://training.unicef.org/disability/emergencies/downloads/guide-for-including-disability-in-education-management-information-systems-(emis)-(1).pdf).

## 6.3 Planning

As part of planning, consider the following:

### Service provision

- a. Review education legislation, policies and programmes to assess if they consider children with disabilities, such as inclusive education, education grants, special schools and resources rooms<sup>20</sup> (see *Glossary, Section 11*).
  - See Box 8 on Education Sector Analysis.
  - See Section 8.9.b for monitoring tool on inclusive education for children with disabilities.
- b. Highlight this information in trainings for protection colleagues and in behaviour change communication and communication for development materials (see *Glossary, Section 11*).
- c. Examine Education Management Information Systems, school registration systems, identification cards and other documents essential for education and determine whether they are inclusive and address the needs of children with disabilities.<sup>21</sup>
- d. Determine if a system of disability identity cards exists.<sup>22</sup> Consider ways to simplify procedures to issue identity cards and replace lost cards.
- e. Gather information on social protection programmes (see *Glossary, Section 11*) and benefits to support education in households with children with disabilities (e.g., cash transfers, special education grants).

<sup>20</sup> See chapter on Inclusive Education in the Education Sector Analysis Methodological Guidelines Volume 3 (forthcoming, draft available).

<sup>21</sup> See footnote 19.

<sup>22</sup> Disability identity cards are often used as eligibility criteria for accessing services.

- f. Use outreach mechanisms and collaborate with DPOs to reach children with disabilities who may not be in school or are isolated in their homes.
- g. Support children with disabilities and their caregivers to participate in preparedness and disaster risk-reduction activities in schools and communities. This may include transport assistance or allowances for caregivers to accompany or help children with disabilities during activities.

**Example: Out-of-school children with disabilities prepare for disasters**

In Indonesia, an estimated 95 per cent of children with disabilities are out of school (CBM and DiDRRN, 2013). They are excluded from school-based information and awareness on how to prepare and act in case of a disaster. Children often bring such knowledge back home. Therefore, families of children with disabilities might be further excluded from valuable information, making the whole household more vulnerable. In Indonesia, Arbeiter-Samariter-Bund initiated a project that directly trains out-of-school children with disabilities on how to prepare for and respond to disasters. The project in the Yogyakarta province uses a training-of-trainers methodology – government and DPO staff are trained and then they train people at the village level. Out-of-school children with disabilities receive information and participate in practical exercises on disaster risk reduction in their villages or homes. The exercises demonstrate how to make homes safe and include earthquake drills and evacuation simulations (CBM and DiDRRN, 2013).

- h. Support national governments to strengthen inclusive education systems<sup>23</sup> (e.g., improve the capacity of Ministry of Education

<sup>23</sup> Inclusive education is a key strategy to achieve education for all as per Sustainable Development Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Learn more about this goal and its progress at <https://sustainabledevelopment.un.org/sdg4>.

to provide pre-service and in-service teaching programmes on inclusive education to all regular teachers, adapt Education Management Information Systems to collect data on children with disabilities and provide life-skills training for children, adolescents and women with disabilities out of school).

### Box 5: Engaging persons with disabilities and DPOs

Persons with disabilities can be staff, consultants, advisors, teachers, volunteers and partners across all phases of humanitarian action. Their experience and perspective can inform education coordination, data collection, assessments, formal and informal education interventions (see *Glossary, Section 11*) and communication materials preparation.

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

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



### Box 5 continued: Engaging persons with disabilities and DPOs

- To find a DPO, review the member list of the International Disability Alliance.<sup>24</sup>
- Contact a regional DPO if a country-level DPO is unavailable.

## Human resources

- Identify and create lists of existing personnel with expertise working with children with disabilities, such as special educators for children with intellectual and psychosocial disabilities or those who are deaf or blind, speech and language therapists, sign language interpreters, physiotherapists, occupational therapists and regular teachers and early childhood development facilitators with experience working with children with disabilities.
- Develop sample job descriptions for disability related personnel, so that they can be mobilized swiftly during response phase.
- Consult and recruit persons with disabilities in all education preparedness processes as they contribute first-hand expertise on issues faced by children and adults with disabilities (see *Box 5*).
- Mobilize disability expertise and experience to inform inclusive education programmes and interventions (see *Box 7*).
- Consider nominating and resourcing a disability focal point within the organization or agency.

<sup>24</sup> For member list, see [www.internationaldisabilityalliance.org/content/ida-members](http://www.internationaldisabilityalliance.org/content/ida-members).

## Procurement and supplies

- n. Identify regular supplies that benefit all children, including children with disabilities. These include communication aids, appropriately sized toilet chairs, portable and fixed ramps, toilet grab bars and accessible signage.
- o. Identify targeted supplies that respond to children's disability related needs. These include assistive devices and implements that support children and adolescents with disabilities to attend school and learn, such as mobility devices (wheelchairs, crutches, tricycles), hearing aids and batteries, learning devices (adapted toys and games), communication boards/books and white canes.
- p. Without pre-existing data on children and adults with disabilities, estimate that 3 per cent of the population needs assistive devices (WHO and UNICEF, 2015). Plan budgets and supplies for assistive devices accordingly and collaborate with organizations that work on the provision of assistive devices.
- q. The WHO list of priority assistive products can inform the planning of assistive devices.<sup>25</sup>
- r. Some devices can be developed and made locally with basic resources. DPOs, families of children with disabilities and health workers may assist in locating, designing or adapting items.
- s. UNICEF's emergency kits such as School-in-a-Box, Recreation Kit, Early Childhood Development Kit, and the Adolescent Kit for Expression and Innovation have been reviewed and modified for accessibility.
- t. For locally procured kits, consider local materials that are suitable for children with disabilities such as communication boards and balls with bells.

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<sup>25</sup> For the full list and more information, see [www.who.int/phi/implementation/assistive\\_technology/EMP\\_PHI\\_2016.01/en](http://www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en).

- u. 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.<sup>26</sup>
- v. When establishing basic supply chain requirements, such as location of relief stocks, suppliers and logistics, identify local suppliers and share this information with humanitarian partners.

### **Example: UNICEF inclusive emergency kits**

Emergency Kits like the School-in-a-Box, Early Childhood Development Kit and Recreation Kit are an important part of UNICEF's supplies in humanitarian contexts. Following a review in 2014, several components in these three kits were modified to be more inclusive and accessible. More than 49,000 emergency kits sent to over 50 countries in 2016 contained accessible items; for example, the scale in the School-in-a-Box has a built-in magnifying glass, balls in the recreation kit have bells and the globe has tactile features. In addition, the guidance for facilitators that accompanies each kit has a supplementary booklet with practical tips on how activities can be adapted to include children with different disabilities (UNICEF Disability Section).

## **Funding and budgeting**

- w. Allocate budgets (proportionate to funding availability) for actions listed in this booklet<sup>27</sup> such as training of teachers and education

<sup>26</sup> See the supplementary guidance to the Education Kit Handbook on including children with disabilities: [https://www.unicef.org/supply/index\\_78176.html](https://www.unicef.org/supply/index_78176.html). See also 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>.

<sup>27</sup> The Minimum Standards for Age and Disability in Humanitarian Action recommends budgeting an additional 0.5–1 per cent for physical accessibility (buildings and latrines) and 3–4 per cent for specialized non-food items and mobility equipment (Age and Disability Consortium, 2015).

staff on identifying and addressing education related needs of children with disabilities, building or modifying education facilities for accessibility, provisioning of accessible books and learning materials, transport support to schools for children with disabilities and providing assistive devices.

- x. Allocate budget for service providers who can address the needs of children with disabilities, such as special educators, speech and language therapists, occupational therapists, physiotherapists, regular teachers and early childhood development specialists with experience working with children with disabilities or sign language interpreters.

## 6.4 Capacity Development

- a. Identify training opportunities on the inclusion of children and adults with disabilities and nominate staff to attend.<sup>28</sup>
- b. Invite DPOs to trainings organized on humanitarian issues to familiarize them with the humanitarian system, programming and education processes and tools, and also invite them to government coordination structures for emergency response. This will encourage DPOs to contribute to education coordination mechanisms, risk analysis, monitoring, preparedness and response actions.
- c. Compile training curricula and learning resources on inclusive education for teachers.
- d. Develop a disability awareness session and training module to be used in education in emergencies training,<sup>29</sup> covering:

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<sup>28</sup> Often NGOs working with persons with disabilities, DPOs or government ministries and departments organize trainings to address the needs of children with disabilities in the country or region.

<sup>29</sup> Awareness sessions aim to create interest and change attitudes towards disability, while the objective of training is to improve practical and professional skills for the inclusion of children with disabilities. The UNICEF Disability Orientation video provides an introduction to disability, why it is important to include children with disabilities and UNICEF's approach to

- Data collection on children with disabilities and their education needs.
  - How to recognize and, where relevant, refer children with potential development delays and various disabilities (see *Glossary, Section 11*) for further assessment and rehabilitation services.
  - Child-centred approaches, classroom practice adaptations, vocational training, peer support meetings, and sports and recreational activities for children with different types of disabilities, using local resources and technology (see *Section 9.5*).
  - Barriers faced by children with disabilities to accessing education and ways to address them through inclusive approaches.
  - Psychosocial support including psychological first aid for children with disabilities (see *Glossary, Section 11 and Protection booklet*<sup>30</sup>).
  - Using UNICEF's education in emergency kits (School-in-a-Box, Early Childhood Development Kit and Recreation Kit) to promote the inclusion of children with disabilities in temporary learning spaces and child-friendly schools.
  - Communicating with children with disabilities (see *Section 9.2*) and adapting education information to be accessible (see *Section 9.3*).
- e. Include trainers with experience in disabilities when developing a pool of trainers (e.g., DPO and NGO staff who work on issues related to children with disabilities, government and NGO trainers of inclusive education).
- f. Conduct systematic and relevant training that includes components on children with disabilities in mainstream education work-

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disability inclusion. The video is available in English, French and Spanish: [www.unicef.org/disabilities/66434.html](http://www.unicef.org/disabilities/66434.html).

<sup>30</sup> See <http://training.unicef.org/disability/emergencies/protection.html>.

shops. Use the module (see *Section 6.4.d*) to carry out specific training on disability and education in humanitarian action.

### **Example: Creating links between special and regular schools**

In the State of Palestine, a training course on inclusive and adapted education approaches was implemented for special and regular teachers working in Rafah and Gaza cities. The programme initiated an activity called 'inclusion links' to facilitate special and regular school collaboration. Teachers exchanged technical expertise in addressing the learning needs of children with disabilities, and children with disabilities from special schools regularly visited regular schools to participate in lessons. The activity also aimed both to change attitudes towards children with disabilities learning in regular schools and to familiarize children with disabilities with regular schools (Handicap International, 2016).<sup>31</sup>

## **6.5 Accessible infrastructure**

- a. When assessing and pre-identifying buildings and facilities that could be used for education in emergency interventions (e.g., schools, temporary learning spaces), look for infrastructure that is already accessible or requires only minor modifications.
- b. Include accessibility in assessment criteria or standards used to select education related buildings and facilities.
- c. Even in countries with a low risk of emergencies, Ministries of Education should be encouraged to adopt universal design principles for all new school infrastructure and rehabilitation work.

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<sup>31</sup> For more information on the project, see <https://www.youtube.com/watch?v=GcWOY4wu6fo>.

## Example: Accessible child-friendly spaces in Jordan

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

In 2016, some 2,024 children with disabilities received services through the centres (UNICEF Jordan). *The Jordan Makani Standard Operating Procedure* for frontline staff delineates infrastructure standards and includes accessibility standards for persons with disabilities related to entrances, pathways, space and area navigation and WASH facilities (UNICEF, 2016d).<sup>32</sup>

- d. When the entrance is accessible, consider locating classes with children with disabilities on the ground floor.
- e. When relevant, plan and budget for necessary modifications to make education infrastructure accessible. Consider accessibility both in the establishment of temporary learning spaces and the reconstruction/repair of schools including resource rooms.
- f. Planning for accessibility from the outset – starting from the planning and design stage – is far less expensive than modifying existing infrastructure.<sup>33</sup>
- g. For tips on constructing, reconstructing or modifying buildings and facilities for accessibility, see ‘Accessible infrastructure tips’

<sup>32</sup> The Jordan Makani Standard Operating Procedure can be found in English: [https://www.unicef.org/jordan/ENG\\_Makani\\_-\\_UNICEF\\_Operations\\_Manual4.pdf](https://www.unicef.org/jordan/ENG_Makani_-_UNICEF_Operations_Manual4.pdf) and Arabic: [https://www.unicef.org/jordan/Arabic\\_Makani\\_-\\_UNICEF\\_Operations\\_Manual\\_A4.pdf](https://www.unicef.org/jordan/Arabic_Makani_-_UNICEF_Operations_Manual_A4.pdf).

<sup>33</sup> For example, the cost of making a school latrine accessible is less than 3% of the overall costs of the latrine, and can be less than 1% if planned from the outset (WEDC, 2010).

(see Section 10).<sup>34</sup>

## 6.6 Behaviour change communication and communication for development

- a. Involve communication colleagues in the development of inclusive and accessible information (see Sections 9.3 and 9.4) and in campaigns on education for children and adolescents with disabilities, such as in campaigns targeting out-of-school children. Include:
  - Easy-to-understand information on education programmes and interventions for children and adolescents with disabilities.
  - Messages on the right to education for all girls and boys with disabilities.
  - Information on bullying experienced by children with disabilities<sup>35</sup> in anti-bullying campaigns.<sup>36</sup>
- b. Include positive images of children and women with disabilities in communication materials (e.g., women with disabilities as mothers), to help transform attitudes towards persons with disabilities and reduce stigma and discrimination.
- c. When using feedback and complaint mechanisms as part of accountability and community engagement processes, consider accessibility for persons with different types of disabilities, for instance, using at least two means of gathering feedback such

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<sup>34</sup> For accessibility specifications for buildings and facilities, see [www.unicef.in/emergencies.com/downloads/eresource/docs/Disability/annex12\\_technical\\_cards\\_for\\_accessible\\_construction.pdf](http://www.unicef.in/emergencies.com/downloads/eresource/docs/Disability/annex12_technical_cards_for_accessible_construction.pdf).

<sup>35</sup> Children with disabilities are more likely to be bullied than their peers (Twyman et al., 2010).

<sup>36</sup> Highlight the increased prevalence of violence experienced by children with disabilities (Hughes et al., 2012), the effects of bullying (such as depression, anxiety, health deterioration, decreased academic performance) and what parents and professionals can do. See an example of a tip sheet: <https://www.stopbullying.gov/sites/default/files/2017-09/bullyingtipsheet.pdf>.



as written and verbal (see *Section 9.2*).

**Example: Developing inclusive communication materials with refugees with disabilities**

The Syrian Disability Representatives project, supported by Handicap International, aimed at developing self-help groups for Syrian refugees with disabilities in Jordan and Lebanon in 2016. The self-help groups produced communication materials (posters, postcards, images, videos) in Arabic and English to reduce stigma towards persons with disabilities. The materials illustrated CRPD articles, for example, Article 24 on the right to education<sup>37</sup> (Handicap International).

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<sup>37</sup> For the materials, see <http://training.unicef.org/disability/emergencies/resources.html>.

## 6.7 Checklist for preparedness

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

### Considerations for including children with disabilities in preparedness

#### Coordination

Has a disability focal point, focal agency or task force been identified in education related coordination mechanisms (including clusters)?

- Planned
- In progress
- Completed

Notes:

#### Assessment, monitoring and evaluation

Have available data on children with disabilities been compiled (e.g., from government departments related to disability, special schools, residential facilities, NGOs, DPOs)?

- Planned
- In progress
- Completed

Notes:	
Do education needs assessments, education administrative data (e.g., education management information systems), school registration forms, and monitoring and reporting tools identify the needs of children with disabilities and disaggregate data by disability (see <i>Box 4</i> )?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have existing services and programmes for children with disabilities been mapped (e.g., special and inclusive schools, resource rooms, Braille printers)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<b>Planning</b>	
Have issues related to children with disabilities been included in education preparedness plans, including in plans developed by coordination mechanisms or inter-ministry/inter-departmental working groups?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have children with disabilities, their families and DPOs been consulted and involved in preparedness related education activities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Has a budget for services and supplies that addresses the needs of children with disabilities been allocated?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Has supply planning considered products relevant to children with disabilities (e.g., assistive devices, inclusive emergency kits, grab rails for toilets)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Is disability accessibility a criterion for identification and selection of facilities for education related services (e.g., temporary learning spaces, location of outreach services)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have collaborations/partnerships been established with agencies/organizations with expertise on disability (e.g., government departments providing services to children with disabilities, NGOs working on disability, DPOs, rehabilitation centres, special schools)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:

### Capacity development

Have education in emergencies staff received training on inclusion of children with disabilities (e.g., how to make classrooms inclusive and accessible, communicating with children with disabilities, adapting information)?

Planned

In progress

Completed

Notes:

### Behaviour change communication/communication for development

Are education communication materials produced in at least two formats (e.g., written and audio)?

Planned

In progress

Completed

Notes:



In the State of Palestine, Nabil, 8, plays with educational toys in Blind Charitable Society School in the city of Hebron, in the West Bank.

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

### 7.1 Coordination

- a. Establish a disability focal point,<sup>38</sup> a focal agency or a task force to represent disability issues in humanitarian education coordination mechanisms (e.g., clusters, education working groups).
- b. Form links between government authorities and clusters on critical issues to support coordinated and inclusive education programmes and interventions.
- c. Create referral pathways through inter-sectoral connections to effectively identify and respond to the needs of children with disabilities:
  - With the health cluster to ensure the inclusion of children with disabilities in vaccination campaigns in temporary learning spaces and through community outreach (for out-of-school children), for referral and assessment of children with disabilities and for the provision of assistive devices (*see Health booklet*<sup>39</sup>).
  - With the nutrition cluster to train teachers on supporting children with disabilities in accessing food programmes and food distributions in schools, providing assistance during mealtime to children with difficulties eating, and addressing the nutritional needs of children with disabilities through school feeding programmes and community outreach (*see Nutrition booklet*<sup>40</sup>).
  - With the WASH cluster to address the accessibility of WASH facilities in temporary learning spaces and provide informa-

<sup>38</sup> The disability focal point may benefit from participating in disability related training planned in the country or region.

<sup>39</sup> See <http://training.unicef.org/disability/emergencies/health-and-hiv-aids.html>.

<sup>40</sup> See <http://training.unicef.org/disability/emergencies/nutrition.html>.



tion on the hygiene needs of children with various disabilities, including those related to menstrual hygiene management (see *WASH booklet*<sup>41</sup>).

- With the protection cluster to help identify out-of-school children with disabilities; provide training on identifying and addressing violence and discrimination against children with disabilities in temporary learning spaces and schools; provide psychosocial support in temporary learning spaces; and establish a reporting mechanism for cases of abuse in schools (see *Child Protection booklet*<sup>42</sup>).
- d. When mapping education programmes and interventions as in a 5W database (see *Section 6.2.h*), collect information on organizations that provide education opportunities that are inclusive of children and adolescents with disabilities (e.g., inclusive-education schools) and those that provide targeted services (e.g., special education [see *Glossary, Section 11*], physiotherapy, occupational therapy, assistive devices).
  - e. Identify gaps and advocate for adapting education programmes and interventions that are currently not inclusive of children with disabilities following the guidance in this booklet. Examples of services that are not inclusive are temporary learning spaces that lack ramps for enabling access by children and adults with disabilities or schools without teachers trained on including children with disabilities in activities.

## 7.2 Assessment, monitoring and evaluation

- a. Review and use any data collection tools that were developed or adapted during preparedness to include children with disabilities
- b. If data collection tools have been developed, review and adapt as required to include children with disabilities (see *Section 6.2*).

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<sup>41</sup> See <http://training.unicef.org/disability/emergencies/wash.html>.

<sup>42</sup> See <http://training.unicef.org/disability/emergencies/protection.html>.

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

### **Identification of children with disabilities and disaggregation of data**

- d. The identification of children with disabilities (see *Box 3*) and disaggregation of data by disability (see *Box 4*) can inform the design of inclusive education programmes and determine the extent to which children with disabilities are accessing education, such as temporary learning spaces.

#### **Example: Identifying children with disabilities after the earthquake**

As part of the post-disaster assessment of the 2015 earthquakes in Nepal, two UNICEF partners – the National Federation of Disabilities Nepal and Karuna Foundation Nepal<sup>43</sup> – identified 5,245 children with disabilities (44% girls) in the earthquake-affected districts (UNICEF, 2015). The organizations were able to rapidly identify children with disabilities affected by the earthquake because they had already been working with them (UNICEF Nepal).

### **Humanitarian needs assessment**

- e. Incorporate issues related to children with disabilities into mainstream humanitarian needs assessments,<sup>44</sup> such as multi-cluster or multi-sector initial rapid assessments and post-disaster needs

<sup>43</sup> The National Federation of Disabilities Nepal is the national DPO in Nepal. The Karuna Foundation is an NGO that works to improve the quality of life of children with disabilities by strengthening health care systems and empowering communities.

<sup>44</sup> For more information, please see Humanitarian Programme Cycle/Needs assessment: <https://www.humanitarianresponse.info/en/programme-cycle/space>.

assessments.

- f. For instruments that collect information on individuals (e.g., school records, Education Management Information Systems,<sup>45</sup> education surveys in schools and communities), adapt tools to collect data disaggregated by disability, age and sex (see *Box 4*).
- g. Identify the educational needs related to the child's age and disability such as assistive devices to support school attendance and learning, adapted learning materials, home-based support and individual support at school.<sup>46</sup>
- h. Observe the accessibility of education interventions and facilities such as temporary learning spaces to see whether children with disabilities are present and participating in humanitarian activities (see *Section 10*).
- i. In participatory assessments, organize focus group discussions and key informant interviews to gather information about access to education programmes and interventions for girls and boys with disabilities.
  - Interview adults and adolescents with disabilities as key informants. Invite DPOs, local disability groups, parents and caregivers with disabilities to focus group discussions (see *Box 5*).
  - Collect information on the barriers faced by children with disabilities and their caregivers to access education programmes, interventions and information. Barriers may include:
    - > Discriminatory practices against girls with disabilities (e.g., girls with disabilities being kept from accessing educational opportunities<sup>47</sup>);

<sup>45</sup> See footnotes 17 and 20.

<sup>46</sup> For more information, see UNICEF's resource on inclusive education: <https://www.ded4inclusion.com/inclusive-education-resources-free/unicef-inclusive-education-booklets-and-webinars-english-version>

<sup>47</sup> WHO's 2011 *World Report on Disability* reports that girls with disabilities have lower rates of primary school completion compared to boys with disabilities – 50.6% of males with a disability have completed primary school

- Difficulty reaching services due to distance or lack of transport;
  - Inaccessible education facilities (e.g., temporary learning spaces with stairs and no ramp, toilets that are not wheelchair-accessible or have no accessible spaces for girls with disabilities during menstruation);
  - Lack of knowledge and experience of teachers in adapting teaching approaches and learning materials;
  - Lack of suitable supplies for children with disabilities (e.g., appropriate-sized wheelchairs, crutches, hearing aids, accessible learning materials).
- j. When collecting data directly from children with disabilities, appropriate support may be required to communicate, give consent and maintain confidentiality. Such support includes alternative communication or sign language interpretation (see *Section 9.2*).
- k. Encourage children's participation.<sup>48</sup> Children are often aware of who is excluded from schools and temporary learning spaces and why (UNESCO, 2010). Use art and play as a way for children with disabilities to express their views about their needs and preferences in key informant interviews and focus group discussions.<sup>49</sup>
- Establish a target to ensure that at least 10 per cent of all consulted children are children with disabilities.

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compared with 41.7% of females with a disability (WHO, 2011). For more information on the rights of women and girls with disabilities to education, see [www.cbm.org/Rights-of-girls-with-disabilities-to-education-469538.php](http://www.cbm.org/Rights-of-girls-with-disabilities-to-education-469538.php).

<sup>48</sup> 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](https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF) and <https://www.unicef-irc.org/publications/849>.

<sup>49</sup> For information on the participation of children with disabilities, refer to UNICEF's *Take Us Seriously! Engaging children with disabilities in decisions affecting their lives*: [www.unicef.org/disabilities/files/Take\\_Us\\_Seriously.pdf](http://www.unicef.org/disabilities/files/Take_Us_Seriously.pdf).

- Consider organizing separate focus group discussions with women and girls with disabilities to identify specific discriminatory practices and barriers, and highlight findings in further reporting.
- I. Use existing data or data collected in assessments to inform humanitarian needs overviews and humanitarian response plans. Share such data with relevant agencies.

### **Example: Education barriers needs assessment for children with disabilities in Gaza**

In the State of Palestine, Handicap International is implementing a project to enhance disability inclusion in regular education in the Gaza strip. A barrier needs assessment on education access for children with disabilities showed (i) there was limited awareness about disability, education policies that promote education for all and inclusive education among education stakeholders; (ii) school curriculum and teaching materials were not adapted to the needs of children with disabilities; and (iii) there were negative attitudes and behaviours towards persons with disabilities in the community. Handicap International shared the results at different levels, organizing meetings with partners and parents to raise awareness. As a member of the Gaza education sub-cluster, its recommendations were shared and led to including children with disabilities in cluster contingency plans. The findings also were used as a reference for the education cluster during the development of the Strategic Response Plan and Humanitarian Needs Overview, which ultimately identified children with disabilities as a top priority among vulnerable groups for the education sector in 2016 (Handicap International).

### **Programme monitoring and evaluation**

- m. Develop prioritized disability specific indicators to monitor prog-

ress in reaching and meeting the needs of children with disabilities. Indicators may include:

- Percentage of schools or learning spaces accessible to children with disabilities.<sup>50</sup>
  - Percentage of teachers trained on inclusive education for children with disabilities.
- n. Disaggregate monitoring data related to beneficiaries by disability, sex and age.
- o. Document and report progress made on reaching children with disabilities and meeting their education needs in humanitarian monitoring and reporting (e.g., in situation reports [SitReps], humanitarian dashboards, six-monthly or annual reports).
- p. Include questions on whether children and women with disabilities are accessing education and related interventions and facing any challenges in real-time monitoring, using mobile phones and text messages, joint monitoring with partners, post-distribution monitoring and assessment. Ask questions such as, “Did children and adolescents with disabilities access temporary learning spaces?” or “Were appropriate assistive devices and their maintenance available?”

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<sup>50</sup> Indicator adapted from Humanitarian Indicator Registry, Education Cluster, code E-1-20, subdomain Facilities and services: <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 education 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 education interventions, both main streamed and targeted, achieve the expected results?
- To what extent did the interventions have unexpected effects?
- To what extent did needs assessments identify the specific education 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 education programmes on disability connected with the humanitarian response?
- Have there been lasting or sustained benefits as a result of connecting ongoing education programming on disabilities with the humanitarian response?

- q. Analyse information gaps in assessments and bottlenecks in implementation of inclusive education humanitarian programmes (e.g., through workshops with partners or the development of a paper).
- r. Document and share lessons learned on inclusion of children with disabilities in education in emergencies in both formal and non-formal settings such as through case studies (see *Section 8.2*).
- s. See *Section 6.6.c* for accessible complaint and feedback mechanisms.

## 7.3 Planning

- a. Despite the urgency of a humanitarian response, there are ways to draw on the abilities and unique experience of children, adolescents and adults with disabilities and include them in the response (see *Section 9.2*).
- b. When developing or providing feedback on emergency plans (such as Inter-Agency Humanitarian Response Plans, Regional Response Plans and UNICEF humanitarian work plans), include the education needs of girls and boys with disabilities, identify barriers to accessing education interventions and add activities that include children with disabilities.
- c. Include children and adolescents with disabilities as a specific category of people to be reached in response plans by developing:
  - A strategy that articulates prioritized actions for reaching children with disabilities;
  - Targets and prioritized indicators to track the extent to which children with disabilities are reached.
- d. Consider children with disabilities when setting beneficiary selection criteria based on situation analysis, taking into account barriers and risks they face.
- e. If data are not available on sex, age, disability and protection needs of children with disabilities and barriers to accessing services, identify this as an information gap and initiate actions to address it.

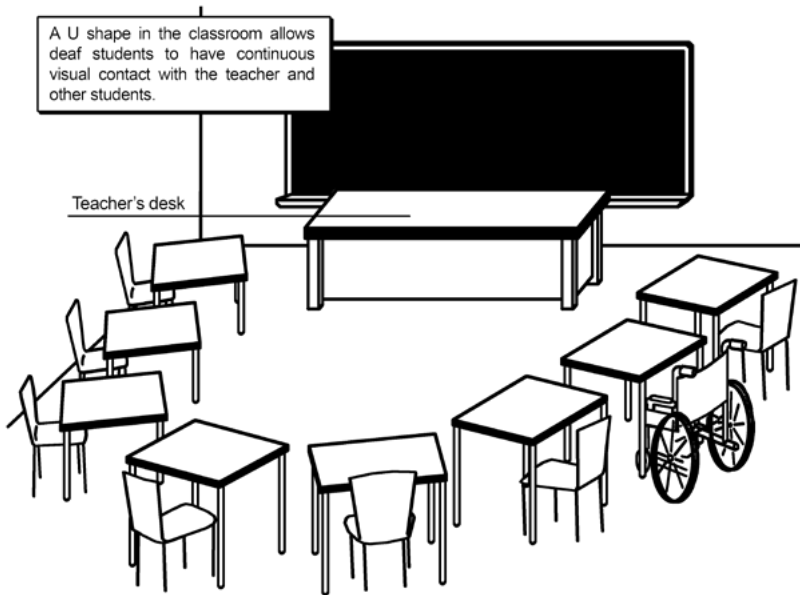
## 7.4 Making education interventions inclusive and accessible

- a. Adapt regular education curricula and teaching methods to facilitate access to learning for children with disabilities, particularly children with intellectual and learning disabilities. This may include:



- Encouraging teachers to adapt their communication and instructional style (e.g., using more concrete examples or hands-on activities, allowing questions to be answered either in writing or verbally, providing multiple choice options).
  - Increasing flexibility in the classroom (e.g., varying the number and difficulty of lessons the child is expected to learn, increasing the time allowed for learning and tests/exams, adjusting the curriculum content to the level of the child's understanding).
  - Providing additional support to students with disabilities (e.g., one-on-one help through classroom assistants, volunteers or peer-to-peer support systems, small group activities rather than only individual work, use of supplemental materials such as counters, number lines, alphabet boards, key word lists).
- b. Train teachers to create their own inclusive and accessible teaching and learning materials using low-cost, recycled and local materials.
- c. Raise awareness among teachers on classroom configurations that allow participation for children with different types of disabilities (see *Figure 2*).

**Figure 2: Classroom configuration for children with different types of disabilities**



**Source:** Adapted from Sarah Riazati, DeafCulture, 2017

- d. Modify existing programmes for infants and young children such as community-based parenting programmes, early childhood development and early childhood interventions<sup>51</sup> to address the needs of young children with disabilities. These include early detection and management of disabilities and play-based stimulation (see Section 9.5).
- e. Train teachers and assistants to recognize different types of disabilities in order to support children's participation in learning activities and to make health service referrals for screening and assessment. Indications of a disability may include:<sup>52</sup>

<sup>51</sup> For more information, see Open Society Early Childhood Intervention video: [www.unicef.org/disabilities/index\\_65317.html](http://www.unicef.org/disabilities/index_65317.html).

<sup>52</sup> Adapted from the checklists developed by UNESCO (2010), *Guidebook*

- Signs that a child or adolescent may have a vision disability (low vision or blind) are difficulties reading or locating objects.
  - Signs that a child or adolescent may have a hearing disability (hard of hearing or deaf) are difficulty paying attention, poor speech development or talking loudly or softly; difficulty following instructions; turning the head to listen; watching other students before starting their own work; giving answers that are unrelated to the question; and reluctance to participate in oral activities.
  - Signs that a child or adolescent may have a communication or speech disability are similar to those of a child with a hearing disability. However, these children may hear sounds and may attempt to follow speech, but be difficult to understand or have no speech, even though they may be able to follow instructions.
  - Signs that a child or adolescent may have an intellectual disability are less developed verbal, comprehension, play and socialization skills compared to children the same age.
  - Signs that a child or adolescent may have a physical disability are difficulties walking, climbing stairs, moving and using his/her limbs.
- f. Include psychosocial support interventions in education programmes, adapting materials and communication to be accessible and inclusive for children with disabilities (see *Sections 9.2 and 9.3 and Protection booklet*<sup>53</sup>).
- g. Organize awareness-raising sessions on the increased protection risks faced by children with disabilities, including bullying, violence and road safety (see *Protection booklet*<sup>54</sup>).

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for *Planning Education in Emergencies and Reconstruction, Chapter 2.4 Children with disabilities*, and INEE (2012), *INEE Good Practice Guide: Inclusive Education of Children at Risk – Persons with disabilities*.

<sup>53</sup> See <http://training.unicef.org/disability/emergencies/protection.html>.

<sup>54</sup> See <http://training.unicef.org/disability/emergencies/protection.html>.

- h. Sensitize peers about disabilities to reduce the prevalence of bullying of children with disabilities and foster mutual support, communication and play among children with and without disabilities (see *Section 9.5*).
- i. Mobilize social workers, psychologists and community workers experienced in psychosocial support for children with disabilities to train teachers and assistants and, when relevant, provide direct support.

### **Example: Protecting children with disabilities in learning spaces**

In Chad, Handicap International and Cooperazione Internazionale (COOPI) are implementing formal and non-formal inclusive education activities in existing education facilities in Bol region for children affected by the crisis around Lake Chad. The programme aims to improve access to a quality education in a safe, protective environment for all children, including those with disabilities. In these learning spaces, in addition to education opportunities, the teachers provide mine risk education and psychosocial support – increasing the resilience of children with and without disabilities (Handicap International).

- j. Encourage collaboration among special education, regular schools and temporary learning spaces. This may include facilitating technical support/exchanges between teachers, establishing resource rooms or in-class support by assigning teaching assistants to children with disabilities in regular schools or temporary learning spaces.
- k. If special schools are already functioning in parallel with inclusive regular schools, organize joint recreational and sport activities and other opportunities for children with and without disabilities to learn and socialize together (see *Section 9.5*).

### **Example: Inclusive education in Kenya's refugee camps**

In Kenya, children with disabilities in Dadaab refugee camps are included in regular schools and attend support classes. Special education staff visit the three camps, advising teachers about meeting the educational needs of children with disabilities. They also make home visits to conduct educational assessments, prepare children with disabilities for school, ensure appropriate placements, provide parental guidance and counselling and promote general awareness on disability issues. The programmes are entry points for other services, including early childhood intervention for young children with disabilities, health services and psychosocial support for families of children with disabilities (WRC, 2008).

- l. Provide technical and vocational education/skills training for out-of-school adolescents with disabilities, reserving a quota in vocational training centres for students with disabilities.
- m. Establish itinerant teaching programmes (*see Glossary, Section 11*), home-based education and mobile skills training units for displaced or refugee populations living in camps and for children with disabilities living far from education interventions and facilities and who are facing barriers to access them (PACDLD, 2014).
- n. Plan accessible transport and transportation allowances for centre-based programmes for children and adolescents with disabilities, including an allowance for caregivers or peer companions.<sup>55</sup>
- o. Organize adults to escort groups of children and adolescents with and without disabilities for safe travel to temporary learning

<sup>55</sup> For more information on accessible transport for children with disabilities, see [www.globalride-sf.org/TransportingChildren/GuideToSchool.pdf](http://www.globalride-sf.org/TransportingChildren/GuideToSchool.pdf).

spaces and schools, taking into consideration the accessibility of routes.

- p. UNICEF emergency kits (School-in-a-Box, early childhood development and recreation kits) have guidance on including children with disabilities.<sup>56</sup> Use the guidance to adapt activities so children with disabilities can participate.
- q. Plan and supervise accessibility compliance in construction, reconstruction and repair of schools, including WASH facilities in schools and temporary learning spaces. Choose accessible locations for temporary and permanent education facilities for children and adults with different types of disabilities (see *Section 10*).<sup>57</sup>
- r. Signs that provide information, including the location of temporary learning spaces, can be made accessible (see *Section 10*).

### **Social Protection**<sup>58,59</sup>

- s. While designing social protection programmes, consider that households with persons with disabilities may face financial hardship in emergencies due to disruption of services and social protection benefits, additional costs of health services, assistive devices and loss of income due to caring for a family member with a disability.
- t. Identify existing social protection programmes for persons with disabilities (e.g., disability allowances, pensions, free transport passes, special needs education grants, food subsidy coupons)

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<sup>56</sup> Disability guidance for the UNICEF emergency kits can be found at [www.unicef.org/supply/index\\_78176.html](http://www.unicef.org/supply/index_78176.html).

<sup>57</sup> For Temporary Learning Spaces design and construction guidance, see <https://reliefweb.int/report/world/compendium-transitional-learning-spaces-tls-resilient-design-and-construction>.

<sup>58</sup> See Glossary, Section 11.

<sup>59</sup> For more information on social protection and humanitarian action see [https://www.unicef.org/socialpolicy/index\\_socialprotection.html](https://www.unicef.org/socialpolicy/index_socialprotection.html).

and consider using or modifying them to reach children with disabilities.

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

## **Partnerships**

- v. Disability expertise can be mobilized through existing partnerships or by establishing new partnerships with government agencies (e.g., ministries of education, social welfare), DPOs, disability specific NGOs and by recruiting short-term consultants (see *Box 7*).
- w. Civil society organizations, such as women's rights and human rights associations, may have expertise in cross-cutting issues for disability, gender, age and other factors that may put children with disabilities more at risk in emergencies.

## **7.5 Human resources**

- a. Consult and recruit persons with disabilities in response and early recovery processes, adding first-hand expertise on issues faced by children and adults with disabilities (see *Box 5*).

### Box 7: Disability expertise

- While developing humanitarian rosters, identify personnel with expertise on children with disabilities by including this skill to the experience column.
- Identify team members with previous experience working either directly with children with disabilities or on disability related issues.
- In job descriptions for education related positions (e.g., teachers, assistants) designate experience working with children with disabilities or on related issues as a desirable asset.
- Encourage men and women with disabilities to apply for staff, consultancies and volunteer positions.<sup>60</sup>
- 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 reference for consultancies or partnerships to engage disability experts (e.g., special educators, speech and language therapists, occupational therapists, sign language interpreters) when relevant.

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<sup>60</sup> UNICEF has an Executive Directive on Employment of Persons with Disabilities. There is also a Disability Accommodation Fund, which provides support to staff members with disabilities for different types of individual accommodations. In 2016, UNICEF also established a Greening and Accessibility Fund to support UNICEF offices to make premises disability accessible.



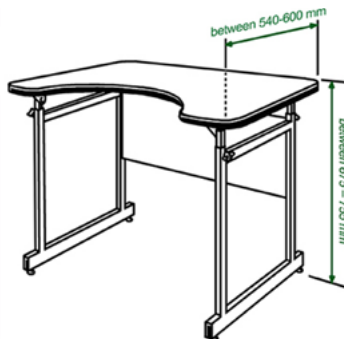
### Example: A woman's leadership in humanitarian coordination

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

## 7.6 Procurement and supplies

- During the procurement and planning of supplies, consider whether products can be used by children with various disabilities. (See *Figure 3* and *Sections 6.3 n and o*.)

**Figure 3:** Desk suitable for wheelchair users



Source: Adapted from AbleData, 2017

- b. Reach out to government departments (e.g., health, education, social welfare), DPOs and organizations working with persons with disabilities for products and information related to disability, such as assistive products (see *Section 6.3.n–v*).
- c. Distribute the supplies planned and procured in an education contingency plan (see *Section 6.3.n–v*). Update items and quantities based on the findings of needs assessments and surveys.
- d. For the provision and distribution of assistive devices, collaborate with health actors and include information on the device’s use and ongoing maintenance (see *Health booklet*<sup>61</sup>).

## 7.7 Funding and budgeting

- a. In fundraising documents (e.g., flash appeals, Humanitarian Action for Children appeals,<sup>62</sup> fundraising brochures and infographics):
  - Introduce information on educational needs and priority actions for children with disabilities. For example, a flash appeal could state: “Children with disabilities are one of the most excluded groups from education at all levels. Particular attention will be given to the education needs of children most at risk, including children with disabilities.”
  - Use positive language to refer to children with disabilities (see *Section 9.1*).
- b. When developing proposals, allocate dedicated budgets for human resources, accessible education facility repair and reconstruction, capacity development, assistive devices, accessible learning materials, awareness raising, training and related costs.

<sup>61</sup> See <http://training.unicef.org/disability/emergencies/education.html>.

<sup>62</sup> UNICEF’s Humanitarian Action for Children sets out the organization’s annual appeal and its goals in providing children access to safe water, nutrition, education, health and protection across the globe.

- c. When evaluating proposals from humanitarian actors, assess and provide feedback on the extent of inclusion of children and adolescents with disabilities, encouraging organizations to demonstrate how their education activities, monitoring and results are disability inclusive.
- d. Identify and fund projects that include children with disabilities and their families. Consider the following criteria when selecting projects:
  - Disability is included in the needs assessment;
  - Data are disaggregated by sex, age and disability;
  - Planned and budgeted activities, as well as related indicators and outcomes, consider the protection needs of children with disabilities or are specifically directed towards them (see *Section 7.4*).
- e. Track funding and projects dedicated to responding to the education needs of children with disabilities (e.g., financial tracking systems or country pooled funds).<sup>63</sup>

## 7.8 Capacity development

- a. Identify scheduled training opportunities or request partners to conduct training on inclusion of children and adults with disabilities<sup>64</sup> and nominate staff to attend.
- b. Conduct training on inclusion of children and adolescents with disabilities for education staff, utilizing the training resources identified and modules developed during the preparedness

<sup>63</sup> For more information, see Humanitarian Programme Cycle: Resource mobilization: <https://www.humanitarianresponse.info/programme-cycle/space/page/resource-mobilization>.

<sup>64</sup> NGOs working with persons with disabilities, DPOs, or government ministries or departments organize trainings on the needs of children with disabilities in the country or region.

phase (see Section 6.4.d).

- c. Where possible, conduct relevant training at different levels for education coordination personnel, data collection teams, Ministry of Education staff, school management committees, school reconstruction committees, teachers (in schools and itinerant programmes), temporary learning space facilitators, community volunteers, social workers, parents groups and lead parents (see Section 6.4.d).
- d. Engage adults and young people with disabilities as outreach team members and community volunteers.
  - Allocate training resources to develop their capacity in identifying children with disabilities and providing information and referrals.

## **7.9 Behaviour change communication and communication for development**

- a. Share information on existing education programmes and interventions for children and adolescents with disabilities in temporary learning spaces, parent groups and during outreach.
- b. Provide education related information in at least two different formats, such as posters, banners or signs, text message campaigns, audio announcements on radio or community loudspeakers (see Section 9.3).
- c. Include positive images of children, adolescents and women with disabilities in materials to ensure communication campaigns help transform attitudes and reduce stigma and discrimination towards people with disabilities.
- d. Mitigate stigma, myths or jealousy that may result from targeted interventions (e.g., cash grants, assistive devices) through communication for development interventions. For example, hold open discussion meetings with local communities and host populations to explain humanitarian activities and disability targeted interventions, such as transport allowances and assistive

devices distributions (see Section 4.1).

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

### 7.10 Checklist for response and early recovery

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

<b>Considerations for including children with disabilities in response and early recovery</b>	
<b>Coordination</b>	
Does the education cluster/working group have a disability focal point or focal agency or task force?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<p>Have issues related to children with disabilities been included in education cluster/working group plans?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p><b>Assessment, monitoring and evaluation</b></p>	
<p>Have available data on children with disabilities been compiled (e.g., from government departments related to disabilities, special schools, NGOs, DPOs)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p>Are data on education programmes disaggregated by disability (e.g., data on Education Information Management Systems, school registers, needs assessments)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Do education needs assessments and referral forms consider the needs of children with disabilities and disaggregate data by disability (see <i>Box 4</i> )?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Do education related monitoring, reporting and evaluations (SitReps, dashboards, real-time monitoring and evaluations, joint evaluations) capture information on access to education programmes and interventions, and challenges faced by children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<p>Are children with disabilities, their families and DPOs included while consulting affected populations?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p><b>Planning</b></p>	
<p>Have current services and programmes for children with disabilities been mapped (e.g., special and inclusive schools, resource rooms, Braille printers)?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
<p>Notes:</p>	
<p><b>Inclusive and accessible child protection interventions</b></p>	
<p>Have curricula and learning materials in regular education, early childhood development and early childhood intervention been adapted to meet the education needs of children with disabilities?</p>	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed



Notes:	
Has psychosocial support been included in education programmes?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Are staffed resource rooms and teacher assistants for in-class support available in schools?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Has a transport and/or transportation allowance been planned for children with disabilities who have difficulty reaching activities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Have accessible construction, reconstruction and repair of schools – including school WASH facilities – been planned?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
<b>Human resources</b>	
Have existing education staff and personnel with expertise on disability related issues been identified?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<b>Funding and budgeting</b>	
<p>Are children with disabilities visible and their issues and needs highlighted in fundraising documents (e.g., flash appeals, Humanitarian Action for Children appeals, brochures, proposals)?</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
<p>Notes:</p>	
<b>Capacity development</b>	
<p>Have education staff received training on inclusion of children with disabilities (e.g., adapting services to be inclusive, communicating with children with disabilities)?</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
<p>Notes:</p>	

<b>Procurement and supplies</b>	
Have collaborations been established with government departments, DPOs and NGOs on products and supplies for children with disabilities (e.g., assistive devices)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have adapted/accessible learning materials been made available (e.g., specific learning materials, communication boards, Braille books, audio books)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
<b>Behaviour change communication/communication for development</b>	
Are communication materials developed as part of education programmes in at least two formats (e.g., written and audio)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:

Are children with disabilities visible in education-related communication campaigns and messaging (e.g., photos of children and women with disabilities included in materials)?

Planned

In progress

Completed

Notes:



In Amman, Jordan, makani centres (child-friendly spaces) provide learning opportunities for children and adolescents with disabilities of all different ages.

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

### 8.1 Coordination and planning

- a. Identify ministries and departments with education programmes and interventions for children with disabilities initiated during the response phase that could be further consolidated as part of recovery planning.
- b. Work with government counterparts to include disability inclusive interventions established in the response into relevant regular education programmes and training plans (see *Section 8.8*), partnerships and ongoing support, and as part of education systems strengthening (see *Section 8.9*).
- c. Incorporate data, information on interventions and resources relevant to disability generated during the response and early recovery phase into existing government and international mechanisms so they are not lost and can be available for future use.
- d. Work with partners (relevant government departments, disability related NGOs, DPOs and private sector) to facilitate access to assistive devices for the most vulnerable families (e.g., through grants, health insurance or social protection benefits and by streamlining procurement).
- e. Establish long-term partnerships with disability related organizations including DPOs and NGOs working on issues related to disability (see *Box 5*).

- f. Support DPOs to strengthen their capacity and engage them both in recovery planning and in disaster risk reduction.<sup>65</sup>

## 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 and other administrative data collection mechanisms such as Education Management Information Systems (see Box 4).<sup>66</sup>
  - Education administrative data can be more inclusive by disaggregating data by disability, gathering data on the accessibility of the environment and materials, and collecting data on human resources and services for children with disabilities (e.g., trained professionals, resource rooms, Braille printers, etc.).
- b. See 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, to influence both data collection and key policy and planning discussions, which will provide opportunities to strengthen education systems to include children with disabilities.<sup>67</sup>

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<sup>65</sup> See WRC resource, *Strengthening the Role of Women with Disabilities in Humanitarian Action: A facilitator's guide*:

<https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1443-humanitarian-facilitators-guide>.

<sup>66</sup> For more information, see the technical guidance, *Guide for Including Disability in Education Management Information Systems*: [http://training.unicef.org/disability/emergencies/downloads/guide-for-including-disability-in-education-management-information-systems-\(emis\)-\(1\).pdf](http://training.unicef.org/disability/emergencies/downloads/guide-for-including-disability-in-education-management-information-systems-(emis)-(1).pdf).

<sup>67</sup> Post-disaster needs assessments are often conducted by the European Union, the World Bank and the United Nations Development Programme



- d. Collect and present data on children and adolescents with disabilities in post-disaster needs assessments and related reporting, addressing any identified information gaps (see Box 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 the recovery of their environment and themselves (see Section 7.2.k.).
- f. Consider the use of the *Child Functioning Survey Module* in education surveys to identify children with disabilities and for disaggregation of data by disability (see Box 4).

### Programme monitoring and evaluation

- g. Capture good practices (what worked and why) that promote the inclusion of children with disabilities (e.g., through lessons-learned exercises) and use findings to provide recommendations for ongoing education programmes.
- h. Conduct targeted surveys (such as knowledge, attitude and practice or participatory assessments) focusing on households with children with disabilities to assess their level of recovery and access to education programmes and interventions, and to identify out-of-school children with disabilities.<sup>68</sup>
- i. Include qualitative data collection activities (e.g., focus group discussions) that can record the impact and change in the lives of children and adolescents with disabilities and describe lessons and challenges in evaluation and reporting.
- j. Study other factors, such as gender, age and type of disability, to see which groups of children and adolescents have been under-represented in programming.

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(UNDP).

<sup>68</sup> For more information on mapping out-of-school children with disabilities, see UNICEF's technical booklet and webinar: [www.inclusive-education.org/sites/default/files/uploads/booklets/IE\\_Webinar\\_Booklet\\_5.pdf](http://www.inclusive-education.org/sites/default/files/uploads/booklets/IE_Webinar_Booklet_5.pdf).

- k. Include access of children with disabilities to education programmes and interventions in all evaluations (see *Box 6*).

### **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 disability inclusive interventions, lessons learned and case studies from the 10 international and local organizations that make up the ADTF. A number of case studies include education interventions such as the Sightsavers case study, which highlights the organization's support to the Federal Education Directorate's pilot on inclusive and child-friendly schools (CBM, 2011).<sup>69</sup>

## **8.3 Social protection<sup>70</sup>**

- a. Social protection plays an important role in transforming relief interventions into long-term recovery programmes. For instance, cash in emergencies can evolve into predictable medium- or long-term social protection mechanisms.
- b. Where relevant, consider converting emergency cash transfer programmes for households with children with disabilities into grants that can reduce financial barriers to education (see *Section 7.4.s–u*).

## **8.4 Accessible infrastructure**

Reconstruction and rehabilitation of protection-related facilities offer

<sup>69</sup> For full report, see [www.cbm.org/article/downloads/54741/ADTF\\_Report.pdf](http://www.cbm.org/article/downloads/54741/ADTF_Report.pdf).

<sup>70</sup> For more information on social protection and humanitarian action, see [https://www.unicef.org/socialprotection/framework/index\\_61912.html](https://www.unicef.org/socialprotection/framework/index_61912.html).

the opportunity to build back better, safer and more accessible.

- a. Urge and support relevant ministries and departments to review the accessibility of designs planned for the reconstruction of temporary and permanent education infrastructure, including schools and their WASH facilities (see *Section 10*).
- b. Advocate for accessibility to be a key component in reconstruction plans (see *Section 10*).
- c. Promote accessibility in national building codes and standards and other relevant policies.

## 8.5 Human resources

- a. Work with Education Ministry and departments and civil society organizations to develop databases and rosters of persons who have disability related training and experience (see *Box 7*).
- b. Support local government in reviewing human resources (e.g., teachers, assistants, speech and language therapists, early childhood development specialists, occupational therapists), advocating for sufficient numbers of qualified staff to address the needs of children with disabilities.
- c. In an environment with mines and explosive remnants of war, integrate mine risk education into existing public awareness and education programmes.

## 8.6 Procurement and supplies

- a. Encourage education and health departments and ministries to develop catalogues of assistive devices for a range of disabilities.<sup>71</sup>

<sup>71</sup> 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](http://www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en).

- b. Establish long-term agreements with suppliers of inclusive and accessible supplies, such as assistive devices, grab rails for WASH facilities, books in Braille, large print, simplified format (easy-to-read) or symbol-supported text, audio, and toys and learning materials modified for children with disabilities (see *Section 6.3.n and o*).
- c. Map other agencies that procure and provide assistive devices. Bulk procurement can reduce costs.
- d. Support local and national government in integrating inclusive supplies for schools and training centres (e.g., 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 education needs of children and adolescents with disabilities in post-emergency needs assessment reports and final cluster and country reporting.
- b. Support local and national governments to develop inclusive and participatory planning and budgetary processes, engaging in focus group discussions with DPOs, other disability groups, parent associations, experts, and children and adolescents with disabilities to help prioritize education interventions and use financial resources more efficiently (see *Box 5 and Section 7.2.k*).

## 8.8 Capacity development

- a. Work with government counterparts in education ministries or departments to mainstream training modules on disability into regular education training.
- b. Conduct awareness-raising sessions on the education rights and needs of children with disabilities for local authorities, teachers,

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

### **Example: Building resilience in Nepal's adolescents**

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

## **8.9 Policies**

- a. Review national education policies and frameworks to determine whether they consider disability and strengthen education systems to be inclusive.
- b. When assessing inclusive education policies that cover children with disabilities, the UNICEF internal monitoring tool can be used (see *Annex B*).<sup>72</sup>
  - The tool assesses countries on 1–4 scale indicators against specific criteria covering the 6 following areas of inclusive education policy covering children with disabilities: law/policy; physical environment; materials and communication; human resources; attitudes; and education management information systems.

<sup>72</sup> This tool was developed by UNICEF to monitor Outputs of its Strategic Plans. The criteria to be used by country offices for reporting are described in the guidance for country offices to monitor education outcomes/Goal Areas in the 2014–2017 and 2018–2021 Strategic Plans.

- c. Based on the review, provide recommendations and advocacy messages for the amendment of existing policies or the development of new policies inclusive of children with disabilities. Policy recommendations may include:
- Equal access and participation of children with disabilities in regular schools through inclusive education programmes (e.g., children with and without disabilities study together in inclusive settings rather than segregated in special schools).<sup>73</sup>
  - Accessibility for both education infrastructure and teaching and learning materials.
  - Incorporation of inclusive education in compulsory pre-service and in-service teacher education/training so that current and future teachers have the skills to include children with disabilities in regular settings.
  - Inter-ministerial coordination to support access to education for children with disabilities (e.g., social welfare creates simplified registration processes for disability identity cards and related grants such as transportation support and school grants).
  - Disability responsive budgeting to use existing resources strategically (e.g., adapting funding already in place for teacher training and reallocating some funds for inclusive education) and develop funding formulae that account for costs associated with including children with disabilities.
  - Support for mine risk education and survivors' assistance programmes.

<sup>73</sup> See UNESCO's *Guidebook for Planning Education in Emergencies and Reconstruction* (p. 96) for a list of advantages and disadvantages of special schools: <http://unesdoc.unesco.org/images/0019/001902/190223e.pdf>. More information on special/integrated/inclusive approaches can be found in Save the Children (2002), *Schools for All: Including disabled children in education*, pp. 9–13: [www.eenet.org.uk/resources/docs/schools\\_for\\_all.pdf](http://www.eenet.org.uk/resources/docs/schools_for_all.pdf).

## Box 8: Education Sector Analysis

The reconstruction process, when significant resources are being invested in systems, capacities, physical structures, as well as the use of digital technologies, provides an opportunity to work towards more accessible and inclusive approaches to education (UNICEF, UNESCO, World Bank and Global Partnership for Education, 2014). Consider children with disabilities when conducting an Education Sector Analysis (see *Glossary, Section 11*) to inform education system reforms within education sector plans. Inclusive education for children with disabilities can be included in comprehensive Education Sector Analysis or as a stand-alone analysis, and can be informed by guidance.<sup>74</sup> Within the country context, the analysis can consider:

- What disparities exist in access and learning achievement for children with disabilities;
- To what extent do laws and policies consider inclusive education for children with disabilities;
- What disability related system capacity, including within data systems, exists;
- What barriers exist for children with disabilities related to inclusive early learning programmes, access to schools and the teaching and learning environment;
- What barriers exist within families (such as attitudes and financial challenges);
- What is the cost of inclusive education systems for children with disabilities.

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<sup>74</sup> UNICEF, UNESCO, the World Bank and the Global Partnership for Education (GPE) have developed Education Sector Analysis guidelines to support Governments in the preparation of country-specific education sector-wide

**Example: Transitioning from special education to inclusive education in the State of Palestine**

The Ministry of Education and Higher Education in the State of Palestine requires that all new schools be built to accommodate children with disabilities. Additionally, the Ministry has launched – with nine United Nations agencies – an Education for All package to ensure quality education for all Palestinian children through teacher training. Inclusive education is its ultimate aim, but the Ministry recognizes that in the short term it is not always possible. For now, it provides support to 15 special schools for children with Down syndrome and visual or hearing disabilities. In addition, 188 resource rooms have been established in elementary schools across the West Bank to provide individual academic and therapy support for children with disabilities who require assistance (UNICEF, 2016b).

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analyses. The forthcoming Volume 3 of the guidance will have a chapter on inclusive education for children with disabilities (draft available upon request). In 2017, the draft chapter is being piloted in Ghana and, when finalized, will be available here: [www.globalpartnership.org](http://www.globalpartnership.org).



## 8.10 Checklist for recovery and reconstruction

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

<b>Considerations for including children with disabilities in response and early recovery</b>	
<b>Coordination and planning</b>	
Are collaborations with ministries and departments that provide education opportunities for children with disabilities sustainable in the long term?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
Have issues related to children with disabilities been included in education recovery plans?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
Do plans to strengthen education systems include provisions for children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
<b>Assessment, monitoring and evaluation</b>	
Do national information systems (e.g., Education Management Information Systems) collect data on children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<p>Do education needs assessments related to recovery and reconstruction reflect the needs of children with disabilities and include disaggregated data by disability?</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
<p>Notes:</p>	
<p>Do education related monitoring, reporting and evaluations capture information on access to services and challenges faced by children with disabilities?</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
<p>Notes:</p>	
<p>Are children with disabilities, their families and DPOs consulted as part of recovery and reconstruction?</p>	<p><input type="checkbox"/> Planned</p> <p><input type="checkbox"/> In progress</p> <p><input type="checkbox"/> Completed</p>
<p>Notes:</p>	

<b>Accessible infrastructure</b>	
Does reconstruction of education infrastructure (e.g., schools, playgrounds) have disability accessibility as a criterion?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
<b>Procurement and supplies</b>	
Have partnerships been established with government and service providers for providing assistive devices and adapted learning materials for children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
<b>Human resources</b>	
Do humanitarian related databases and rosters capture information on staff and personnel with expertise on disability (e.g., special education teachers, sign language interpreters)?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Notes:	
<b>Funding and budgeting</b>	
Do education reconstruction budgets include funding for accessible facilities and interventions for children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	
<b>Capacity building</b>	
Does education in emergencies training include components on how to respond to the rights and needs of children with disabilities?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	

<b>Policies</b>	
Have education policies been reviewed to strengthen inclusive education systems?	<input type="checkbox"/> Planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed
Notes:	



Saja, 13, plays with her football. "I love playing football. When I play football, I don't feel like I've lost anything at all," she says. Saja lost her four best friends in a bomb attack in Aleppo, Syria when she also lost her leg.

This section is a reference for humanitarian officers when engaging directly with children and adolescents with disabilities and their families, including caregivers with disabilities (e.g., during consultations with affected populations, when visiting temporary learning spaces or when designing messages for affected populations).

## 9.1 Terminology<sup>75</sup>

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

- a. Use person-first terminology (e.g., ‘child with a disability’, not ‘disabled child’; ‘girl who is blind’ or ‘girl with a vision impairment’ rather than ‘blind girl’).
- b. Do not use terms that have negative connotations, such as suffer, suffering, victim or handicapped. Say ‘wheelchair user’ rather than ‘wheelchair bound’ or ‘confined to a wheelchair’.
- c. Use ‘persons without disabilities’, rather than ‘normal’ or ‘regular’ persons.
- d. Do not use acronyms to refer to children with disabilities (CWD) and persons with disabilities (PWD).<sup>76</sup>
- e. Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual and psychosocial impairments (see *Glossary, Section 11*).

<sup>75</sup> For information on terminology related to disabilities, see the UNICEF Inclusive Communications Module: [www.unicef.org/disabilities/index\\_90418.html](http://www.unicef.org/disabilities/index_90418.html).

<sup>76</sup> The Convention on the Rights of Persons with Disabilities uses the terminology ‘children with disabilities’ and ‘persons with disabilities’. As a response to the long-standing stigma and discrimination faced by children and adults with disabilities, they prefer to be referred to as children and persons and an abbreviation denies that.



## 9.2 Communicating with children and adolescents with disabilities<sup>77</sup>

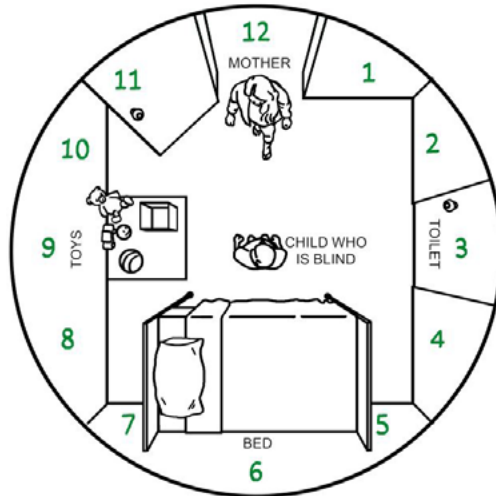
- a. When possible, talk to and try to get information directly from the child or adolescent with a disability and not only through their caregivers.
- b. Be patient. Do not make assumptions. Confirm understanding what the child has expressed.
- c. Where required, identify community members who can facilitate communication with children with disabilities (e.g., sign language interpreters, DPOs, inclusive education or special education teachers, caregivers of children with disabilities, speech and language therapists).
- d. Trained or specialist staff working with children with disabilities, such as speech and language therapists and early childhood specialists, can support caregivers to communicate and interact with their child or adolescent with a disability.
- e. Children and adolescents with hearing disabilities (deaf or hard of hearing) often use sign language. If the child or caregiver does not know sign language, use body language, visual aids or key words, and speak slowly and clearly.
  - When speaking to a child who can lip-read, maintain eye contact and do not cover mouth.
- f. For children and adolescents with visual disabilities (blind or low vision):
  - Describe surroundings (e.g., classroom) and introduce people present.
  - Use the 'clock method' (see *Figure 4*) to help older children

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<sup>77</sup> For information on communicating with children with disabilities, see the *UNICEF Inclusive Communications Module*: [www.unicef.org/disabilities/index\\_90418.html](http://www.unicef.org/disabilities/index_90418.html).

and adolescents locate people and items (e.g., ‘the toilet is at 3 o’clock’ if directly to their right or ‘the toys are between 8 and 10 o’clock’ if they are on the left).

**Figure 4: The clock method**



**Source:** UNICEF Disability Section, 2017.

- Touching and feeling different objects can support learning and help identify articles, such as toys, food or cutlery.
  - Ask permission if offering to guide or touch the child or their assistive devices, such as wheelchairs or white canes.
- g. If the child or adolescent has difficulty communicating or understanding messages, use clear verbal communication and consider the following:
- Use objects that represent different activities to support the child’s or adolescent’s understanding and ability to anticipate what will come next and help build routine.
  - Children and adolescents with disabilities can also use items

to ask for things (e.g., pointing to a toilet sign in the classroom).

- Support children and adolescents to develop a book, a board or cards with pictures or drawings related to feelings and responding to questions (see *Figure 5*). This can be used to communicate about issues, health, food or play (Novita, 2007).<sup>78</sup>

**Figure 5: Communication boards and books**



**Source:** Adapted from Novita, 2017.

- Train parents and caregivers to observe and learn the subtle facial expressions or body movements used by the child or adolescent to show their feelings (e.g., uncomfortable, happy, hungry, thirsty).
- Smartphones and tablets can use applications that provide voice output when picture symbols are pressed. There are

<sup>78</sup> If the child is able, more-complex books can be developed with picture symbols arranged in different categories per page (e.g., food, kitchen items, clothes, school items). The same initial sentence starters can be used (e.g., I want, I don't want, I see, I hear, I feel, It is). This allows the learner to us full sentences even if they have no speech.

also devices that can be used as voice output communication aids.<sup>79</sup>

### 9.3 Adapting information for persons with disabilities<sup>80</sup>

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

- a. Formats that are accessible for people with visual disabilities (blind and low vision) include large print, text messages on phones (most smartphones have free voiceover applications), Braille, radio and audio announcements.
- b. People with screen-reading software on their computers can also access electronic information (e.g., emails, word formats).
- c. Formats that are accessible for people with hearing disabilities (deaf and low hearing) include information in print, text messages, captions and sign language interpretation for meetings or television announcements.
- d. Formats that are accessible for people with intellectual disabilities include simple language and visual signs, such as pictograms, drawings, pictures and photos on printed materials.<sup>81</sup>
- e. Organize workshops to engage DPOs, other disabilities groups and children and adolescents with various disabilities in the design, review and dissemination of communication materials such

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<sup>79</sup> For examples of voice output communication aids, see <https://www.nationalautismresources.com/speech-language/assistive-technology/>.

<sup>80</sup> For information on developing inclusive messages, see the UNICEF Inclusive Communications Module: [www.unicef.org/disabilities/index\\_90418.html](http://www.unicef.org/disabilities/index_90418.html).

<sup>81</sup> For an example of an easy-to-read version of the Convention on the Rights of Persons with Disabilities, see [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/345108/easy-read-un-convention.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345108/easy-read-un-convention.pdf).

as radio programmes run by adolescents with disabilities (see *Box 5 and Section 7.2.k*).<sup>82</sup>

## 9.4 Developing messages inclusive of children with disabilities<sup>83</sup>

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

- a. Represent community diversity through pictures of children with disabilities in education information both related and unrelated to disability.
- b. Depict children with different types of disabilities among groups of children rather than by themselves or separated from the group.
- c. Portray children with disabilities and their caregivers actively participating in activities (e.g., handwashing, playing, attending temporary learning spaces).
- d. Adapt existing communication tools to raise awareness on disability.
  - UNICEF Communication for Humanitarian Action Toolkit.<sup>84</sup>
  - UNICEF communication for development: Provide a voice for children and adolescents with disabilities through social mobilization, involve them in communication campaigns as main actors, and focus on positive images of disability with

<sup>82</sup> For an example of accessible communication for people with various kinds of disabilities, see UNDP's inclusive communication on Ebola in Sierra Leone: <https://www.youtube.com/watch?v=M015IGIF1MA>.

<sup>83</sup> For information on developing inclusive messages, see the UNICEF Inclusive Communications Module: [www.unicef.org/disabilities/index\\_90418.html](http://www.unicef.org/disabilities/index_90418.html).

<sup>84</sup> See [https://www.adelaide.edu.au/accru/projects/effectivecomms/6-C4D-CHAT\\_Proof-2.pdf](https://www.adelaide.edu.au/accru/projects/effectivecomms/6-C4D-CHAT_Proof-2.pdf).

the aim of transforming social norms and reducing stigma and discrimination.

## 9.5 Including children with disabilities in sports and play activities<sup>85</sup>

- a. Engage DPOs, volunteer organizations and parents' associations in sports and play.
  - Invite athletes with disabilities to participate in sport activities.
  - Promote peer-to-peer support with children and adolescents with and without disabilities to train and play together, encouraging them to help each other achieve a shared goal.
- b. Urge caregivers to play and engage in stimulation activities with children with disabilities at home and in child-friendly spaces, organizing workshops on play-based stimulation for parents/caregivers and their children (see *Figure 6*).

**Figure 6: Parents and siblings playing with children with disabilities**



**Source:** Adapted from Handicap International, 2010

<sup>85</sup> For more information on including children and adolescents with disabilities in sports and recreational activities, see Handicap International's Sport and Play for All: [https://www.sportanddev.org/sites/default/files/downloads/sport\\_and\\_play\\_for\\_all.pdf](https://www.sportanddev.org/sites/default/files/downloads/sport_and_play_for_all.pdf).

- c. When involving children with disabilities in sports or physical activities, consider the following:
- Promote activities that can be played with little or no adaptation by children with a range of disabilities.
  - Adapt activities to age (e.g., caregiver interaction and play for infants and young children, games that promote social skills for teenagers).
  - Remove hazards for safety and accessibility (e.g., ensure level surfaces and well-lit areas). Evaluate potential risks in games.
  - Determine the objective of the game and adapt it so it can be reached or shared by children with different abilities. For example, musical chairs.<sup>86</sup>
    - Can be played with music and visual stimuli (e.g., raising a hand when the music stops) if children with hearing disabilities are in the group.
    - Can be played with children keeping hand contact with chairs if children with visual impairments are in the group.
  - Modify rules of games to suit all children's abilities. For example, make the play area larger or smaller, use audible or brightly coloured play objects (such as putting bells in balls) or play seated (e.g., seated volleyball).
  - Decrease the duration of the activities and increase the frequency of breaks, as required. (People with physical disabilities may use more energy and concentration to control their body movement.)

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<sup>86</sup> Musical chairs is a circle game with one fewer chair than number of players competing for a chair as they walk around the perimeter. When the music stops, the players find seats and the one left without a chair is eliminated from the game. One chair is then removed to maintain one chair fewer than players. The music resumes and the cycle repeats until there is only the winner left.

- Match children and adolescents with intellectual disabilities who may need support to understand the game's rules with a peer until they feel confident to participate on their own.
- Support children and adolescents with communication disabilities who may need support to understand the game's rules or to participate if speaking is required. Communication books/boards or aids could be used to support participation.
- Provide frequent breaks for children and adolescents with psychosocial disabilities who may be easily overwhelmed or need support to express their feelings or concerns.
- Describe games or provide audio cues for children and adolescents with visual disabilities.
- Give visual cues to children and adolescents with hearing disabilities who may need to orientate themselves to see or participate in the game.





Ali, 9, practices writing the alphabet on a child-friendly space board in a camp for displaced people in Baghdad, Iraq.

People with disabilities experience various barriers to accessing education interventions, schools, temporary learning spaces and related information. These accessibility tips relate to identifying and overcoming physical barriers in the environment and infrastructure. The actions are a minimum standard for making education related infrastructure accessible and can apply to any facility that provides education interventions (e.g., child-friendly spaces, temporary learning spaces, schools).<sup>88</sup>

WASH and protection sector colleagues should be encouraged to ensure that all facilities providing education interventions are accessible to all. Toilets, handwashing, showers and water points within any education facility should be accessible and usable by people with different types of disabilities (see *WASH booklet*<sup>89</sup>).

Where available, accessibility consultants can assist in assessing, planning, supervising and auditing the construction and reconstruction of accessible education facilities.<sup>90</sup>

- a. Review national standards for accessibility. If there are no national standards, international standards can be used to inform the design of schools and temporary learning spaces.<sup>91</sup>
- b. Accessibility is built around the RECU principle: persons with any type of disability can Reach, Enter, Circulate and Use any

<sup>87</sup> All provided specifications are taken from the UNICEF resource *Accessible Components for the Built Environment: Technical guidelines embracing universal design*, <http://www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12 technical cards for accessible construction.pdf> (unpublished UNICEF 2016 document).

<sup>88</sup> For Temporary Learning Spaces design and construction guidance, see <https://reliefweb.int/report/world/compendium-transitional-learning-spaces-tls-resilient-design-and-construction>.

<sup>89</sup> See <http://training.unicef.org/disability/emergencies/wash.html>.

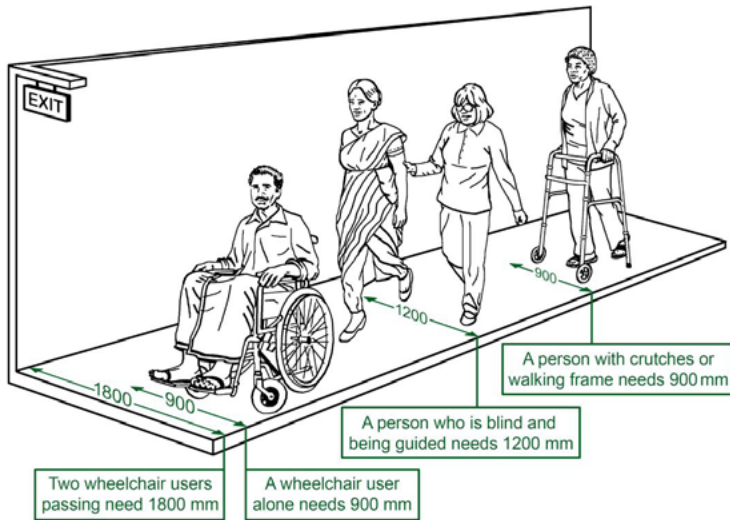
<sup>90</sup> A database of qualified accessibility consultants in many countries and all regions is maintained by GAATES on behalf of UNICEF. Information can be obtained by emailing [disabilities@unicef.org](mailto:disabilities@unicef.org).

<sup>91</sup> Refer to *Building Construction: Accessibility and usability of the built environment* (2011) by the International Standardization Organization (ISO). UNICEF colleagues can access this resource from Supply Division.

protection-related facility in a continuous movement (e.g., without facing barriers).

- c. Consider the location of schools and temporary learning spaces: Are they easy to reach? Are buildings accessible for people with different types of disabilities?
- d. Where possible, select locations and facilities that are already accessible or will be easy to modify (e.g., door widths are 800 mm,<sup>92</sup> ramp can be added to the main entrance).
- e. Pathways should have a minimum width of 900 mm, with the ideal being 1800 mm to allow two wheelchair users to pass each other (see Figure 7). Paths should be firm and even.

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

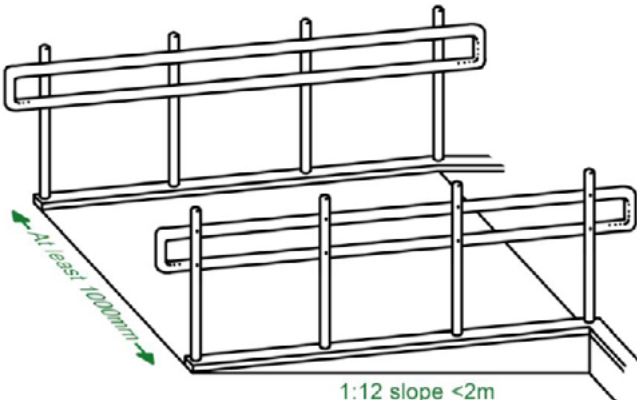


**Source:** Adapted from Oxley, 2002, by DFID and TRL, 2004 (UNICEF, 2016e)

<sup>92</sup> After construction, doors are difficult to retrofit and modify to make wider for wheelchairs to enter the building or rooms.

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

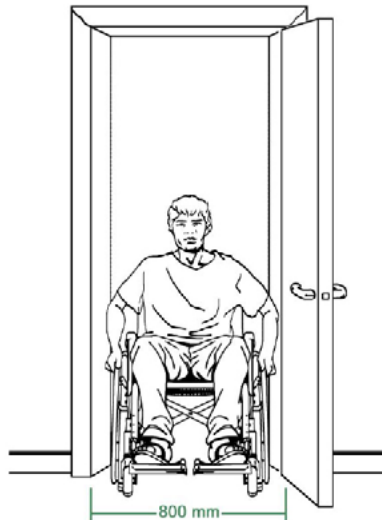
**Figure 8: Ramps**



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

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

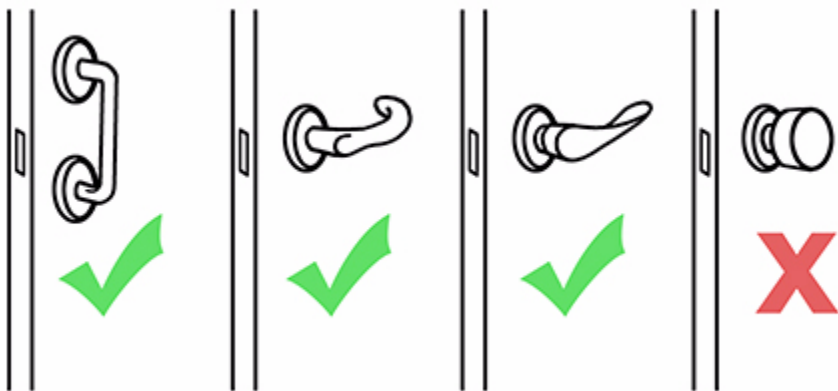
**Figure 9: Doors should be a minimum of 800 mm wide**



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

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

**Figure 10: Easy-to-use door handles**



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

- i. Reduce barriers inside schools and temporary learning spaces by levelling floors and thresholds.
- j. Allow for adequate circulation space within schools and temporary learning spaces.
- k. Make signage related to education interventions and facilities accessible:
  - Install well-lit maps showing the location of available education facilities and arrows for better orientation (e.g., schools, temporary learning spaces).
  - Install all signage addressed to children at child's height and ensure that parents and caregivers are aware of the information to inform their children.
  - Use simple language, pictures, colour contrast, pictograms and tactile elements.

### **Example: Accessible schools in Haiti**

UNICEF Haiti Country Office, in collaboration with the Government, developed an education programme targeting the most vulnerable and disadvantaged children. Among its objectives are increasing access and improving quality of primary education by constructing 15 schools in underserved areas.

In these schools, children with disabilities can easily move about because ramps and paths physically connect buildings and outdoor facilities including sport fields. There are handrails and level, non-slip floor surfaces and all classroom doors are wide enough to accommodate children who use wheelchairs. The height of objects, such as blackboards, stairs and toilets, are also designed for children. WASH in school facilities meet government hygiene standards and are accessible and sustainable. (UNICEF Supply Division).

## Accessibility audits

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

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

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

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

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

**Behaviour change communication:** A research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behaviour change strategies focus on the individual as a locus of change to encourage and sustain positive and appropriate behaviours.<sup>93</sup>

**Caregiver:** The term 'parent' or 'caregiver' is not limited to biological parents, but extends to any guardian providing consistent care to the

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<sup>93</sup> For more information, see <https://www.unicef.org/cbasc>.



child. Caregivers include fathers, mothers, siblings, grandparents and other relatives, as well as child care providers who play a significant role in caring for infants and young children (UNICEF, 2014).

**Communication for development:** A two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them.<sup>94</sup>

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

**Disability:** Long-term impairments that affect the functioning of a person and which in interaction with attitudinal and environmental barriers hinder the person's full and effective participation in society on an equal basis with others (UN, 2006).

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

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

**Education Sector Analysis:** Aims to enable decision makers to orient national policy on the basis on a factual diagnosis of the overall education sector and provide relevant analytical information for the dialogue

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<sup>94</sup> Ibid.

between government, development partners and civil society (UNESCO, UNICEF, World Bank and the Global Partnership for Education, 2014).

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

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

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

**Inclusive education:** An approach that ensures that barriers to participation and learning are removed and that teaching methodologies and curricula are accessible and appropriate for students with disabilities. All individuals are welcomed and supported to make progress and their individual requirements are addressed (INEE 2010b).

**Itinerant teaching programmes:** Itinerant teachers visit and support children with disabilities in different settings, including homes, early childhood centres, schools, communities and hospitals (Meers, 2013).

**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).

**Resource rooms:** Dedicated spaces where extra support is provided to children with disabilities attending regular classrooms, such as using Braille lessons or adapted teaching materials.

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

**Special education:** Children with disabilities receiving an education in a segregated learning environment such as a special school or centre that is often isolated from the community, from other children, or from the mainstream education schools (Handicap International, 2012). Special schools are usually organized according to impairment, such as schools for blind or deaf (Save the Children, 2002).

**Temporary learning spaces, also known as transitional learning spaces:** Non-formal settings where educational activities are conducted when it is not possible to return to the formal school system. They may include open air spaces, temporary shelters, tented schools and child-friendly spaces (UNICEF, 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 needed (UN, 2006).

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The tables, derived from the programmatic actions outlined in this document, list key actions under each education Core Commitment for Children in Humanitarian Action<sup>95</sup> that enhance inclusion of children and adolescents with disabilities.

### Education Core Commitments for Children in Humanitarian Action

**Commitment 1:** Effective leadership is established for education cluster/inter-agency coordination (with co-lead agency), with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

#### Actions to include children with disabilities

A disability focal point/focal agency has been established in education coordination mechanisms/cluster (NGOs working on education of children with disabilities or DPOs may act as a focal agency).

Issues related to children with disabilities have been included in education coordination/cluster plans.

Links have been made between the education and other clusters for critical inter-sectoral actions to include children with disabilities.

**Commitment 2:** Children, including preschool-age children, girls and other excluded children, access quality education opportunities.

#### Actions to include children with disabilities

Education needs assessments consider the needs of children with disabilities.

Information gathering and data collection considers the identification of children with disabilities (e.g., in host communities, refugee camps, internally displaced persons settings, and/or in communities) to ensure access to education programmes and interventions.

Teachers and volunteers have been trained in inclusive education, early identification and referrals.

<sup>95</sup> For more information on the UNICEF CCCs, see [www.unicef.org/emergencies/index\\_68710.html](http://www.unicef.org/emergencies/index_68710.html).

Referral mechanisms have been established in coordination with other sectors (protection, health) for the provision of assistive devices for children with disabilities to enhance their participation in education activities.

**Commitment 3:** Safe and secure learning environments that promote the protection and well-being of students are established.

**Actions to include children with disabilities**

Education related infrastructure (e.g., schools, temporary learning spaces including toilets) considers accessibility requirements for children with disabilities. Tip: If unsure, conduct an accessibility check in collaboration with DPOs and persons with disabilities.

Programmes on violence against children (e.g., school related gender-based violence and anti-bullying interventions) address violence faced by children with disabilities, including sensitization of peers and teachers.

**Commitment 4:** Psychosocial and health services for children and teachers are integrated in educational response.

**Actions to include children with disabilities**

Capacity building for community members and education service providers on community- and school-based psychosocial interventions covers how to support children with disabilities.

Children with disabilities are included in health and protection awareness and disease prevention campaigns.

Outreach interventions consider children with disabilities who are institutionalized, out-of-school or receiving home-based education.

**Commitment 5:** Adolescents, young children and caregivers access appropriate life skills programmes and information about the emergency, and those who have missed out on schooling, especially adolescents, receive information on educational options.

**Actions to include children with disabilities**

Information on life skills and accelerated education interventions for adolescents have been developed in at least two formats (e.g., written and audio).

Life skills or accelerated education programmes consider the needs of adolescents with disabilities, including out-of-school adolescents and older youths with disabilities.

UNICEF internal monitoring tool/scoring criteria for country offices reporting on support to inclusive education policies covering children with disabilities.

Championing (Score 4)	Established (Score 3)	Initiating (Score 2)	Weak (Score 1)
<p><b>a – Law/policy.</b> There is a law/policy establishing the right of all children to receive an education, with an <b>explicit mention</b> of children with disabilities. And also a national plan on <b>inclusive education</b>.</p>	<p><b>Law/policy.</b> There is a law/policy establishing the right of all children to receive an education, with an <b>explicit mention</b> of children with disabilities.</p>	<p><b>Law/policy.</b> There is a law/policy establishing the right of all children to attend school, which <b>implicitly but not explicitly</b> includes children with disabilities.</p>	<p><b>Law/policy.</b> There is no law/policy establishing the right to education for children with disabilities.</p>
<p><b>b – Physical Environment.</b> <b>All schools</b> have accessible classrooms and/or reasonable accommodations that remove all physical barriers (including accessible toilets and recreation areas).</p>	<p><b>Physical Environment. More than half</b> of schools have accessible classrooms and toilets, at times because of an accessible design and at times because of makeshift adjustments.</p>	<p><b>Physical Environment. Less than half</b> of the schools are accessible (including toilets). Some schools may have accessible classrooms, or use makeshift ramps.</p>	<p><b>Physical Environment. In general, schools are not accessible.</b> Children with physical disabilities have great difficulty or are completely unable to access school facilities (including toilets).</p>

Championing (Score 4)	Established (Score 3)	Initiating (Score 2)	Weak (Score 1)
<p><b>c – Materials and Communication.</b> Assistive devices and materials are available in <b>most regular schools</b>. Books and other materials include <b>positive references</b> to children with disabilities</p>	<p><b>Materials and Communication.</b> Assistive devices and materials are available in <b>special schools but in less than half of regular schools. A few books</b> and other materials include positive references to children with disabilities.</p>	<p><b>Materials and Communication.</b> Assistive devices and materials are available in <b>special schools, but not in regular schools. Little or no mention</b> of disabled children appears in books or materials.</p>	<p><b>Materials and Communication.</b> Assistive devices and materials are generally <b>not available in schools</b>. Books and other materials make <b>no mention</b> of children with disabilities.</p>
<p><b>d – Human Resources. Most teachers</b> and school administrators receive training on inclusive education. <b>All schools</b> have access to specialists on inclusive education for consultation. <b>Most children have access</b> to speech, physical and occupational therapists, as needed.</p>	<p><b>Human Resources. More than half</b> of teachers and school administrators receive training on inclusive education. <b>More than half</b> of schools have access to specialists on inclusive education for consultation. <b>Some access</b> to speech and physical therapists exists.</p>	<p><b>Human Resources. Less than half</b> of teachers and school administrators receive training on inclusive education. <b>Less than half</b> of schools have access to specialists on inclusive education for consultation. <b>No access</b> to speech and physical therapists exists.</p>	<p><b>Human Resources.</b> Teachers and school administrators receive <b>no training</b> on inclusive education. Teachers have <b>no specialists</b> to consult with on issues pertaining to educating children with disabilities. <b>No access</b> to speech and physical therapists exists.</p>

Championing (Score 4)	Established (Score 3)	Initiating (Score 2)	Weak (Score 1)
<p><b>e – Attitudes.</b> Teachers and school administrators <b>support including</b> children with disabilities in regular schools, and are willing to make significant adjustments to ease their inclusion. Curricula and classroom management allow for the <b>flexibility</b> of addressing individual students' needs.</p>	<p><b>Attitudes.</b> Teachers and school administrators <b>do not object to including</b> children with disabilities in regular schools, and are willing to make <b>small adjustments</b> to ease their inclusion.</p>	<p><b>Attitudes.</b> Teachers and school administrators <b>do not see the value of including</b> children with disabilities in regular schools but do not make explicit objections. They <b>do not feel it is their responsibility to make any adjustments</b> to ease their inclusion.</p>	<p><b>Attitudes.</b> Teachers and school administrators <b>object to including</b> children with disabilities in regular schools, and <b>do not believe they should make any adjustments</b> to ease their inclusion.</p>
<p><b>f – Education Management Information System (EMIS).</b> The routine EMIS contains <b>data on children with disabilities, using ICF based definitions of disability.</b> Reports are produced on enrolment of children with disabilities</p>	<p><b>EMIS.</b> There are <b>some data</b> on children with disabilities in the school system, but it is <b>characterized by medical diagnosis. Reports are produced</b> on enrolment of children with disabilities.</p>	<p><b>EMIS.</b> There are <b>some data</b> on children with disabilities in the school system, but it is <b>characterized by medical diagnosis. No reports</b> on enrolment of children with disabilities are produced, except for special schools.</p>	<p><b>EMIS.</b> There are <b>no data on children with disabilities</b> in the routine EMIS.</p>

Source: UNICEF, 2017b.





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October 2017

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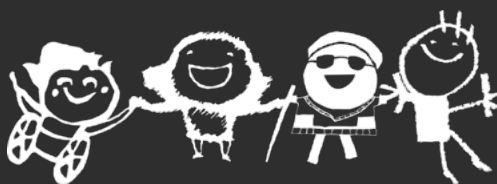
The six booklets of the guidance are available from:  
[training.unicef.org/disability/emergencies](http://training.unicef.org/disability/emergencies)

In addition to the print and PDF versions, the guidance is also available in a range of accessible formats: EPUB, Braille-ready file and accessible HTML formats

Cover photo:

Caption: Marwa, 8 years old, is deaf and wears a hearing aid. She attends a school in Za’atari refugee camp in Jordan, home to approximately 70,000 Syrian refugees.

Credit: © UNICEF/2017/Christopher Herwig



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