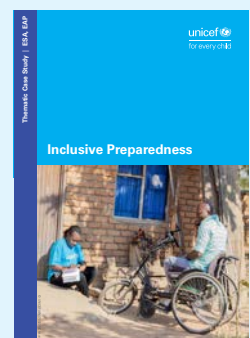
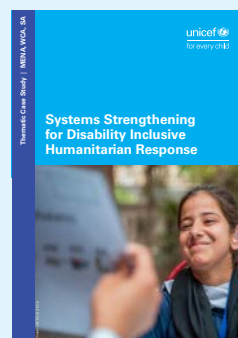
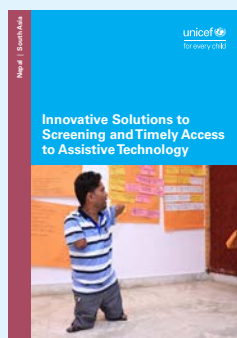
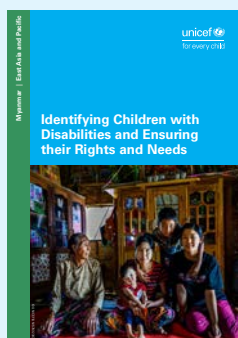
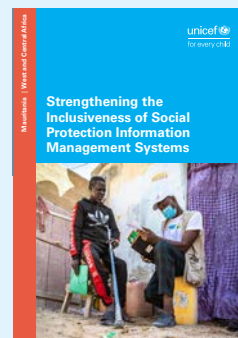
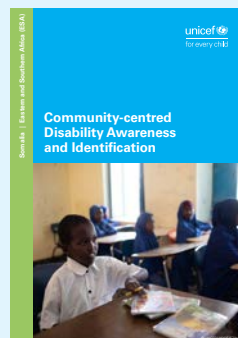
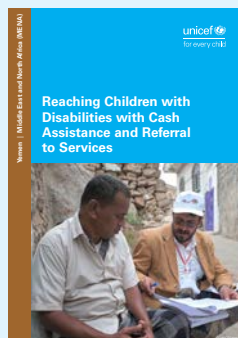
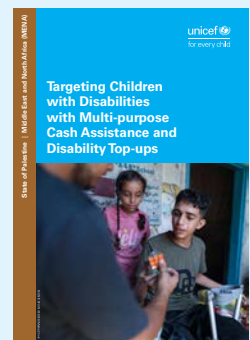
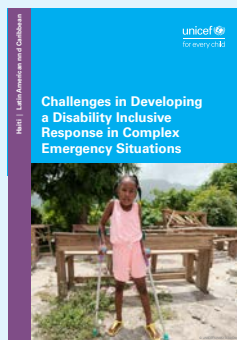
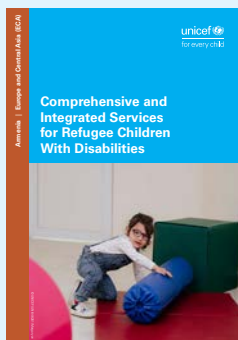


Disability Inclusion in Action

Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives

Case Studies: UNICEF Disability Inclusive Humanitarian Action



Acknowledgments

The report “Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiative” is the result of collaborative efforts and contributions from many individuals and teams.

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This report stands as a testament to the collective commitment to disability inclusion in humanitarian action, and we hope it serves as a valuable resource for future initiatives.

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Introduction

In 2022 UNICEF launched its Disability Inclusion Policy and Strategy (DIPAS)¹. The DIPAS outlines UNICEF's priorities for children with disabilities and provides strategic direction and a framework for accelerating disability-inclusive programming and operations to achieve results at scale.

In 2023, Norway was UNICEF's first donor to allocate dedicated funding to focus on disability inclusive humanitarian action as part of the Humanitarian Action for Children Appeal (HAC). This funding has enabled UNICEF to deliver targeted disability inclusion activities across all seven regions in which we work. It has enabled us to work at a global, regional, and country level to strengthen systems, build capacity and deliver impactful interventions for children and adults with disabilities.

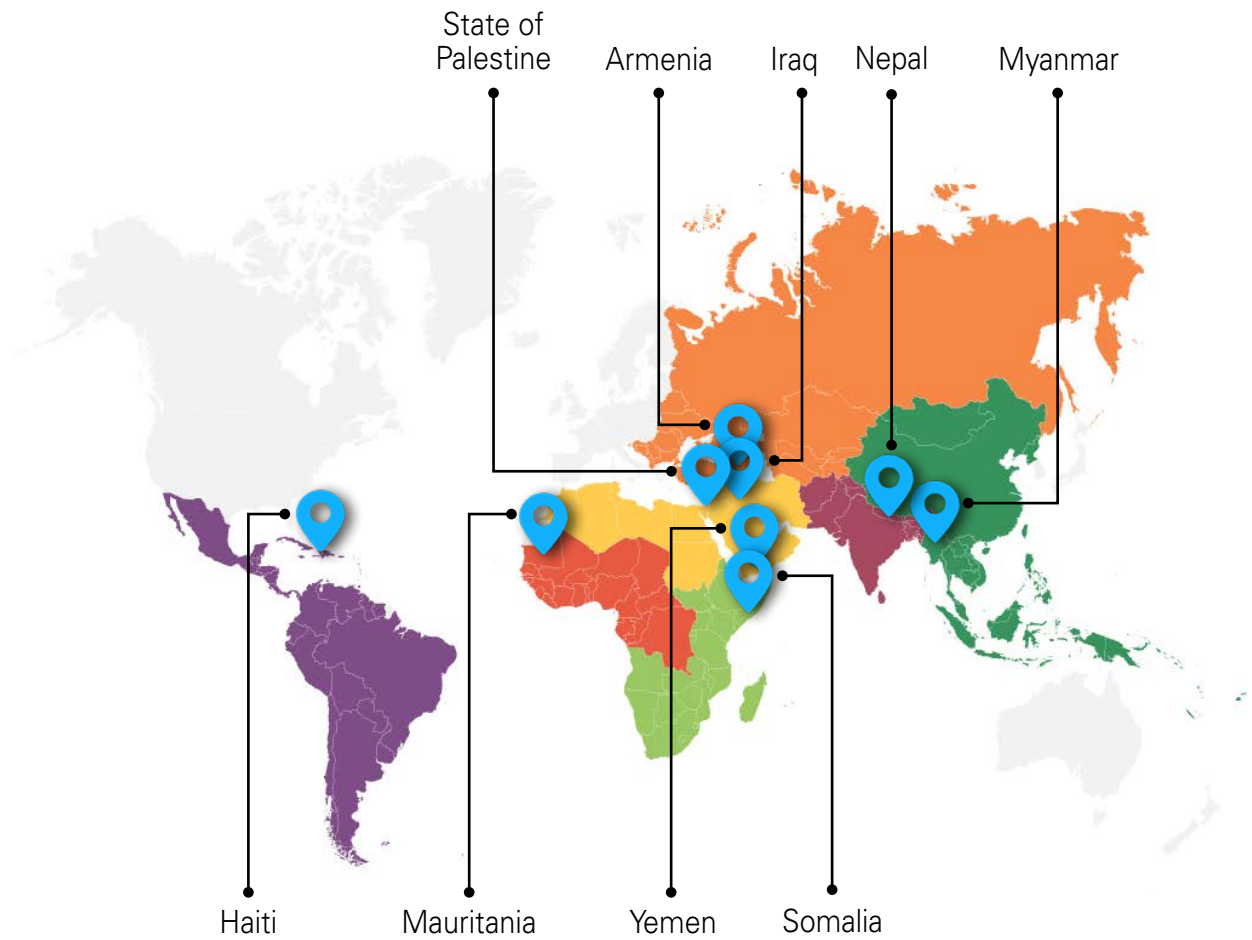
In all regions we have focused on improving the collection and monitoring of disability disaggregated data, to better understand the prevalence and needs of persons with disabilities in the contexts in which we work. We have focused on supporting the participation and leadership of organisations of persons with disabilities, who are essential partners for disability inclusion. Regional and Country Offices identified their priorities for disability inclusive humanitarian action relevant to their context and as a result have delivered a diverse range of interventions including:

- Strengthening disability inclusive preparedness and disaster risk reduction
- Addressing the needs of displaced children with disabilities, including through national systems and community-based approaches
- Improving systems for Assistive Technology provision in emergencies, as an enabler of access and participation
- Disability inclusive social protection in humanitarian contexts, including strengthening of integrated cash transfer programmes and national systems, again as an enabler of access
- Piloting and scaling up disability inclusive Accountability to Affected Populations (AAP) mechanisms

This report highlights an example of disability inclusive humanitarian action from each region to showcase the diversity of interventions undertaken, progress and lessons learnt. It includes two thematic case studies focusing on system strengthening and inclusive preparedness which are two crucial enabling factors to support inclusive programming. Dedicated funding has resulted in an acceleration of progress towards making disability inclusion more visible and more impactful and is hoped to be the catalyst for scaling up interventions and making sustained progress towards our goal of ensuring children and adolescents with disabilities and their caregivers have inclusive and safe access to humanitarian services and programmes.

¹ <https://www.unicef.org/unicef-disability-inclusion-policy-and-strategy-dipas-2022-2030>

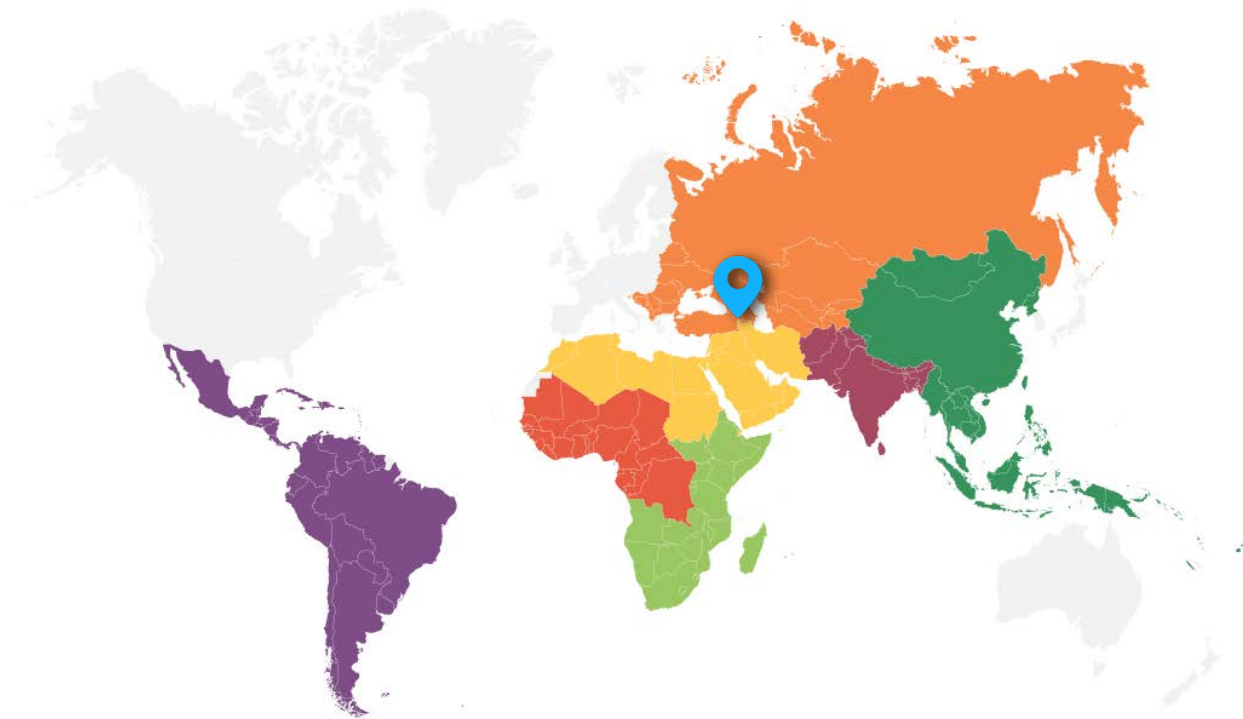
Regional map highlighting which countries are included in the following case studies.



Comprehensive and Integrated Services for Refugee Children With Disabilities



Armenia



When over 100,000 ethnic Armenians were forced to flee to Armenia in September 2023, UNICEF Armenia sought to provide comprehensive services to refugee children with disabilities and their families. Four regional rehabilitation centres were provided with specialised soft and wooden equipment and the staff were trained to support children with multiple disabilities. Together with SOURCE Foundation, UNICEF successfully identified and assessed 115 refugee children with multiple disabilities (including 30 from host communities), provided specialised services, including specialised soft and wooden assistive technology equipment to 30 children, and offered training and psychological support to 115 parents. Key lessons included the importance of initial awareness and identification efforts, a holistic family approach, and investing in in-depth family support to identify and assist more children with disabilities.



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Background

In September 2023, the escalation of tensions between Armenia and Azerbaijan forced over 100,000 ethnic Armenians, including 30,000 children, to flee to Armenia. This adds to the 38,000 ethnic Armenians who fled during 2020 hostilities. Since 2020, UNICEF and partners have prioritised disability inclusion in humanitarian response. UNICEF Armenia estimates that around 3,000 refugee children with disabilities currently reside in the country.

Children with disabilities who experience displacement often lose access to essential assistive devices and are severed from support services which they need to develop and lead fulfilling lives. They experience a lot of uncertainty and disruption as their families move to try and find safe, long-term accommodation with the hope to settle and integrate within host communities.

The government of Armenia has made considerable progress towards disability inclusive practice and mainstreaming of inclusive education in schools. Progress has been made to implement policies, yet there is still a need to improve funding, community-based services, specialist skills and cross sectoral cooperation in health, social protection and child protection to put policy into practice.

Strategy and implementation

In 2020, UNICEF Armenia developed strategies for delivering inclusive humanitarian response. In 2023, UNICEF Armenia used Norway Humanitarian Action for Children (HAC) funding to further evolve this approach and to develop a model to reach and serve children with multiple disabilities.

To respond to the needs of children and families who were displaced in 2023, UNICEF Armenia worked in partnership with SOURCE Foundation to deliver comprehensive and integrated services for refugee children with multiple disabilities. SOURCE Foundation runs activities aimed at improving the quality of life of children with disabilities and their families as well as at implementing projects that promote children’s physical and mental health and development.

The strategy integrated the needs of the refugee population into existing service delivery through the following approaches:

1. Provide assistive technology to individuals and community based centres

2. Strengthen the capacity of service providers to support children with multiple disabilities

3. Comprehensive and holistic support focusing on meeting children’s education and rehabilitation needs, as well as engaging parents and siblings.

Progress and results

UNICEF Armenia and SOURCE Foundation delivered this project in November 2023 - January 2024.

Provision of equipment at existing rehabilitation centres

Four regional community-based and rehabilitation centres run by local NGOs or government were chosen to participate in the project in Yerevan, Goris, Kapan (Syunik region) and Sevan (Gegharkunik region). The approach used was unique, as the centres can now provide a range of services all under one roof for both the child with disabilities and their parents and siblings, including physiotherapy, speech therapy, occupational therapy, art therapy and psychosocial support. Each centre was provided with soft and wooden assistive technology equipment for ongoing therapeutic and developmental rehabilitation to enable them to welcome and support children with multiple disabilities. The equipment enabled physical and sensory integration, and included folding and exercise mats, cylinder and bolsters sets, wedge cushions, cylinders bean bags, positioning and fixing devices and belts for head and body, abductors for separating legs, height adjustable chairs for correct positioning and therapeutic work, balance boards and wooden scooters.

Strengthening capacity of service providers

In addition to equipment, 50 specialist staff across four centres received in-depth online training on how to meet the specific needs of refugee children with multiple disabilities – training modules included behavioural therapy and alternative communication. Training was provided online and recorded, so that parents and service providers could access again and share with peers.

Comprehensive and holistic support to families

Through SOURCE Foundation's existing networks and experience of working with families of children with disabilities, they employed a referral approach to identify families with children with disabilities that would benefit from services provided at the four regional community-based and rehabilitation centres. To ensure equity and an inclusive approach, children from the host community were also welcomed to access the services.

Each child was assessed and received professional assistance through an individual support plan. At the centres, children with disabilities could access a comprehensive range of services for an average of 3 hours a day, 3 days a week over the 3-month period, based on their needs.

In addition to the support provided to children with disabilities, parents were provided with training and support. Training was provided so that they could improve their skills and access employment opportunities. Parents received psycho-social support and guidance was provided to make adaptations in their homes and continue using the approaches learnt at the centre. Parents could join existing host community parents support groups, which provides an avenue for peer support and integration within the host community. Parents were also referred to relevant social protection schemes to access food vouchers, medicines, and clothes.

Whilst the child with multiple disabilities is the starting point and focus of the intervention provided, the model is not limited to that child and their immediate needs. The activities to support parents and siblings are crucial to support the long-term aim of refugee families becoming fully integrated into the community.

As a result of the project:

- 115 refugee children (50 girls, 65 boys) with disabilities identified and underwent a comprehensive assessment.
- 115 children with disabilities of which 30 from host communities and 85 children benefitted from individualised multidisciplinary services.
- 30 refugee children (6 girls, 24 boys) with multiple disabilities received specialised equipment/assistive technology.
- 70 parents of displaced children received psychological and trauma counselling support during parental gatherings and online sessions.
- 45 parents and caregivers received vocational training.
- 4 community-based and rehabilitation centres were equipped with knowledge and skills on disability support service provision and cooperation with local communities was enhanced.
- Within the framework of the project, three refugee specialists from the displaced community were hired, which not only ensured their employment but also contributed to ensuring a safe environment for refugee children.

Lessons learned

The following lessons have been learnt in the implementation of this project:

- **Allocate time and resources for initial awareness raising and identification.** Hard to reach groups, including those who are experiencing instability due to displacement, will take longer to identify, as information about their location quickly becomes out of date. Investing time and resources into awareness raising and identification will ensure that those most in need of support will be reached.
- **Use a holistic approach to supporting children with disabilities.** Families may find it hard to prioritise the needs of one child over others, due to limited resources and pressures on time and caring duties. By welcoming siblings into the centres and providing them with a meal and psycho-social support benefits the whole family and ensures the child with a disability can access the services provided.
- **Remove environmental barriers to accessing services.** Families may want to attend services but may face barriers to access, such as distance from service, or cost of transport. By providing free transport, this barrier is removed. However, there is a risk that without access to transport, families will not continue to access the services.
- **Invest in in-depth support** to have a wider impact. Due to stigma associated with disability and hidden disabilities, it can be hard to identify children with disabilities. Through in-depth work with the families over the three-month period, more children within families already receiving support were identified as having a disability and requiring support as well, demonstrating the added value of this approach.

Way forward and potential application

The way forward in Armenia:

- **Service providers** use the experience and specialist skills gained from this project to access further funding, including government grants.
- **UNICEF and SOURCE Foundation** have successfully secured further funding from the French Government to support the continuation of activities in the regional centres for additional six months, including multidisciplinary service provision to refugee children with disabilities, access to special equipment, and psycho-social support to refugee parents.
- **The Ministry of Labor and Social Affairs** is currently developing its approach to disability-sensitive humanitarian response. The project provides vital evidence to advocate for the adoption of similar models.

Potential application:

- **Small scale pilot projects** can be an effective approach when trying to serve hard-to-reach groups.
- **When considering scaling or adaptation, a barrier and enabler assessment** should be carried out during the project design stage to understand obstacles to accessing services, considering the needs of the whole family.

This case study has been developed as a part of "[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)"

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<https://www.unicef.org/disabilities>

Challenges in Developing a Disability Inclusive Response in Complex Emergency Situations



Haiti



In December 2022, a survey identified 1,068 children with disabilities in rural areas of Southern Haiti who struggled to access education. Norway HAC funding was initially planned to provide unconditional cash transfers to 500 of these children to remove economic barriers to education. Due to political unrest and school closures, the project was redirected to support displaced children with disabilities in Port-au-Prince through cash transfers. UNICEF collected data from Internally Displaced Persons sites¹ to facilitate the cash transfer process and supported safe learning environments for displaced children. Lessons learned emphasised the need for flexible and responsive solutions in rapidly changing crisis situations to effectively reach and support children with disabilities.

¹ In Port-au-Prince, individuals have been forced to flee their homes since early 2024 due to prolonged violence and insecurity. They often seek temporary refuge in internally displaced persons (IDP) sites, which may include schools and churches, but predominantly schools. Consequently, children who attend these schools must also be relocated, as classes cannot resume while their schools are occupied. In total, there are currently over 362,000 internally displaced persons, with approximately 90,000 of them located across 85 sites in Port-au-Prince.

Background

Haiti is grappling with a dire humanitarian crisis characterised by severe human rights violations, escalating armed violence, and malnutrition. The situation has been exacerbated by prolonged political turmoil, disease outbreaks, and natural disasters, leading to unprecedented levels of gender-based violence and millions of children requiring urgent assistance. Urban populations face continuous threats from armed violence, resulting in displacement, while marginalised communities endure food insecurity and lack access to basic services. Moreover, an ongoing cholera epidemic further exposes existing vulnerabilities, with limited healthcare resources struggling to cope with the influx of patients and inadequate sanitation conditions increasing the risk of waterborne diseases.

Following civil unrest and a surge in violence after the 28th of February 2024 announcement that the current government would remain in power until the 2025 planned election, Port-au-Prince has witnessed a rapid deterioration in security conditions, disrupting livelihoods and basic services. Attacks on schools and healthcare facilities have deprived thousands of children of education and essential medical care, exacerbating the already fragile situation and the latest tracking indicates that over 180,000 children are now internally displaced. The closure of airports and ports, along with the blockade of humanitarian aid, compounds the crisis, leaving vulnerable populations without life-saving supplies. With a significant portion of hospitals non-operational and limited access to critical services, the impact of violence on children's well-being and healthcare access is profound, especially as the country faces acute food insecurity and the resurgence of cholera amid the rainy season.

In response to the unfolding complex emergency, UNICEF is intensifying its humanitarian response in Haiti by prioritising life-saving responses and increasing access to basic services. UNICEF's interventions encompass water, sanitation, hygiene, education, health, nutrition, child protection, and gender-based violence mitigation and response services, along with disaster risk reduction and emergency preparedness activities. Since the armed group attacks, UNICEF have worked alongside partners to deliver safe drinking water to displaced children and their families across 20 Internally Displaced Persons (IDP) sites in Port au Prince, screened children for malnutrition, delivered appropriate care for wasting and provided vital healthcare via integrated mobile clinics. Tailored responses target specific vulnerable populations, including those affected by armed violence, internally displaced persons, repatriated migrants, border communities, and others with acute emergency needs and seek to protect children impacted by exploitation, family separation and violence.

Strategy and implementation

The following steps were taken to identify the most appropriate strategy to support children with disabilities and their families in the escalating crisis:

1. Identification of Need

In December 2022, a joint survey conducted by the Office of the Secretary of State for the Integration of People with Disabilities (BSEIPH), with support from UNICEF Haiti and collaboration from U-Reporters, assessed the situation of children and adolescents with disabilities in the Departments of Grande-Anse, Sud, and Nippes in Southern Haiti. The survey identified 1,068 children and adolescents with disabilities, predominantly living with their families in rural areas. Families of these children often struggle to afford the associated costs of schooling, leading to limited or no access to education, lack of assistance, and various forms of discrimination.

2. Identification of appropriate solution

Norway HAC funding was initially planned to respond to this challenge by removing the economic barriers hindering children and adolescents with disabilities from accessing education through the provision of an unconditional cash transfer intervention exclusively in the southern departments, focusing on Grand'Anse.

3. Targeted response

From the initial 1,068 children identified in the survey, a socio-economic vulnerability analysis was due to be conducted to select 500 children / families who would receive \$118 USD in unconditional cash transfers aligning with recommendations from the Haiti Cash Working Group. The cash transfers were going to be administered via a trusted service provider such as Digicel for e-money solutions or Caisse du Levier, a network of federated credit unions with nationwide coverage in Haiti.

Progress and results

Challenges to implementation

Against the extremely challenging backdrop of political and civil unrest, the project was unable to take place exactly as planned because many schools were forced to close and educational and financial systems were not fully operational. Furthermore, the presence of armed groups in and around schools exacerbated the challenges in accessing education, heightening the vulnerability of children to recruitment by such groups and increasing the likelihood of experiencing social exclusion and gender-based violence, notably sexual and physical abuse.

Targeted Cash Transfers

To respond to urgent needs, UNICEF Haiti prioritised orienting the Norway HAC funding to support displaced children with disabilities and their families through unconditional cash transfers. They collected data in the 11 Internally Displaced People (IDP) sites identified in



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Port-au-Prince by the emergency section team. Following analysis, the cash transfer process commenced in June. Given the gravity of the situation, UNICEF Haiti explored options to add to the funds from other internal resources, some of which had been specifically earmarked for disability interventions and IDP emergency response.

In addition, a pre-identification data collection tool was used to identify 7,230 children aged between 5 and 18 years across six sites. Household data was collected from 4,146 households using the Washington Group questions to identify children and adults with disabilities, with 630 households reporting the presence of a member of the household with a disability. This preliminary data collection was followed by individual registrations which provided a more reliable dataset to facilitate the targeted cash transfer process. Of the total number of children surveyed, it was found that 103 children had a disability, as reported by their caregivers indicating “A lot of difficulty” or “Cannot do at all” in the questionnaire criteria.

Following guidelines set by the cash working group in Haiti, it was determined that during emergency situations, humanitarian and development actors should consider providing 75% of the minimum expenditure basket per household, which amounts to 189 USD. UNICEF Haiti provided support to 103 children with disabilities through unconditional cash transfers in prioritised IDP sites. Each family with a child with a disability received 189 USD per month for a duration of three months.

Furthermore, the remaining funds from this grant were combined with another grant from the social policy section to extend support to adults with disabilities, particularly those with the highest level of declared disability, identified during the data collection process, through unconditional cash transfers.

Advocating for disability inclusion within the education cluster

Since the unrest of 29 February 2024, UNICEF has sustained efforts to provide safe learning environments for children by utilising schools as safe spaces, with 746 children reintegrated into two internally displaced persons sites in Port-au-Prince through a local partner, APADEH. Collaborating with the Ministry of National Education and Professional Training, UNICEF aims to bolster access to online learning amidst the ongoing crisis, supporting Haitian school-aged children with a national platform for distance and blended learning. This involves strengthening the Education Management Information System (EMIS) which will subsequently facilitate data collection on schools and students and improve the cash transfer process connected to education outcomes.

With the closure of schools in the West and Artibonite departments, the Ministry's focus is on ensuring educational continuity for enrolled children by relocating schools to safer areas and accommodating internally displaced children. The education cluster has reached 4,095 crisis-affected children since January 2024, mainly in West, Artibonite, Grand'Anse, South, and Nippes, providing essential teaching materials, conducting flash reports on school functionality, and improving safe learning environments through the provision of materials for inclusive recreational activities at school and helping to make light repairs to some damaged school buildings. In response to the escalating violence, an advocacy strategy has been developed in collaboration with the global education cluster and UNICEF Haiti, highlighting vulnerabilities and proposing sustainable solutions, particularly in Artibonite and the metropolitan area of Port-au-Prince. The advocacy strategy recognises the low inscription rates of children with disabilities (between 8-10% compared to 90% for children without a disability)² and highlights the importance of including children with disabilities in its advocacy objectives around access to education and protection.

Lessons learned

Acknowledge the need for flexible and responsive solutions within rapidly changing crisis situations when further deteriorations in the breakdown of systems which meet basic needs occur. The importance of flexibility is significant to enable humanitarian actors to assess a change in needs and determine the most effective way of reaching children with disabilities and their families.

Way forward and potential application

Way forward in Haiti: Within this complex and fast-moving crisis, challenges remain to ensure that further work is carried out to advocate for disability inclusion to become an integral part of the planning and implementation process for humanitarian actions initiated by cross-sectoral clusters.

Potential application: With systems in place to facilitate a targeted approach, cash transfers can be a quick and cost-effective way of providing assistance to those that need it most in a dignified way that gives individuals and families the autonomy to determine

2 Haiti Education Cluster Advocacy Strategy, 2024, <https://www.unicef.org/haiti/rapports/strat%C3%A9gie-de-plaidoyer-du-cluster-%C3%A9ducation>

how best to meet their urgent, basic needs. Having data systems in place as part of preparedness planning to enable targeted assistance is a key action to be replicated whilst acknowledging that the collection of new data may be necessary in the case of high levels of displacement.

Related links:

- UNICEF and partners accelerate efforts to address child malnutrition amidst crisis in Haiti. 9 May 2024 <https://www.unicef.org/haiti/communiqu%C3%A9s-de-presse/unicef-and-partners-accelerate-efforts-address-child-malnutrition-amidst>
- More than 50,000 displaced children and family members received medical care through integrated mobile clinics in Port-au-Prince, 10 May 2024 <https://www.unicef.org/haiti/communiqu%C3%A9s-de-presse/more-50000-displaced-children-and-family-members-received-medical-care>
- UNICEF ensures access to safe drinking water for 30,000 Internally Displaced Persons (IDPs) in Port-au-Prince amidst crises, 8 May 2024 <https://www.unicef.org/haiti/communiqu%C3%A9s-de-presse/unicef-ensures-access-safe-drinking-water-30000-internally-displaced-persons>
- Haiti Education Cluster Advocacy Strategy, 2024, <https://www.unicef.org/haiti/rapports/strat%C3%A9gie-de-plaidoyer-du-cluster-%C3%A9ducation>

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Disability Inclusive Community-centred Social and Behavioural Change Campaign



Iraq



UNICEF Iraq enhanced its existing social behavioural change initiatives and leveraged best practices for peacebuilding, social cohesion, and reducing stigma and discrimination, particularly among children and young persons with disabilities. The strategy focused on community-centric social and behavioural change campaigns including mass mobilisation, capacity strengthening of religious and community leaders, and active community participation in designing and delivering activities. Activities included national and community workshops to engage key stakeholders, focus group discussions, community feedback sessions and the launch of the “Let’s do it right” campaign on breaking barriers and promoting inclusivity for person’s living with disability. The campaign reached 5 million people through radio spots, and an estimated 13 million mobile phone users through SMS. Lessons learned highlight the importance of community participation and ownership, leveraging existing community resources, generating buy-in from key organisations that work on disability inclusion, multisectoral engagement, a ‘Scale to impact’ approach for SBC, and youth engagement in fostering inclusivity and sustainability.

Background

In Iraq, as of September 2022, 1.2 million people remained internally displaced, while 4.9 million had returned to nearly 2,200 locations in eight governorates. Overall, humanitarian assistance for 3 million people, including 1.3 million children, remains critical. Nearly 1 million people including 463,760 children are in acute humanitarian need¹, of which an estimated 23.6% of children aged between 5-17 have a disability².

The Federal Government of Iraq has put in place strong legal and policy frameworks to support inclusive practice and UNICEF Iraq has a strategic commitment to disability-inclusive practice and has outlined its strategic priorities for 2023-2024, which align with the Core Commitments for Children in Humanitarian Action (CCCs). These legal frameworks, strategic commitment and a commitment to evidence-based programming have provided the strong foundations for the activities undertaken with Norway HAC funding.

Strategy and implementation

The funding supported UNICEF Iraq to successfully implement the “Let’s do it right” campaign focussing on disability inclusive programming through community engagement and participation. Investments in perception studies coupled with existing community-based resources supported the implementation of a robust Social and Behaviour Change (SBC) strategy.

The strategy had 3 main components:

1. Capacity strengthening of religious leaders, community representatives and local peace committee members to promote disability inclusion through their respective community platforms.

2. Mass mobilisation through community gatekeepers, radio spots in local languages, and panel discussions, promoting the rights of children with disabilities, with the aim to reduce stigma, increase acceptance within communities, and encourage access to services.

3. Community participation in the design of delivery of community-based activities, to increase ownership and accountability towards affected populations.

1 <https://www.unicef.org/media/152906/file/Iraq-Humanitarian-SitRep-31-December-2023.pdf>

2 A situation analysis of children and young persons with disabilities in Federal Iraq, March 2024, Draft report for comment

Progress and results

Capacity Strengthening

The project started with a national co-creation workshop to engage key stakeholders e.g. local peacebuilding committees, community based organizations (CBOs), youth groups and community leaders. The workshop contributed towards planning and designing the roll out of the disability inclusiveness campaign titled; “Let’s do it right” including a detailed behavioural message matrix for different segments of the population. This was followed by two field-based workshops in Erbil and Baghdad to strengthen the capacities of the key stakeholders in disseminating the message and supporting community specific research. Over 100 participants attended these workshops representing all key committees and relevant implementing partners. The COM-B Framework was used in the workshop, which is one of many frameworks and tools available in UNICEF’s SBC Programme Guidance.

These workshops complemented focus group discussions which took place over 3 days from 27th to 29th February 2024 funded by Canada. There were six separate group discussions reaching 60 people from returnee communities in Mosul and Gayarah in Ninawawere. Participants included a mix of stakeholders including organisations of persons with disabilities, women’s groups, peace building committee members, religious leaders, and young persons with disabilities. The discussions aimed to explore the common issues related to children and young persons with disabilities and their families within the context of returnee families. The groups shared a wide range of issues that impacted the lives of returning children and young persons with disabilities, including lack of access to inclusive education and health services, stigma and discrimination within schools and the wider community, and additional support for families. A common thread that appeared when discussing several topics was the need to reduce bullying, and to treat children and young persons with disabilities with respect and kindness. The UNICEF SBC campaign has achieved impressive engagement on social media platforms, with a post impression count of 4.8 million, a reach of 3 million, and engagement from 60,000 individuals. Additionally, the distribution of a u-report has successfully connected with a vast audience of young people, further amplifying the campaign’s impact and outreach. These metrics not only reflect the campaign’s wide acceptance but also the effective use of digital platforms to engage with and educate a younger demographic.

Young persons were key stakeholders in the project and led community-based activities including panel discussions at academic institutions involving organisations of persons with disabilities, local government, and community actors. Young persons including young persons with disabilities facilitated the discussions ensuring that the content is relevant to a youth audience.

Mass mobilisation

The SBC approach in Iraq uniquely blended an integration of accountability to affected populations (AAP) and human centred design, which had the following key components:

- **Hyper local and culturally specific and sensitive** with awareness of the social norms and mindsets around disability.

- **A 360-degree approach** to address awareness, knowledge, enablers, and barriers of the target audience and assessing the ‘scale to impact’ journey by embedding communication impact assessment at the end of the campaign.
- **Traditional and non-traditional channels of communication** to ensure wider reach to the audience including SMS, social media campaigns, and mass mobilisation at a community level. A mass media campaign took place during May 2024, using radio spots in Arabic and Kurdish, social media and SMS reaching an estimated 13 million. As Iraq has a predominantly youth population, channels which appeal to a youth audience were used.

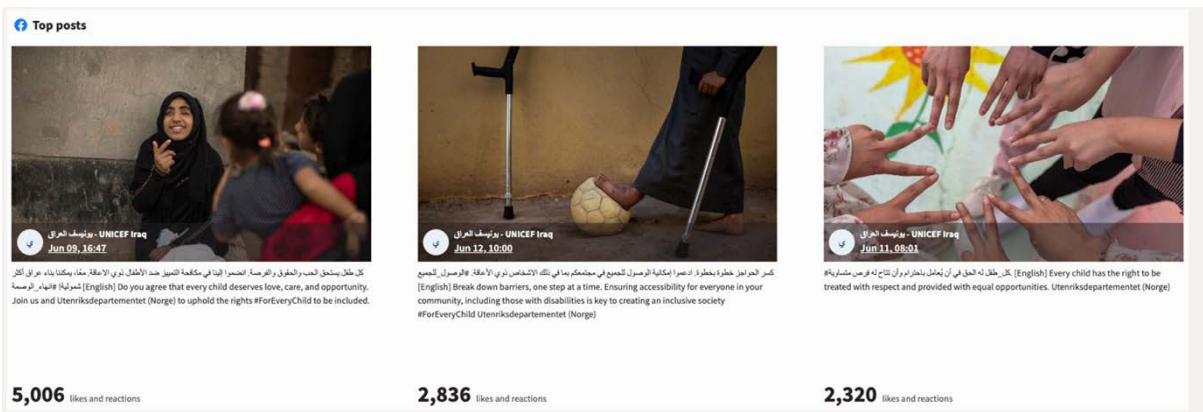
The chosen SMS message for the mass media campaign: **“Small acts of kindness can make a big difference. Show support and respect to those with disabilities as it is their right to be included”**.

Community Mobilisation

Religious leaders and community leaders were supported to disseminate messages through existing community activities. The project involved faith-based endowments from Sunni, Shia, and minority religious groups. The ongoing engagement and support from religious leaders was a crucial enabling factor towards the success of this campaign. They can reach groups which UNICEF alone cannot, and can integrate campaign messages into existing activities for example through Friday prayers, and women and men’s group community activities within mosques.

The campaign leveraged existing resources including a community focussed animation developed with funding from Canada which shares simple messages about disability inclusion, designed primarily for children and young persons and a low literacy audience. This campaign is using the animation as part of community outreach activities in health centres, schools, youth groups and amongst CBOs focused on disability inclusion.

In addition, two panel discussions were held with experts on disability, media personalities, CBOs, and religious leaders discussing misconceptions around disability in Iraq especially around women and young people and children. The discussion provided insights and recommendations for promoting disability inclusion and advocacy plans with the government.



“Let’s do it Right’; - social media.



@UNICEF Iraq

Disability inclusiveness workshop in Baghdad.



Panel discussions on disability inclusiveness programming with government and community stakeholders in Erbil & Dohuk.

Lessons learned

The following lessons have been learned in the implementation of this project:

- **Encourage active community participation and ownership** to enhance intervention effectiveness and sustainability. This action addresses the need for trust and empowerment within local communities. Consequently, interventions have become more effective and sustainable, fostering greater local trust and empowerment.
- **Utilise existing resources and partnerships to optimise resources available.** This action ensures that previous progress and efforts are built upon. As a result, the campaign reach and impact can be maximised with limited budgets.
- **Adopt a multisectoral approach to engagement.** This action ensures that different stakeholders and gatekeepers are playing a proactive role. As a result, involvement of religious, community, and youth leaders amplifies outreach and message dissemination by leveraging diverse networks and resources.
- **Develop targeted messaging appropriate to the cultural and social context.** This action ensures the development of messages that are relevant for the target audience. As a result, behavioural messages addressing stigma and promoting inclusion of persons with disabilities resonate better with diverse audiences, fostering attitudinal and behavioural change.

- **Promote youth leadership** including young persons with disabilities. Young persons have the right to participate in decisions that affect their lives. Empowering young persons, including those with disabilities, in decision-making and implementation fosters inclusivity, innovation, and sustainability in community interventions.

Way forward and potential application

The way forward in Iraq:

- A community assessment survey was implemented to assess the changes in the behaviours, barriers and enabling factors of sustainable change. Evidence from this survey will inform future SBC and disability inclusion programming.
- Learnings about the intersection of disability and gender will be analysed to inform future projects.
- Overall, the project is hoped to contribute towards the shift in practice at UNICEF Iraq away from service delivery towards system strengthening.

Potential application:

- Foster community engagement from the design stage and throughout all stages of SBC approaches.
- Utilise an evidenced based approach to SBC for in country and global learning and replication.
- Identify existing resources and partnerships to create optimum impact with limited budgets.

This case study has been developed as a part of “[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)”

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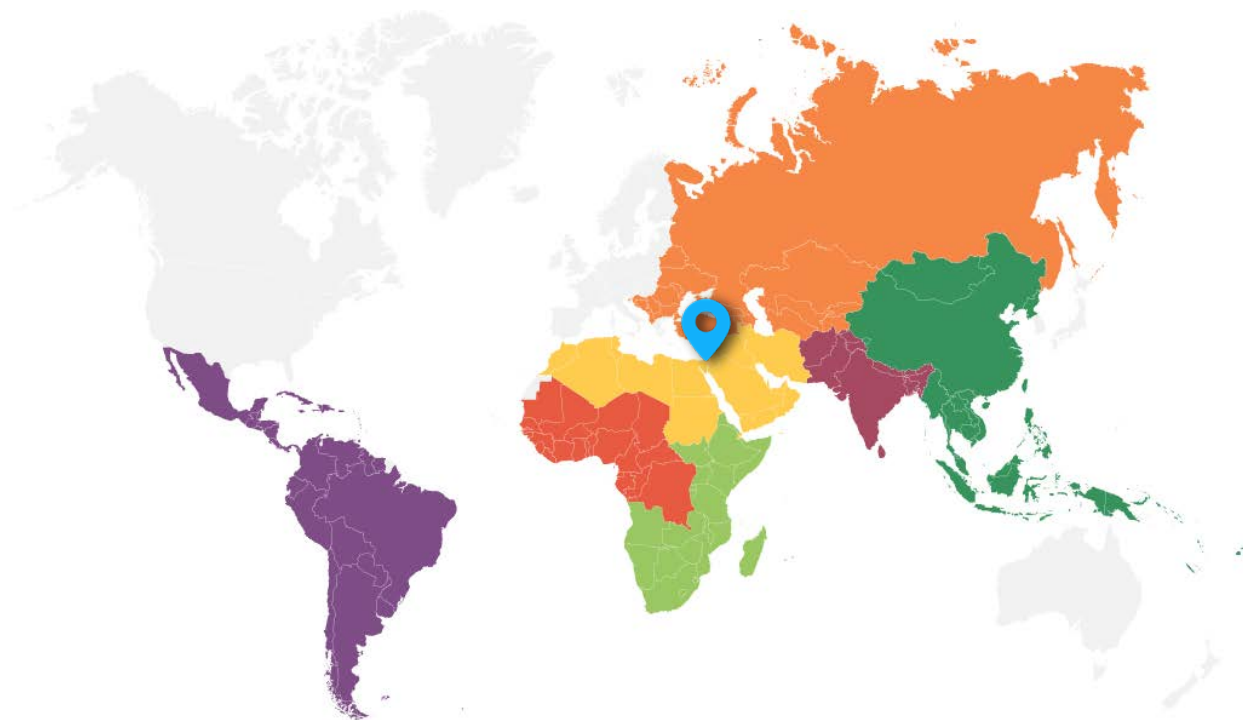
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Targeting Children with Disabilities with Multi-purpose Cash Assistance and Disability Top-ups



State of Palestine



Executive Summary

Since the onset of the 7 October 2023 escalation, UNICEF has provided Multi-Purpose Cash Assistance (MPCA) to 124,964 families (767,261 people), including 23,921 persons with disabilities. 9,000 children with disabilities were identified from the Social Registry and targeted with MPCA and disability-top ups. This was made possible with generous support from the European Commission’s Civil Protection and Humanitarian Aid Operations department (DG ECHO) and the UK Foreign, Commonwealth & Development Office (FCDO) as well as people and Governments of Canada, Croatia, Sweden, Norway and Switzerland.

UNICEF worked with the Ministry of Social Development (MoSD), the Palestinian General Union of Persons with Disabilities (PUWD), Implementing Partners, clusters and Organizations of Persons with Disabilities (OPDs) to identify more children with disabilities for MPCA and disability top-ups. An additional 962 children with existing disabilities and injuries were identified. In the second round of MPCA, 3,959 children with disabilities were reached, with funding from the Government of Norway.

Lessons learned show that it was important to:

- Utilize the Social Registry and maintain strong relations with government to effectively target families with children with disabilities for MPCA and disability top-ups.
- Leverage UNICEF’s role in the humanitarian coordination system and connections with OPDs to identify additional recipients.
- Engage closely with all clusters and relevant stakeholders to share information about services for children with disabilities and ensure timely referrals.
- Recognize the limitations of the current disability assessment which uses a narrow medical definition and lacks a needs assessment and referral pathway.
- Promote the establishment of cash plus services and a Disability Information Management System to enhance support for children with disabilities.
- Promote social and behavior change to address stigma against disability through community engagement and awareness campaigns.

Background

How many children in the State of Palestine have disabilities:

The Multiple Indicator Cluster Survey (MICS, 2019/2020) found that 12% of children had at least one functional difficulty. The 2023 Humanitarian Needs Overview (HNO) confirmed that 12% of Gaza’s child population has a disability.¹ Based on MICS and population estimates, the number of children with disabilities in the Gaza Strip is 166,575. However, there are only 9,000 children with disabilities registered in the Social Registry, most of them with physical disabilities.² The definition of disability in the Palestinian Disability Law excludes those with less severe and those with invisible disabilities.³ The disability assessment is based on a narrow medical definition of disability.⁴

How the social protection system supports children with disabilities:

The Palestinian National Cash Transfer Programme (PNCTP) is widely recognized as successful in terms of the regular support it provides to households living below the poverty line. Disability is one among several indicators included in the targeting formula. However, the PNCTP does not recognize the higher day-to-day costs disability entails—for special diets, diapers, transportation etc.⁵

1 OCHA, Humanitarian Needs Overview, 2023. Available at: <https://www.ochaopt.org/content/humanitarian-needs-overview-2023>

2 Breakdown by type of difficulty: movement and using fingers (22%), remembering and focusing (18%), communicating (18%), inability of self service (18%), vision (13%), hearing (10%).

3 Palestinian Disability Law No 4, 1999.

4 Report on Palestine Disability Assessments for Social Protection, Daniel Mont (Center for Inclusive Policy) and Ilene Zeitzer (Disability Policy Solutions), August 2022.

5 The Ministry of Social Development (MoSD) has been working to change this formula.

In the State of Palestine, families with children with disabilities are extremely likely to be poor.⁶ A study found that almost half of all families with children with disabilities had monthly incomes that were about half of the extreme poverty line.⁷

The 7 October escalation and its impact on the situation of children with disabilities:

Reports show that the conflict has exacerbated existing vulnerabilities of children and adults with disabilities, and that they face barriers to access humanitarian assistance.⁸

There is reason to believe that the number of children with disabilities has increased. As of 31 August, more than 94,154 Palestinians were reported injured.⁹ At least 25% of those injured, require significant rehabilitation services.¹⁰ WHO estimates that over 10,000 patients need medical evacuation outside Gaza for specialized care.¹¹ 13,872 patients have applied for medical evacuation while 5857 have been approved (62% of them are children 6-18 years old).

How UNICEF provided cash assistance

Targeting the most vulnerable families:

UNICEF started delivering cash assistance to the affected population within 6 days of the escalation to ensure an effective, timely and fair redistribution of goods to the most vulnerable. The programme targeted pre-crisis poor or vulnerable households in the Social Registry of the Ministry of Social Development (MoSD), including persons with disabilities.

Delivery of cash payments:

Cash payments are delivered through PalPay - a local electronic payment solution company operating under the regulatory framework of the Palestinian Monetary Authority (PMA). The cash is distributed to a network of authorized merchants. A system of online tracking enables monitoring of the redemption almost real time.

Despite the fragility of the markets, cash transfers through mobile payments have been an effective and efficient mechanism to reach the most vulnerable families and children. Informal markets have demonstrated resilience, enabling fast and effective redistribution of goods.

6 UNICEF, Every Child Counts: Understanding the Needs and Perspectives of Children with Disabilities in the State of Palestine, December 2016. Available at: <https://www.unicef.org/sop/reports/every-child-counts>

7 Pereznieta et.al., 2014.

8 The World Bank, EU & UN, Gaza Strip - Interim Damage Assessment – Summary Note, March 2024. Available at: <https://palestine.un.org/en/265025-gaza-strip-interim-damage-assessment>; ACAPS, Palestine: Impact of the conflict on people with disabilities in the Gaza Strip, February 2024. Available at: <https://www.acaps.org/en/countries/archives/detail/palestine-impact-of-the-conflict-on-people-with-disabilities-in-the-gaza-strip>; Atfaluna Society for Deaf Children, Inclusive Needs Assessment: Situation of the Conflict-Affected Persons with and without Disabilities in the Gaza Strip, March 2024.

9 UNICEF, Escalation Humanitarian Situation Report, 31 August 2024. Available at: <https://www.unicef.org/documents/state-palestine-humanitarian-situation-report-31-august-2024>

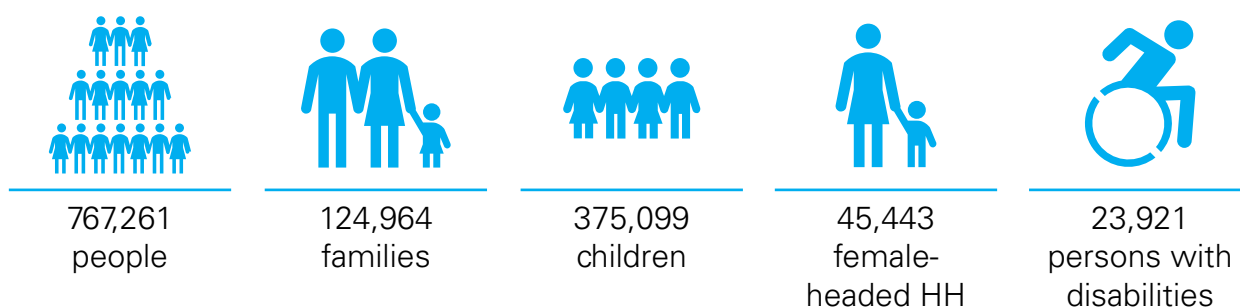
10 Gaza Rehabilitation Task Force, Situation Report, April 2024.

11 WHO, Medical evacuation of Gaza patients through Rafah Crossing Oct 2023 - 20 June 2024. Available at: <https://reliefweb.int/report/occupied-palestinian-territory/medical-evacuation-gaza-patients-through-rafah-crossing-oct-2023-20-june-2024>

Over the past months, the banking sector faced significant challenges to improve cash liquidity within the Gaza Strip, mainly due to safety and security concerns. Against this backdrop, UNICEF introduced digital e-wallets.

Number of beneficiaries as of 10 September 2024:

As of 31 August 2024, UNICEF has reached 767,261 people (124,964 families, including 375,099 children, 23,921 people with disabilities, and 45,443 female-headed households).¹² This represents 71 per cent of all humanitarian cash transactions provided in the Gaza Strip.



How UNICEF identified new recipients for cash assistance

Beyond pre-conflict Social Registry:

Recognizing the discrepancy between the number of children with disabilities in the Social Registry and the estimated prevalence of disability as well as assumed increase in number of children with disabilities due to injuries, UNICEF reached out to clusters, relevant Implementing Partners and Organizations of Persons with Disabilities (OPDs). UNICEF also reached out to MoSD and the Palestinian General Union of People with Disabilities (PUWD) in charge of disability assessment/registration.

Data collection:

The data collection template was aligned with the Washington Group Short Set of Questions on Functioning (WGQ). At a minimum, UNICEF required names, phone numbers and ID numbers to make payments. The data collection template also included questions to collect demographic data on household composition and size. Most actors were able to provide the minimum data required to make payments. Lists were cross-checked with those who already received cash assistance.

¹² UNICEF, Escalation Humanitarian Situation Report, 29 May 2024. Available at: <https://www.unicef.org/media/158361/file/SOP-Humanitarian-SitRep-29-May-2024.pdf>

Challenges, and how they were addressed:

- **Dynamic Situation:** Data collection was challenging due to the evolving situation, displacement, and limited capacity. PUWD offices and laptops containing data were destroyed. However, the offer of cash assistance motivated partners to collect data.
- **Narrow definition of disability:** Most partners operated with a narrow definition of disability in line with the Palestinian Disability Bill. Partners were sensitized to the broad concept of disability as per the UN Convention on the Rights of Persons with Disabilities.
- **Data Verification:** UNICEF operated with an inclusion error, verifying only phone numbers and ID numbers. Errors were flagged and rectified by partners.

Partners contributions:

Lists were received from UNRWA, Implementing Partners (Atfaluna Society for Deaf Children and Stars of Hope Society, cluster partners (Humanity & Inclusion (H&I), Medicines Sans Frontiers (MSF), Culture and Free Thought Association (CFTA), and OPDs (Right to Live Society). PUWD was able to retrieve additional pre-conflict lists of disability assessment/registrations that were not linked with the Social Registry.

UNICEF also identified children with disabilities from reporting on the Monitoring and Reporting Grave Violations Mechanism (MRM) and from the Community Feedback Mechanism (interagency hotline). The frontline workers of the interagency hotline were sensitized to understand the broad concept of disability to enhance referrals to cash assistance.

Additional lists are expected from stakeholders such as the Palestine Deaf Association and UNMAS (data on victims of explosive remnants of war). The PSEA network has also been sensitized on the concept of disability and have started to refer cases to disability specific services, including cash assistance.

Ongoing discussions:

Discussions are ongoing with the Palestine Disability Coalition to provide funds for data collectors to collect data on children with disabilities in hard-to-reach areas such as North Gaza. Discussions are also ongoing with MoSD and PUWD to support them to continue disability assessments, including digitalizing part of the process in a context with limited movement. UNICEF also worked with PUWD to share contact information in the next PDM to recipients of cash assistance to contact PUWD for disability assessment/registration.

Outcome:

Through these efforts, an additional 962 families with children with disabilities received cash assistance for the first time.

How the MPCA and disability top-up was calculated

Calculation of the MPCA:

The MPCA is Israeli New Shekil (NIS) 1,000, equivalent to US\$ 275. The transfer value was based on the calculation from the Cash Working Group of the Survival Minimum Expenditure Basket (SMEB) 80% - a household's minimum monthly consumption including on water, food, and hygiene products (see table below for breakdown). The SMEB calculations assume an average household's needs and therefore do not consider the needs of particularly vulnerable populations such as families with children with disabilities.

Calculation of the disability top-up:

It is well recognized that persons with disabilities have additional costs associated with their disabilities. To compensate for these costs, UNICEF introduced a top-up for children with disabilities.¹³ The top-up provides 150% of the total SMEB expenditure for health based on higher expenditures for medicines, medical supplies, and assistive technology and 100% of the transportation expenditure noting the increased need for transportation for those with disabilities, particularly in situations where evacuation is required. This equates to a top-up equal to NIS 333, but the recommended transfer value was rounded down to NIS 330 for simplicity.

| SMEB category | SMEB amount | Disability top-up |
|---|----------------------------|---|
| WASH Total expenditure - water and dignity kits (household/month) | 216 | |
| Total NFI's/Shelter (household) | 240 | |
| Total expenditure for Education | 0.00 | |
| Total expenditure for Health | 134 | 201 (150% of SMEB amount) |
| Total Average Cost of food expenditure (household/month) | 577.10 | |
| Total other expenditure - Transport Cost | 50 | 50 (100% of SMEB amount) |
| Total other expenditure - Communications | 40 | |
| Total Transfer Value | 1,257 | NIS 251 |
| Recommended TOTAL Transfer Value (NIS) | 1,000 (80% of SMEB) | 333 (rounded down to 330 for simplicity) |

¹³ UNICEF also introduced a nutrition top-up payment (400 ILS) to 10,000 lactating women – identified through the Gaza civil registry - to provide nutritional support to both the mother and child under the age of 2.

What feedback did recipients of cash assistance provide

How the Post Distribution Monitoring survey was designed:

Since the launch of the emergency cash response in October 2023, UNICEF has been regularly monitoring the programme and the conditions in the Gaza Strip through a SMS-based post-distribution monitoring (PDM) survey delivered through RapidPro. Security risks made it impossible to deploy in-person monitoring and the scalability of phone-based surveys are strongly constrained in a context of volatile connectivity. Considering the vulnerability of recipients and security threats, including likely communication cuts, the survey is limited to selected strategic questions, including to better understand market functionality, usage of the cash transfers, and ease of withdrawing cash. The survey was piloted during the first week of November 2023. Since then, it has been launched regularly with some adjustments based on programmatic needs, including dedicated PDM surveys to gather data on children with disabilities and unaccompanied children.

How feedback is collected:

Recipients receive an SMS invitation to participate in the survey and respond to it free of charge. If the response is positive, they receive the first question, and in case of response, the survey continues until completion. If at any time the respondent stops answering, the survey is interrupted. The PDM survey targets recipients who have redeemed cash over the past weeks (sometimes the total number of recipients, and sometimes through simple random sampling).

What are the response rates:

Response rates fluctuate between 15% and 25% and are impacted by factors such as displacement and lack of connectivity. Non-responses are likely related to issues of connectivity, availability of electricity, and lack of space and time to safely respond. Response rates are in line with what is generally to be expected from SMS-based surveys. Given the exceptionally difficult circumstances in the Gaza Strip, including the level of stress and insecurity, the response rate is a strong sign of recipients' willingness to provide feedback.



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What is the feedback from beneficiaries:

There were no significant differences in responses from those who received the disability top-ups and those who received the MPCA only.

Recipients of disability top-ups use the assistance to buy essential items like food, water, hygiene products, and medicines. However, most recipients find the assistance insufficient due to high prices, lack of income opportunities, and large family sizes. They request increased and monthly payments.

“The cash assistance you gave us helped us in the food and drink of our children thank you for this assistance and we hope that this cash assistance will continue because it is our only source in war conditions”

“The money does not suffice the purpose, we want you to give us every month because the number of my family members is large, 8 members, and I have children with chronic diseases, and we need special food, please increase the amount or provide a monthly payment for us”

Feedback highlights:

- Assistance spent on medicines, food, and children’s needs.
- Insufficient amounts due to high prices.
- Requests for monthly payments and higher amounts.
- Essential items, including medicines, are often unavailable.
- Health issues arise from eating only canned food.

Examples of specific needs include:

- Medicines and hospital expenses for cancer.
- Insulin for a diabetic child.
- Better nutrition, including fresh food.
- Continuous needs for medical treatments and good nutrition due to health conditions.
- Treatments for mental illness, brain atrophy, and other chronic conditions.
- Special food and care for children with disabilities.
- Need for assistive devices and services for children with disabilities.

How the feedback is used:

To date, eleven rounds of PDM surveys have gathered feedback from more than 15,000 respondents. The feedback gathered on the usefulness of cash, on the presence of an informal market, the location of recipients, displacement of the population, and on the nutrition situation in Gaza has been instrumental in better understanding the context on the ground. This has contributed to clear and timely communication with donors and stronger advocacy. Moreover, data from the PDM has been regularly contributing to the global nutrition cluster analysis of Gaza and IPC reports on the nutrition situation in Gaza.

What are the lessons learned

Utilize the Social Registry and Collaborate with MoSD: Work closely with MoSD to effectively identify families with children with disabilities for multi-purpose cash assistance (MPCA) and disability top-ups. This ensures accurate targeting and efficient resource allocation during early recovery.

Leverage UNICEF’s Coordination Role: Use UNICEF’s position in the humanitarian coordination system and its connections with Organizations of Persons with Disabilities (OPDs) to find additional recipients. This approach addresses the challenge of accurate data collection and effective service provision. Once services are provided, disaggregated data collection becomes easier and more accurate.

Engage with Clusters and Stakeholders: Collaborate closely with all relevant clusters and stakeholders to share information about available services for children with disabilities and ensure timely referrals. This coordination is essential for providing children with disabilities the support they need in a timely and effective manner.

Address Limitations in the Disability Assessment: Acknowledge the limitations of the current disability assessment, which relies on a narrow medical definition of disability and lacks a thorough needs assessment and referral pathways, hampering the inclusion of children with disabilities in the Social Registry. Discussions on improving the disability assessment and registration process have been initiated.

Establish Cash Plus Services and a Disability Information Management System: Advocate for the creation of cash plus services and a Disability Information Management System to better support children with disabilities. This initiative addresses the need for comprehensive and accessible services, encouraging and incentivizing families to register their children’s disabilities.

Promote social and behavior change to address stigma against disability. Lead community engagement and awareness campaigns aimed at reducing stigma associated with disabilities. Reducing stigma will result in better registration and access to support and services.

This case study has been developed as a part of “[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)”

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Reaching Children with Disabilities with Cash Assistance and Referral to Services



Yemen



Summary

18% of children aged 2-17 in Yemen have a disability, primarily due to congenital issues, malnutrition, and conflict-related injuries.

UNICEF efforts in partnership with the Social Fund for Development (SFD) and the Social Welfare Fund (SWF) has been crucial in providing Unconditional Cash Transfers (UCT) to 1.5 million beneficiary cases, impacting about 9 million individuals.

Over 38,000 children with disabilities and their families benefited from Humanitarian Cash Transfers (HCT) in 2023, using funds primarily for food, healthcare, and debt repayment.

The Cash Plus initiative has linked 14,464 persons with disabilities to essential services, including health, nutrition, and education.

More funding is needed for scale up of HCT and Cash Plus.

The evaluability assessment of UNICEF's Cash Plus initiative concluded that there is a need for improved programme design and monitoring. A shift towards a more

integrated data management system has been initiated, though challenges persist with participant expectations and system coordination.

Child protection cases were identified during Cash Plus cycles, indicating a need for additional resources to ensure better integration of services.

UNICEF will continue transitioning the UCT program to national institutions to improve accessibility and effectiveness.

Efforts will focus on enhancing the Minimum Service Package, ensuring integrated support across health, education, and community services.

A new project funded by ECHO aims to support out-of-school children with cash assistance and service referrals, emphasizing accessible education.

Future strategies include addressing stigma surrounding disabilities and enhancing the capacity of service providers for better referral outcomes.

Background

According to the 2022/2023 Multiple Indicator Cluster Survey (MICS), close to 2 in 10 children age 2-17 years (18 per cent) have a disability.¹ The main causes of disability among children in Yemen are congenital, diseases, conditions related to childbirth, injury/accident, and physical and psychological abuse, with most children (53.4 per cent) acquiring their disability at birth.²

There is reason to believe that conflict-related injuries, psychological trauma and malnutrition have substantially increased prevalence of disability.³ The statistics currently available at the Handicap Care and Rehabilitation Fund (HCRF) are not accurate, mainly due to limited capacity to conduct field surveys and weak data management systems.⁴

The Ministry of Social Affairs and Labour (MoSaL) is responsible for services for persons with disabilities. In 1991, Republican Decree No. (6) established the HCRF to provide financial resources for services for persons with disabilities. HCRF has a case management system with Standard Operating Procedures, guidelines, and a referral system between HCRF, governorates, associations and service providers. HCRF faces challenges due to limited funding and human resources, and limited coordination with other governmental and non-governmental actors, awareness of the community about the provided services (particularly in rural areas), and access to rural areas.⁴

1 Yemen Multiple Indicator Cluster Survey 2022-2023, Survey Findings Report. Available at: <https://www.unicef.org/yemen/documents/yemen-mics-multiple-indicator-cluster-survey>

2 Republic of Yemen, National Health and Demographic Survey 2013. Available at: <https://dhsprogram.com/pubs/pdf/fr296/fr296.pdf>

3 UNICEF Yemen, Mapping Available Assistance to Children with Disabilities in Yemen, 2020. Available at <https://www.unicef.org/yemen/documents/mapping-available-assistance-children-disabilities-yemen>

4 Ibid.

Law No. 31 of 1996 established the Social Welfare Fund (SWF) and identified persons with disabilities among those eligible to receive unconditional cash transfers. Law No. 10 of 1997 established the Social Fund for Development (SFD), tasked to align national social and economic development plans for poverty reduction.

The new Disability Strategy for 2021-2030 and Action Plan for 2021-2025 identifies social protection as one of the key strategic priorities.⁵ The Action Plan determines that MoSaL will establish a committee to ensure better coordination of services and provide financial support to service providers. SFD will implement health and educational infrastructure projects, continue to support Community-Based Rehabilitation, establishment of new centers for early detection and intervention and build institutional capacity of local service providers. SWF aims to annually add 5000 persons with disabilities as beneficiaries of social welfare services and increase the monthly social security entitlement by 100 per cent to account for additional costs related to disability. However, SWF is currently not able to allocate the needed financial resources to implement this action. HCRF will improve and update its database of services provided to persons with disabilities, increase and improve quality of services, particularly in rural and remote areas and collaborate with the Ministry of Public Health and Population to develop and implement health insurance policies for persons with disabilities.

In 2020, there were 200 local associations providing services for persons with disabilities across Yemen.⁶ The local associations are facing multiple challenges and obstacles due to limited funding from HCRF, limited partnership and support from UN agencies and INGOs. They have limited capacity to accept new cases due to limitation in funding, space and number of staff. Many experience difficulties to buy assistive devices and pay staff salaries and utility bills.

Households with members who have disabilities experience higher levels of multidimensional poverty (86.4%) compared to those without (81.2%).⁷ UNICEF's 2020 Service mapping identified lack of transportation, financial cost of services and inaccessibility of infrastructure as barriers impeding access and participation.⁸ For many families, financial constraints prevent a child with a disability from attending school or rehabilitation services regularly.⁹ Out-of-pocket expenses including transport to services, medical bills, nutritional supplements, diapers, and assistive devices can be substantial.

UNICEF YCO is working in partnership with SFD and SWF to provide Unconditional Cash Transfers (UCT), including to persons with disabilities. It is estimated that only around 12% of persons with disabilities are part of the SWF beneficiary lists. The UCT Project has disbursed unconditional cash transfers to 1.5 million beneficiary cases across all Yemen's governorates and districts and impacted about 9 million people. Those benefiting were identified through the Social Welfare Fund list pre-conflict.

5 Republic of Yemen, National Strategy for Disability 2021-2030.

6 UNICEF Yemen, Mapping Available Assistance to Children with Disabilities in Yemen, 2020.

7 UNDP, Measuring Multi-Dimensional Poverty in Yemen, 2023. Available at: https://www.undp.org/sites/g/files/zskgke326/files/2024-02/multidimensional_poverty_in_yemen_en.pdf

8 UNICEF Yemen, Mapping Available Assistance to Children with Disabilities in Yemen, 2020.

9 UNICEF Yemen, UNICEF, Knowledge, Attitudes and Practices study on Social Inclusion of Children with Disabilities, 2023.

Integrated Model of Social and Economic Assistance and Empowerment

To complement the Unconditional Cash Transfer (UCT), a Humanitarian Cash Transfer (HCT) project was established targeting the most vulnerable groups including families with children with disabilities and the Muhamasheen families.

HCT was included in the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) project and implemented in districts of 3 governorates that have Muhamasheen slums. The programme was designed with inputs from UNDP, ILO and WFP. UNDP was not able to provide economic empowerment due to lack of access to financial support from banks. WFP provided food baskets. UNICEF provided Humanitarian Cash Transfers (HCT) and community engagement/SBC interventions in Muhamasheen slums. UNICEF also provided financial skills building, which resulted in some beneficiaries establishing their own businesses.

Humanitarian Cash Transfers

In 2023, 38,363 children with disabilities (of 3,289,000 children) were reached by HCT. The amount received through HCT was more than UCT benefit value (50\$ for households with one child with a disability and 75\$ for households with more than one child with a disability).

Evidence from post-distribution monitoring (PDM) surveys confirm that over 90 per cent of beneficiaries used the cash for food, about one in four to cover medical expenses, and one in five to pay back debts.

The fifth payment cycle of the HCT focussed on assisting families who have children with disabilities and was funded by the Bureau of Near Eastern Affairs of the State Department of the US government. For the PDM, a total of 395 beneficiaries were interviewed face-to-face (86% response rate). The top three items of expenditure were medicine (84%), food (80%), and electricity, water and fuel (26%). 85% of respondents said that the payments were the only types of aid their families had received in the previous three months.¹⁰



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“The reason for my children’s disability is lack of oxygen during birth. I could not afford to give birth in a hospital. I do not have enough money to pay for Amirah and Amir’s school fees and I can barely save for my oldest daughter’s education. I used the money I received from UNICEF to pay for my children’s treatment and bought rations with the rest. Every time I take my children to the doctor, I notice an improvement, which gives me strength to go on.”

– Halima (29) is a housewife in Sanaa and mother of three children, two of them with disabilities, Amira (9) and Amir (9). She was a recipient of UNICEF’s HCT.

¹⁰ Humanitarian Cash Transfers Project (HCT), Yemen, Payment Cycle 5, Post-Distribution Monitoring Report, September 2022.

Cash Plus

Since the sixth payment cycle of the UCT, UNICEF Yemen launched a pilot Cash Plus initiative which targets the UCT beneficiaries. In addition, a case management system was established at the HCRF to support the fund reach more persons with disabilities. As a result, in 2023, 14,464 persons with disabilities were reached through case management and referrals.



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Registration of beneficiaries for Cash Plus at a payment site in Hajjah City in Hajjah Governorate, December 2023. Vulnerable persons are usually reached through outreach distribution.

Cash Plus combines cash transfers with complementary support to maximize the positive impact of the cash transfers, linking beneficiaries to UNICEF supported programmes in health, nutrition, education, and child protection. The initiative was first piloted in one district of Amanat Al-Asimah and succeeded in supporting families to access services. This included life-saving support where cases of severe and acute malnutrition and suspected cholera were identified and referred to healthcare services. Hundreds of children were able to get their birth certificates. These positive results led to an expanded phase two pilot during the seventh payment cycle in four districts in two governorates. During this second phase of Cash Plus, awareness raising on COVID-19 prevention was conducted.

The Cash Plus components include:

- Messaging around immunization and referral
- Messaging around and referral of malnutrition cases
- Identification and referral of out of school children to schools
- Assessment of situation of girl students
- Provision of school bags
- Referral of children for birth certificates
- Hygiene Messaging around and referral of Cholera cases

During the cash distribution period, displaced beneficiaries can collect their cash at payment sites closer to their homes. Outreach teams are also on the ground to serve elderly, persons with disabilities, pregnant women and other beneficiaries with impediments that prevent them from going to the payment sites.

At the payment site, the beneficiary is introduced and familiarized with the services offered within the Cash Plus Model. If they are interested, they register their details with the

Registration Officer. An Information Management Officer collects the registration forms and divides the beneficiaries into groups of blocks according to their addresses and assigns them to the Case Referral Officers (CROs).

CROs will visit their assigned cases, start their case referral process with the Needs Assessment Form and then the Case Plan using the Case Plan and Follow Up form, and then according to the type of services, a different referral method will be followed. In the North, case managers collect data on paper (due to sensitivities using devices – whether connected or offline) and spend the evening to transfer the data to the platform. The current software in use is Inform, which is the same software as for the Unconditional Cash Transfers managed by Yemen Service Center. In the South, case managers input data directly into the software, using tablets or smartphones.

After the referral is made, the CRO will use the Case Plan and Follow Up form to check out the status of their cases. This will be done through phone calls and regular visits to the beneficiary within one to two weeks of the date of the referral. Each beneficiary will be visited, assessed and referred within a cycle of two months. Once the case receives the service needed, the case will be considered closed.

CROs are trained on key UNICEF messages on best practices in health and nutrition, education and child protection, which are delivered during the CROs visits to beneficiaries. The messages aim to change negative behaviours or create new positive behaviours and raise the demand for services by breaking negative beliefs. In addition, posters on key messages are available at the payment sites and leaflets are distributed to beneficiaries.

Complaints and feedback from beneficiaries

Beneficiaries wishing to submit a complaint or request for support, can do so through a UNICEF call centre using a toll-free number or through field-based personnel. All grievances are analysed and sent for redressal. Beneficiaries facing challenges to collect their benefits are assisted through a Case Management Team. Most of the complaints are about inability to register at the payment center because of overcrowding, as well as complaints from those who did not receive payments. Complaints or feedback from persons with disabilities are not categorized. UNICEF rarely receives complaints from persons with disabilities because most of them receive their payments through the outreach teams. Sometimes people with disabilities ask why the cash plus registration/enrollment activities are not carried out concurrently with the UCT outreach activities. Unfortunately, the cash plus program lacks the resources necessary to carry out any outreach registration activities focused at reaching and enrolling people with disabilities.

HCRF has a hotline to receive complaints and feedback from beneficiaries of households with children with disabilities. HCRF has not provided data on what complaints they receive and how they are addressed. There is no link between calls received through the UNICEF’s Call Center and HCRF.

Challenges and Lessons Learned

The Cash Plus programme has identified the following challenges:

- Education services by UNICEF were limited and not enough to get students to return to schools
- Delays in health and nutrition supplies led to multiple visits to the beneficiaries
- CRA and BR – coordination issues
- Beneficiaries unable to reach services (transportation costs)
- Paper-based reporting
- Beneficiaries have high expectations and unmet needs
- Some beneficiaries locations are difficult to reach

The 2021 evaluation of the social protection programme acknowledged that UNICEF ensured that the cash transfers reached even the least accessible populations, by providing home outreach payment services to those populations, including the elderly, persons with disabilities, pregnant women and other beneficiaries with impediments unable to collect payments at designated pay points.¹¹

The 2023 evaluability assessment of the cash plus initiative concluded that the programme is not ready for evaluation due to challenges related to programme design, monitoring system, and data management.¹² UNICEF has made significant efforts to address and tackle the identified gaps and challenges. The following programme documents have been drafted so far:

- Cash Plus Theory of Change & Programme Logical Framework
- Cash Plus Program SOPs (Programme Implementation Guideline)
- Cash Plus Strategy / Programme Document Note

A dedicated SharePoint folder was established. UNICEF and SWF have been using the folder to upload, archive and organize all project related documents, including datasets and records. In addition, since the 6th payment cycle, UNICEF has improved and developed an electronic data management system for the programme. This includes a clear data management and M&E structure for the data collection, reporting and sharing quality data, as well as a data collection training package.

In every Cash Plus cycle there have been child protection cases identified and referred to the child protection



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11 UNICEF Yemen, Country report Yemen: Evaluation of approaches to social protection programming in humanitarian situations, focusing on cash-based programming, 2021, page 24. Available at: <https://uni-kms-eisi.azurewebsites.net/api/attachments/28c208e8-b020-4220-8c88-5539ec83dea1.pdf>

12 UNICEF Yemen, Cash Plus Initiative Evaluability Assessment, 2023. Available at: <https://uni-kms-eisi.azurewebsites.net/api/attachments/172ceb5f-176c-4a3b-aa62-8881ce0fc75e>

case management system. SWF and UNICEF have made several efforts to ensure better coordination and integration of Cash Plus with child protection case management. A joint workshop was held to identify entry points to enhance integration and complementarity. More work is needed to systematize and enhance the referral process. There have been discussions on whether it is possible to use the same platform for Cash Plus and child protection case management, or at least for the referral mechanism. Resources are needed to support the referral of child protection cases from SWF to MoSAL and other related service providers. For instance, during the 8th cycle of cash plus, more than 2000 children were referred to obtain birth certificates, however MoSAL was not able to address their needs due to lack of resources.

Next Steps

The HCT and Cash Plus programme have been mostly funded through Regular Resources. Funding scarcity continues to be a key challenge, particularly for the HCT and Cash Plus programme, limiting scale up to support systems at national and subnational levels.

YCO has agreed on a Minimum Service Package (MSP) that defines the most critical set of integrated minimum services that must be available at each individual gateway.

- Primary health care: Support public health care centers and health workers to make referrals of children with disabilities to access the services of the HCRF (Social Policy)
- School: Provision of cash assistance supporting girls and boys' education (Social Policy)
- Social Service Center: Cash assistance provided to the most vulnerable children (Social Policy)
- Community: Provision of assessment and services and/or referral of children with special needs by a social worker (Child Protection), Cash assistance provided to vulnerable children and families (Social Policy), Case management and referral of children with disabilities to available services (Social Policy)
- IDP Camp: Assessment, service provision and/or referral of children with special needs by a social worker, Cash assistance provided to the most vulnerable IDP families (Social Policy), Case management and referral of children with disabilities to available services (Social Policy)

A new ECHO funded project in one district in Hodeidah governorate will support back to learning for out of school children, including cash assistance and referral to services. The project is funded for one year. Education programme will identify 2100 children who are registered in schools or who are out of school and need to be enrolled in school. Targeting and selection criteria will focus on the most vulnerable and poor families which includes households with children with disabilities. Partners will collect data on type and severity of disability (using the Washington Group Questions), cause of disability, access to services, and main needs). The families/households will be provided cash assistance support. Social workers from SWF will implement SBC interventions as well as case management and referral to services. The Education programme will also renovate school buildings to ensure accessibility for physical disabilities.

UNICEF is considering enhancing the social and behavior change component in the Cash Plus programme to address stigma against disability, starting with families receiving

case management. UNICEF is also considering assessing service providers capacity on how many referral cases they can address and include those with capacity in the referral mechanism. Last, UNICEF is considering reviewing existing protocols and adopting a specific redress protocol for disability related complaints/feedback.

This case study has been developed as a part of “[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)”

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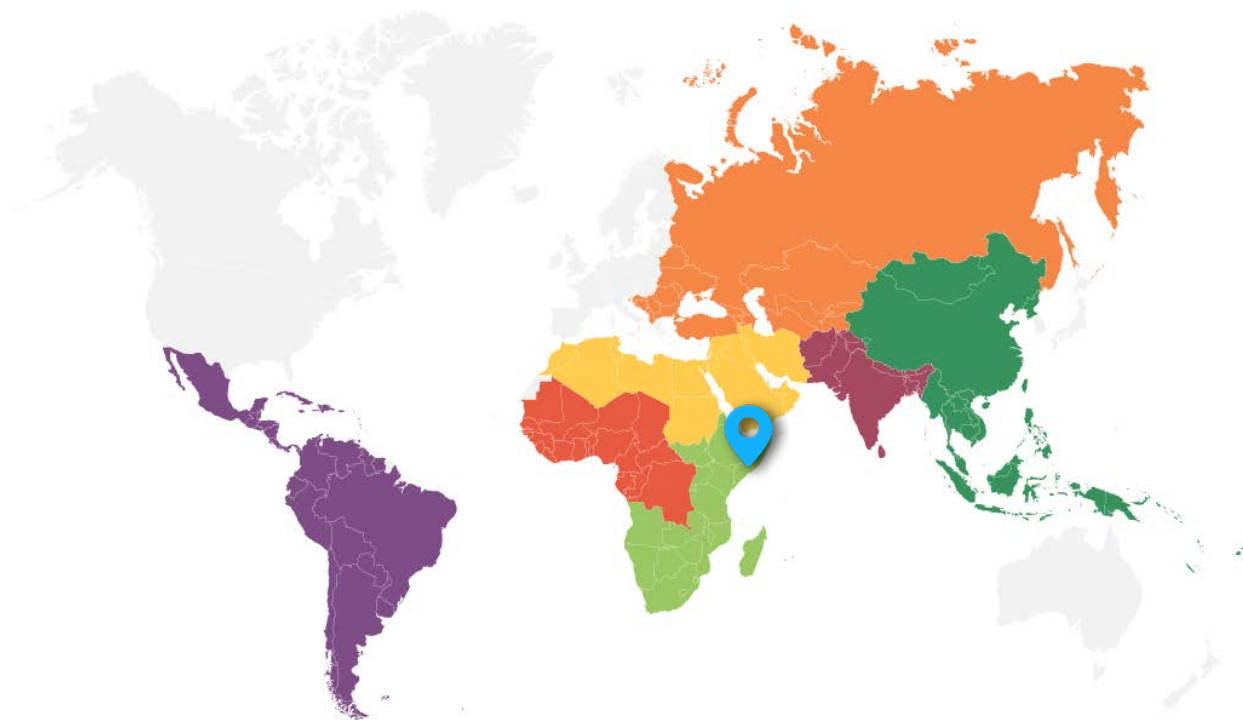
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Community-centred Disability Awareness and Identification



Somalia



UNICEF partnered with Alight Somalia to enhance disability-inclusive humanitarian responses in Jubbaland, focusing on internally displaced persons (IDP) settlements in Kismayo, Jamame, and Dhobley. The strategy included training humanitarian actors, using community-based approaches for identifying and referring children with disabilities, and empowering young persons with disabilities to become advocates in their communities. Inclusive accountability mechanisms were improved, including the creation of accessible feedback systems.



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Background

More than 20% of the population in Somalia are experiencing humanitarian crisis or emergency due to multiple factors including drought, conflict, floods, and disease outbreaks. Persons with disabilities in Somalia face more barriers and risks and are often excluded from humanitarian assistance. Barriers include inaccessible physical environments, lack of socio-economic rights, lack of community awareness, insufficient teaching skills, poverty, a severe shortage of assistive devices and mobility aids and negative attitudes and stigma. In Somali society, disability is a sensitive issue, and considered shameful. Children with disabilities are largely invisible in Somali society. There is currently inadequate data collected on the prevalence, needs and capacities of children with disabilities in the country. UNICEF Somalia estimates that 4.3 million children, including 640,000 with disability will need emergency humanitarian aid and assistance in 2024.

The lack of an effective national legal framework, weak institutional capacity, a lack of effective policies and mechanisms presents significant challenges in translating commitment to the rights of persons with disabilities into meaningful action. Whilst efforts are being made by civil society organisations in Somalia, the implementation gap is still considerable.

Strategy and implementation

UNICEF Somalia has established a Disability Taskforce to share responsibility to apply a twin track approach of disability inclusion by mainstreaming disability inclusion into sectoral and cross sectoral programming and organisational systems and structures. Multiple teams including Human Resources, Accountability to Affected Populations and Social and Behavioural Change contributed to the outcomes of this project.

With Norway HAC funding, UNICEF Somalia has worked in partnership with Alight Somalia to scale up disability inclusive humanitarian response in Jubbaland, in Kismayo and its environs, Jamame and Dhobley. Alight has been operating in the Somali region since 2010, providing critical support for displaced and marginalised communities through Healthcare, Nutrition, Education, Protection, Shelter, Economic Recovery, Water and Sanitation services.

Through this partnership, UNICEF and Alight Somalia used the following strategy in Jubbaland with particular focus on IDP settlements of Kismayo, Dhobley and its environs:

- 1. Strengthening the capacity of humanitarian actors** to gather evidence on the needs, challenges, and opportunities of persons with disabilities when accessing services
- 2. Community based approaches** to identification and referral
- 3. Champions with Disabilities** to empower and enhance the leadership skills of young persons with disabilities.
- 4. Inclusive Accountability to Affected Populations** to strengthen accountability and responsiveness of humanitarian actors to the needs, preferences, and feedback of persons with disabilities. By improving accessibility of feedback and complaints mechanisms.

The needs of persons with disabilities were integrated into all stages of planning and implementation. This approach guaranteed that the most marginalised and vulnerable populations received the support they needed, promoting a more equitable distribution of resources and services.

Progress and results

Strengthening the capacity of humanitarian actors

To strengthen capacity and build commitment to identify and meet the needs of adults and children with disabilities a range of stakeholders received training from UNICEF and implementing partner Alight. Implementing partners from 40 organisations across different sectors including WASH, Protection, Health Nutrition and Education received training on disability and gender inclusive practice.

To promote effective mainstreaming of disability services into all sectors which are accessible, responsive, and compliant with disability standards and measures, training was provided to 60 organisations of persons with disabilities (OPDs), including organisations

that support women with disabilities, National Disability Agencies (NDA), local government, and humanitarian actors. The training covered the fundamental concepts of Social Behavioural Change (SBC), Gender Equality and Disability Inclusion (GEDI), and Accountability to Affected Population (AAP) for emergencies and displacement-related interventions. A cross-section of humanitarian actors participated to assure that disability inclusion is mainstreamed to improve humanitarian response.



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Community based approaches

Following training on the fundamentals of a rights-based approach to disability inclusion, 23 community mobilizers conducted door-to-door visits to identify and refer children with disabilities to appropriate services and schools. Ongoing guidance was provided to teachers to support the referred children's education support needs. In addition to door-to-door visits, community awareness initiatives extended to schools, water points, community gathering centres and health facilities.

Follow up support was provided via a hotline which enabled Alight to provide prompt support and referral to those seeking support. In addition, mobilizers were deployed across IDP camps in Kismayo and Dhobley to closely monitor the situation of individuals identified.

Mass communication approaches spread awareness amongst the wider community through diverse channels including media, community gatherings, and educational materials.

Champions with Disabilities

A strategic combination of social behavioural change messages, and community development techniques were used to engage young persons in the community as part of the Champions with Disabilities Approach. The aim is for these young persons to feel confident as advocates in their communities, to contribute towards decision making, and develop skills to be able to access employment opportunities.

Inclusive Accountability to Affected Populations

To increase accountability to affected populations, feedback mechanisms were made more accessible for adults and children with disabilities, through the creation of 'Reachable Complaints Boxes' and awareness built of where to find them and how to share feedback. Feedback has included requests for clarification about service gaps, barriers to accessing life-saving interventions, and a lack of knowledge about existing services in all targeted districts and allowed for timely adjustment of strategies to better meet the needs of the community.

As a result of the project:

- 23 community mobilizers conducted door-to-door visits, identifying 386 individuals with disabilities in need of coordinated support.
- Among the 386 individuals identified, 12% were children with disabilities.
- 22 children with disabilities were referred to nearby schools, with ongoing collaboration with teachers to support the referred children's education support needs.
- 600 children in schools and 260 individuals accessing health facilities were sensitised on disability inclusion, human rights, and entitlements.
- To date over 3,000 people have been reached through mass communication campaigns with the hope that over 16,000 will be reached by these messages by the end of the project.
- 40 young persons with disabilities were identified to receive mentorship and receive training through the Champions with Disabilities Approach.
- 10 Reachable Complaints Boxes were distributed.
- 5977 complaints and feedback were received, resulting in 4209 resolved responses.

Lessons learned

The following lessons have been learned in the implementation of this project:

- **Encourage active community participation and ownership** to enhance intervention effectiveness and sustainability. This action addresses the need for trust and empowerment within local communities. Consequently, interventions have become more effective and sustainable, fostering greater local trust and empowerment.
- **Use a combination of approaches** to tackle stigma in the community in addition to supporting children with disabilities themselves. The exclusion of children with disabilities is a result of multiple factors, and focusing on meeting the needs of the child alone is not enough. By taking a multi-pronged approach working with both the community through Social Behavioural Change activities alongside targeted activities with children with disabilities and their families helps to tackle the root causes of exclusion as well as the immediate needs of the child.
- **Invest in community engagement and participation.** This action addresses the need for trust, empowerment, and ownership within local communities. The inclusion of community mobilizers, supervisors, and accountability assistants ensured that the interventions were grounded in the realities and needs of the affected populations.
- **Combine face-to-face and mass communication approaches** particularly in communities where disability is highly stigmatised. Due to stigma, children with disabilities can be hidden away and their families not reached through mass media campaigns alone. Door-to-door community mobilisation activities coupled with the use of relevant IEC materials, counselling sessions for parents and guardians can result in higher levels of identification.
- **Apply a gender sensitive approach.** Women and girls with disabilities may experience specific barriers to inclusion due to their gender. By addressing the specific needs and challenges faced by women and girls, a more holistic and equitable approach to protection principles can be used.

Way forward and potential application

Way forward in Somalia:

Activities have been particularly successful at identifying children with disabilities and referring them to essential services increasing the demand for inclusive education and inclusive services. A crucial next step is to strengthen the capacity of service providers and teachers to be able to meet the needs of children with disabilities that are referred to them.

Potential application:

This project has demonstrated the value in utilising SBC and AAP approaches, in conjunction with disability inclusion in mass awareness and community engagement.

Future projects require continued adaption of Social Behaviour Change activities to local contexts to better understand the most appropriate approach to tackling stigmas in the community

This case study has been developed as a part of “[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)”

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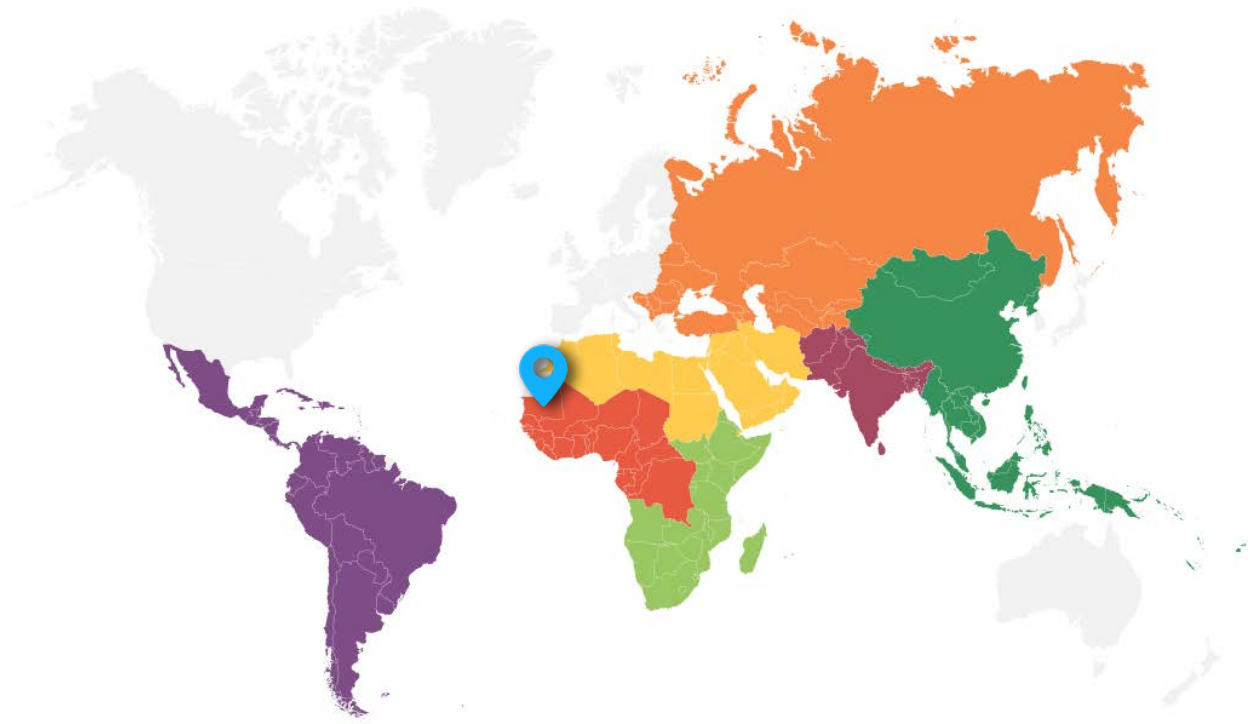
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Strengthening the Inclusiveness of Social Protection Information Management Systems



Mauritania



UNICEF Mauritania aimed to ensure children with disabilities were visible in humanitarian and shock responses through a targeted strategy. This included integrating the Washington Group Questions into data collection tools, training enumerators, and incorporating disability data into national response plans. A high-level workshop brought together representatives from twelve ministries and the Federation of National Associations of People with Disabilities, resulting in recommendations for further inclusion work. Technical support was provided to further develop Mauritania’s National Disability Strategy, with plans to validate it by year-end. Despite the challenges of community stigma and the need for more disability focused INGOs, significant progress has been made including the collection of data on 36,532 children with disabilities and enhanced intersectoral collaboration for inclusive practices.

Background

Mauritania faces significant humanitarian challenges, including an influx of refugees from Mali due to the deteriorating security situation, food crises, ongoing health challenges and malnutrition issues. Nearly 880,000 people experienced food security crisis conditions during the lean season in 2022 and over 80,000 children were affected by acute malnutrition¹. These figures represent the highest rates in the Sahel region². Mauritania's vulnerability to food insecurity was exacerbated by its heavy dependency on cereal imports which have faced significant price increases due to the war in Ukraine. In addition, children in Mauritania are among the most exposed to climate risks, as indicated by the Children's Climate Risk Index³. It is widely acknowledged that persons with disabilities are often disproportionately affected when faced with emergency situations as they encounter greater obstacles in accessing essential services and assistance and the lack of data on disability hinders their visibility within the humanitarian response.

Recognizing the need for better crisis preparedness, the Mauritanian government set up an intersectoral Crisis Prevention and Response Mechanism, focusing on food security and nutrition, and developed a national multi-hazard emergency response plan. UNICEF simultaneously pledged multisectoral, evidence-based responses aligned with government plans, aiming to target the most vulnerable populations, including children with disabilities, and strengthen national emergency preparedness and coordination capacities.

Despite efforts to mitigate food insecurity and malnutrition through the annual National Response Plan in Mauritania, the exclusion of data on persons with disabilities hampered the effectiveness of government responses in addressing their needs. To enhance the lean season humanitarian response system, Mauritania established a comprehensive social register to target vulnerable populations. This register not only supports better coordination and planning but also improves monitoring and oversight of beneficiaries, representing a crucial step towards strengthening the inclusion of marginalised groups in emergency response efforts. Additionally, Mauritania has demonstrated a commitment to inclusion, with UNICEF supporting the government in implementing inclusive social protection policies, with a particular focus on cash transfers. However, the lack of clear data on disabilities highlighted the importance of adopting evidence-based approaches to support vulnerable populations, including children with disabilities, during crises.

Strategy and implementation

To address these challenges and strengthen the inclusiveness of the humanitarian and shock responses, UNICEF Mauritania sought to ensure that children with disabilities were visible within the response and subsequently part of a targeted approach with Norway HAC funding.

1 UNICEF HAC Appeal: Mauritania, 2023 <https://www.unicef.org/media/131346/file/2023-HAC-Mauritania.pdf>

2 Ibid.

3 UNICEF, The Climate Crisis is a Child Rights Crisis: Introducing the Children's Climate Risk Index, UNICEF, New York, 2021.

The strategy included:

1. Strengthening Disability Data:

- To integrate the Washington Group Questions into the data collection tools for the social register to capture data on persons with disabilities and training enumerators.
- To incorporate disability data and indicators into the national shock response plan and programs in order to support the inclusion of disability-inclusive principles into national social protection and lean season response plans.

2. An intersectoral approach:

- Organisation of a high-level workshop on inclusive policies was organised with participants including representatives from twelve ministries and the Mauritania Federation of National Associations of People with Disabilities.

3. Technical support to national government:

- To support the development of Mauritania’s National Disability Strategy

Progress and results

Strengthening Disability Data:

Through the project, significant achievements have been realised in enhancing the inclusion of persons with disabilities in humanitarian responses and social protection programs. Funding has enabled the establishment of an effective data collection system, which for the first time has enabled households of children with disabilities to be targeted to receive support from relevant governmental bodies and the World Food Programme, a significant milestone in addressing the needs of vulnerable population groups. To date, data has been collected on 36,532 children with disabilities across 6 regions during updates of the social register. The insertion of the Washington Group Questions will continue to facilitate the targeting of persons with disabilities in areas most affected by shocks, ensuring accurate and real-time data for future responses, and providing the data necessary to monitor the inclusiveness of a response. This data can also be accessed by other humanitarian actors to inform their own programming.

Intersectional Approach

A high-level workshop, under the leadership of the Ministry of Social Action, Childhood and the Family, was organised for humanitarian actors, senior government officials, the Federation of National Associations of People with Disabilities and Civil Society Organizations to enhance their knowledge and skills in disability inclusive policies and humanitarian practices. Additionally, recommendations from the workshop include future research to better understand the support needs of persons with disabilities and a study in partnership with the Federation on the costs associated with disability. These actions further enhance understanding of the steps needed to attain meaningful disability inclusion, provide an evidence base for advocacy to secure rights and guide further work on inclusion across all partners and Ministries.

As a result of these efforts, tangible outcomes have been achieved, including the integration of persons with disabilities in the national response plan and an increase in awareness among other ministries regarding their own sectoral responsibilities for advancing disability inclusive practices. Moreover, institutional support has been provided for the development of the national response plan and programs targeting persons with disabilities.

Technical support to national government

UNICEF Mauritania is providing technical support for the development of Mauritania's National Disability Strategy. The government aims to validate the strategy by the end of the year, with support from national and international consultants. It is intended that this document will facilitate the consideration of disability in the country's broader poverty reduction strategy.

The progress of these disability inclusive interventions has been influenced by several enabling and hindering factors. The political commitment to inclusion, demonstrated by engaged politicians and the active participation of ministers in CRPD review committees, has provided a strong foundation. However, challenges persist, particularly in addressing the 'how' of facilitating inclusion and overcoming community stigma, most notably towards children with intellectual disabilities. Even with a favourable environment for inclusion and government commitment, the absence of disability-focused INGOs poses an obstacle as there is a need for increased capacity-building support for both government departments and Organisations of Person with Disabilities (OPDs). Additionally, addressing the intersectoral nature of inclusion efforts remains essential, with the Minister of Social Action spearheading disability-related work but requiring broader awareness across all ministries. Despite these challenges, this funding has enabled the acceleration of disability data inclusion in social protection registers, demonstrating progress in addressing this important aspect of targeted inclusion.

Lessons learned

- **Enable the government to take leadership of the project.** This action recognised the commitment that the government demonstrated to advancing disability inclusion and provided the technical support and funding to accelerate the collection of disability data in the social register. Consequently, the government has ownership of the initiative and has the expertise to scale it.
- **Foster intersectoral collaboration and diverse partnerships** to enhance the consideration of disability inclusion in cross-sectoral humanitarian responses. Such collaborations address the need for disability inclusion to move beyond sectoral approaches to multi-agency involvement. This intervention is supporting efforts to facilitate collaborative partnerships and shared learning opportunities to ensure that disability inclusion becomes integrated across all humanitarian actions.

Way forward and potential application

Way forward in Mauritania:

- The need to provide further support for OPDs to build their capacities has been identified, particularly in regions outside the capital, as many persons with disabilities feel the need to migrate from rural areas to access better opportunities. Support for OPDs should also focus on raising awareness at the community level to enable persons with disabilities to remain in their local areas if they wish to.
- Further work on the National Disability Strategy is ongoing and it is hoped that it will be adopted by the end of the year to safeguard the rights of persons with disabilities and secure comprehensive coverage of their needs and concerns.
- It is imperative that the Disability Registry Database is regularly updated to ensure its reliability for interoperability with other data systems.
- Institutional awareness-raising efforts should be intensified to foster a more inclusive environment and address barriers to access, such as challenges in obtaining healthcare insurance cards for persons with disabilities who often face difficulties travelling to acquire them. Furthermore, ongoing capacity-building initiatives are essential at both political and technical levels across all sectors to ensure sustained progress in disability rights and inclusion efforts.



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Potential application:

- When scaling similar projects to enhance targeted support for persons with disabilities, it is important to recognise that the desire and commitment of several government representatives was key to the success of this project. Continued engagement and awareness raising with intersectoral partners can contribute to establishing this commitment and plays a significant role in ensuring longer-term ownership and sustainability.

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Identifying Children with Disabilities and Ensuring their Rights and Needs



Myanmar



In Myanmar, the ongoing crisis has severely impacted children, particularly those with disabilities, exacerbating their vulnerability due to disrupted access to essential services. To address these pressing needs, UNICEF Myanmar has implemented a comprehensive social protection strategy focusing on disability inclusion and shock-responsive approaches. Central to their efforts is the Disability Management Information System (DMIS) which screens and registers children and adults with disabilities. This system enables tailored support, including cash transfers, specialized services like rehabilitation and assistive devices, and capacity building for frontline workers. By partnering with local organizations of persons with disabilities (OPDs) and NGOs, UNICEF ensures integrated service delivery that meets specific disability needs. The programme has made significant strides in enhancing community awareness, reducing stigma, and improving service accessibility for children with disabilities in Myanmar. Moving forward, UNICEF aims to expand the programme's reach to cover more regions and states, scaling up disability screening, cash transfers, and service provision.

Background

The crisis in Myanmar since the military takeover in February 2021 has put children at risk and limited access to services, including for children with disabilities. More than 18.6 million people are in need of humanitarian aid in 2024, with an estimated 2.4 million of them having disabilities¹. The crisis has led to a deterioration of social services, with public spending on health, education, and social welfare falling significantly. Before the crisis, children with disabilities already had limited access to inclusive and accessible healthcare. During conflict, children with disabilities are disproportionately impacted and face obstacles accessing humanitarian assistance.

Armed conflict and disability

In Myanmar, the conflict has caused over 2.7 million people to be internally displaced², with an increasing number of casualties from landmines and explosive remnants of war (ERM). In 2023 alone, 1,052 people were affected, including 188 deaths and 864 injuries. Children accounted for 22 per cent of these casualties³. The conflict has led to new disabilities, worsened existing ones, and caused secondary disabilities among children.



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Aung lost this leg when he stepped on a landmine in his family farm.

Strategy and implementation

Since the start of the political and humanitarian crisis in Myanmar in 2021, UNICEF has shifted towards a shock-responsive social protection approach to address the needs of the most disadvantaged and vulnerable people in Myanmar, including those with disabilities.

- 1 UNICEF (2024), Myanmar Humanitarian Situation Report No 1, 2024. Reporting period 1 January to 29 February 2024
- 2 UNICEF (2024), Myanmar Humanitarian Situation Report No 1, 2024. Reporting period 1 January to 29 February 2024
- 3 UNICEF (2023), Myanmar Landmine / ERW Incident Information 2023.

The focus is on strengthening family resilience and supporting recovery with disability inclusive, gender-sensitive, and shock-responsive social protection measures and care services. This approach is underpinned by improved, systematic data on disability, and strengthening local capacities and systems to provide disability-inclusive social protection and services.

1. Disability screening and registration

A Disability Management Information System (DMIS) designed to securely facilitate the identification of children and adults with disabilities and assess their eligibility for support services

2. Delivery of disability cash transfers

Delivery of cash assistance to caregivers of children with severe disabilities registered in the DMIS for an eight-month period.

3. Delivery of disability-specific services

Participants of the social protection programme are eligible to receive integrated social services tailored to their specific disability-related needs and designed to complement the cash assistance.

4. Capacity building

Training and capacity building have been a cornerstone of the programme’s strategy aiming to increase the frontline and community workers’ awareness of the rights and needs of persons with disabilities and practical communication skills, reducing stigma and increasing their competencies to deliver disability-friendly services.

Progress and results

Disability screening and registration

UNICEF launched a Disability Management Information System (DMIS) in early 2023 to identify children and adults with disabilities and assess their eligibility for support services in Myanmar. The system facilitates data collection on functional limitations, health conditions, education and healthcare access, need for assistive technology, and household characteristics. UNICEF conducts disability screening activities with national experts and community volunteers, supported by specialist IT and data management.

To date, UNICEF has screened and registered 43,776 children and adults in more than 215 townships. See Figure 1. The screening is carried out in collaboration with organisations of persons with disabilities and community networks. 2024.

The disability screening started in Yangon, but has expanded to 17 other regions and states.

Analysis of the DMIS reveals that 85 per cent of the people registered have severe disabilities, while only 15 per cent have moderate disabilities. See Figure 2 for the types of disabilities.

Figure 1: People screened and registered in DMIS by gender and age

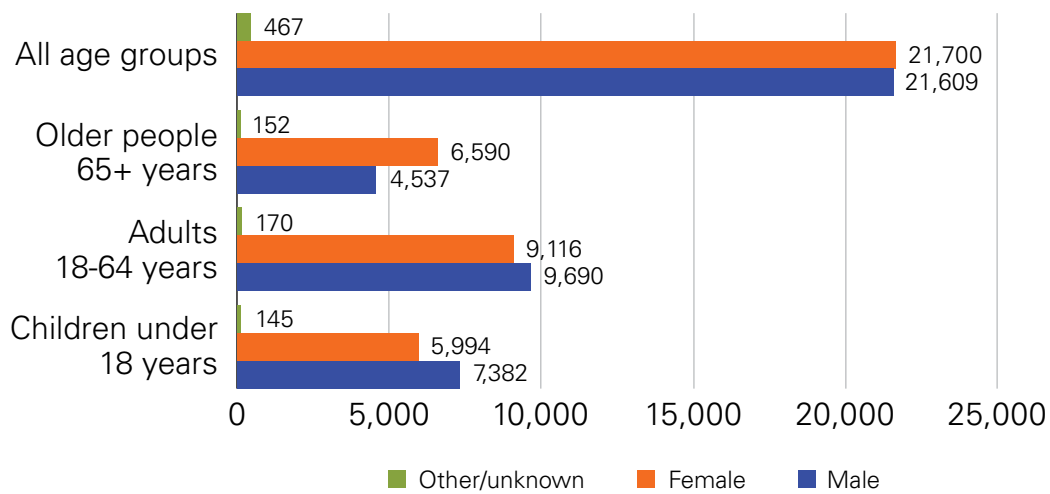
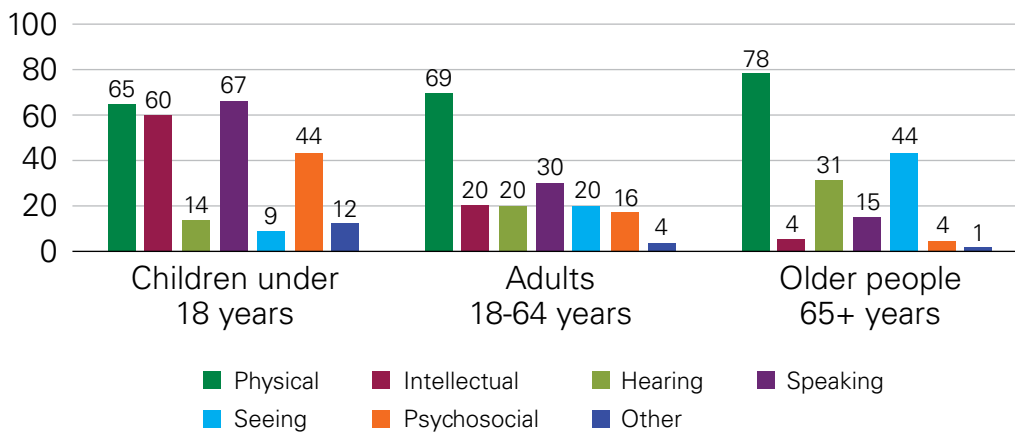


Figure 2: Prevalence of people with disabilities according to functional domain, by demographic age group



Delivery of disability cash transfers

Poverty and disability are inextricably linked, with persons with disabilities—especially children—disproportionately represented among the most impoverished segments of society. Households caring for children with disabilities face additional costs, including direct expenses for medical treatment, travel, rehabilitation, and caregiving assistance. Moreover, there are opportunity costs when parents or family members limit their employment to care for these children. In Myanmar, nearly 95 per cent of youth with disabilities are unemployed or economically inactive, while 70 per cent of adults with disabilities are not employed, with only 3 per cent in paid employment and 20 per cent self-employed.

Adding to the challenge, Myanmar has the lowest coverage of public social protection in the Asia-Pacific region. The State Administration Council’s budget cuts—40 per cent in 2022 and an additional 14 per cent in 2023—have exacerbated the situation. Access to birth registration and national identity cards is significantly lower for people with disabilities, hindering their enrolment in social protection programmes. Shockingly, 96 per cent of children with disabilities in Myanmar live in households not enrolled in any cash transfer programme.

Since the 2021 military takeover and reduced national social protection, UNICEF has shifted its strategy. They now focus on direct cash assistance delivery to address poverty among households with children with disabilities, reaching nearly 16,000 children with disabilities and their family members. Their child disability benefits programme, launched in October 2023, provides regular cash assistance and specialized support services. Specifically designed for families with severely or profoundly functionally limited children under 18 (registered in DMIS), the programme disburses bi-monthly cash transfers via the mobile money platform, Wave Money. To ensure effectiveness and transparency, UNICEF has established feedback hotlines, third-party monitoring, and two-way SMS verification for payments.

Delivery of disability-specific services

Assistive technology (AT)⁴ and disability specific services, such as rehabilitation, play a critical role in development and daily living activities, education, community participation and, often, the survival of children with disabilities.⁵ For many children with disabilities, without AT they cannot communicate with their family and peers, attend school or leave the home. In humanitarian contexts, a lack of access to AT can hinder access to basic, life-saving assistance.⁶ In Myanmar, of those who need assistive devices, only 5 per cent have all the products they require. Leaving 95 per cent in need of assistive products.⁷ Amongst children, the most needed products were wheelchairs, hearing aids and absorbent incontinence products. Both children and adults have unmet healthcare needs as well with more than 13 per cent never receiving any health treatment.

UNICEF is working to meet this demand for AT and disability specific services in Myanmar. Participants of the social protection programme who reside within the service areas of partner organisations of persons with disabilities (OPDs) and NGOs are eligible to receive integrated social services tailored to their specific disability needs and designed to complement the cash assistance. UNICEF’s partner organizations offer a variety of services, including physiotherapy and rehabilitation, assistive devices, emergency healthcare, and counselling, reaching 2,209 children with disabilities as of July 2024. These services are currently available in specific regions: Yangon, Chin, Sagaing, Shan North, Shan East, and Shan South.

Capacity building

Children, young people and adults with disabilities face barriers, including stigma and discrimination that can prevent them from accessing essential services across all sectors. Frontline and community workers play a crucial role in ensuring all people can access the basic services; however, many have never been trained in providing services for persons

4 Assistive technology is a term for assistive products, including devices, and their related systems and services. It covers assistive devices such as wheelchairs, prosthetics, glasses, hearing aids, white canes, etc., and digital products such as software and apps.

5 UNICEF (2022), *UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022-2030*.

6 UNICEF (2022), *UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022-2030*.

7 Note that this doesn’t include those registered on DMIS that do not need assistive products.

with disabilities. UNICEF’s Strategic Plan 2022-25 commits to increasing the number of countries with at-scale capacity-development programmes for frontline workers that focus on disability inclusion.

In Myanmar, training and capacity building has been a cornerstone of the programme’s strategy. A training package for frontline workers was developed in collaboration with CBM Global’s Disability Inclusion Advisory Group and UNICEF’s East Asia and Pacific Regional Office. Starting in 2023, more than 600 frontline and community workers now have increased awareness of the rights and needs of persons with disabilities and practical communication skills, reducing stigma and increasing their competencies to deliver disability-friendly services. The training has also benefited staff members from 92 NGOs that are part of the Child Protection Case Management Network, as well as implementing partners associated with the Access to Health Fund.

For Daw Myint Myint Shwe, life seemed dark as her 17-year-old son with autism, Nay Win Aung, grew up facing a world that did not understand him. He was mis-labelled as ‘spoiled’ and told it was his ‘karma,’ as he struggled to fit in. Misconceptions and fear caused by a lack of resources and understanding, made it hard to seek help, leading to delays in getting support.

“We went from doctor to doctor, seeking help, but got no tangible explanation or solution. As a mother, I felt helpless,” said Daw Myint Myint Shwe.

When the family met, Khin Lay Yee, she was able to provide the support and understanding the family needed. Yee has set up a school and built a strong network of service providers. Yee is one of the professionals engaged in UNICEF’s early childhood identification and intervention programme. “Through trainings, I learned about early screening and assessment tools and intervention services adapted for Myanmar,” said Khin Lay Yee.⁸



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Nay Win Aung playing cards with his teacher.

⁸ UNICEF (2023), *Shining light on autism: A teacher’s journey to break the stigma in Myanmar*. <https://www.unicef.org/myanmar/stories/shining-light-autism>

Lessons learned

Following the principle of “*Nothing about us, without us*” which is the slogan of disability rights advocates, the programme has worked with persons with disabilities and OPDs through a number of different modalities.

- **Training and Support for OPDs:** UNICEF identified capacity gaps in OPDs that hindered effective collaboration. To address this, the country office has partnered with OPDs to provide integrated social services for recipients of the cash transfers. The value that OPDs brought to the programme was knowledge of disability concepts, barriers to inclusion and how to work with children with disabilities.
- **Inclusion in Disability Screening and Registration:** Recognizing the lack of disability concepts knowledge and rapport with persons with disabilities in communities, UNICEF worked with consultants representing OPDs and included OPD representatives in disability screening and registration processes. As a consequence, the identification of eligible individuals improved significantly. Additionally, a better understanding of their unique needs emerged, enabling more tailored interventions.
- However, there were also **challenges when partnering with OPDs**, including capacity gaps in report writing and project management and, limited access to technology. Representatives of OPDs working with UNICEF also faced accessibility barriers as not all UN offices and meeting rooms are accessible to persons with different types of disabilities. This indicates that to partner with OPDs, investment is needed in organisational capacity and UN organisations in Myanmar need to assess the accessibility of premises and remove barriers to access for persons with disabilities

Way forward and potential application

The disability social protection programme will continue to scale up, increasing its reach of children with disabilities and increasing the geographical scope to cover more regions and states in Myanmar. The disability screening and registering in the DMIS will be scaled up with the target of screening at least 50,000 people before the end of 2024. Currently nearly 16,000 children and their family members have received cash transfers with aims to extend this coverage to all registered children with disabilities. Plans are in place to broaden the geographical coverage of the disability-specific services that are being provided by partners to complement the cash assistances. This will be done by expanding the number of partnership agreements. The number of frontline workers trained on disability will also be expanded with the aim to train 1,2000 frontline workers by the end of 2024. This will strengthen support and inclusion of persons with disabilities and reduce stigma throughout the programme areas.

This case study has been developed as a part of “[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)”

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Innovative Solutions to Screening and Timely Access to Assistive Technology



Nepal



To counter the challenges faced by adults and children with disabilities in accessing timely assistive technology, UNICEF created a multi-agency consortium to establish 3D printing labs within rehabilitation centres which provided prosthetics and orthotics to individuals affected by disasters. The project identified and supported 150 children, provided training to 20 individuals, and facilitated collaboration with local governments to explore integrating these initiatives into national programs. Technology was also embraced to address the low levels of persons with disabilities obtaining disability identity cards and a web-based disability screening tool was scaled in disaster-prone areas to facilitate the registration of persons with disabilities and enable access to social protection and essential services. Lessons learned emphasised the importance of collaborative efforts and long-term agreements with organisations to enhance capacity building, sustainability, and scalability of these innovative projects.



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Background

Nepal experiences regular floods, landslides, earthquakes, and outbreaks of diseases like cholera and dengue fever. These events often hinder children and their families from accessing education, clean water, sanitation facilities, healthcare services, livelihood opportunities and protection. UNICEF Nepal seeks to address these challenges by implementing comprehensive, multi-sectoral strategies aimed at rebuilding systems and fostering resilience in the face of disasters.

A 2018 study by the Overseas Development Institute and UNICEF found that more than 60% of persons with disabilities were not registered/identified¹ and therefore, did not have a disability identity card which is an essential requirement when accessing services such as social protection benefits, transport, and free education. UNICEF collaborated with other organisations to pilot a disability screening app in 10 municipalities with separate checklists developed for adults and children under two years old. The app's objective criteria facilitated a transparent screening process, enabling local governments to issue disability ID cards. Encouraged by this success, the federal government committed to integrating these checklists into policy nationwide and the app is currently being replicated in 40 more palikas/municipalities.

Alongside identification and registration issues, the lack of access to assistive technology (AT), such as prosthetics was identified as a problem that significantly impacts the physical, psychological, and social well-being of persons with disabilities. Natural disasters like earthquakes exacerbate these challenges, increasing the demand for AT during a time when many services are facing disruption. Despite the efforts of various institutions in Nepal to provide AT and rehabilitation, many individuals still lack access to appropriate devices and services. Poor and unsustainable processes, inadequate infrastructure, and a lack of sustainable AT provision hinder the delivery of necessary products to those in need. Additionally, there is a lack of awareness among current or potential AT users about available products and services, leading to difficulties in finding suitable providers and maintaining devices. Addressing these barriers is essential for developing sustainable AT services in Nepal and ensuring that individuals receive the support they require for an improved quality of life.

Strategy and implementation

With Norway HAC funding, the UNICEF Nepal Social Policy and Disaster Risk Reduction Teams defined the following three approaches to respond to the challenge outlined above. These ideas were based on discussions with the National Federation of Disabled Nepal (NFDN), Helen Keller International and other stakeholders.

1 ODI & UNICEF, *Nepal's Cash Allowances for Children with Disabilities*, 2018, <https://odi.cdn.ngo/media/documents/12414.pdf>

1. Strengthen early identification systems to ensure that adults and children with disabilities can obtain Disability Identity Cards (DICs).

2. Scale up use of the web-based disability screening tool to 10 highly disaster-prone palikas/municipalities to encourage early identification and a timely response to individual needs.

3. Introduce 3D printing technology to produce prosthetics and assistive devices through harnessing technological, clinical, and industry expertise to form a global-local partnership approach that integrates 3-D printing into the standard fabrication process to address provision gaps locally and reduce costs while enabling customised production.

Progress and results

Strengthen early identification systems and scale use of screening tool

Alongside promoting the use of the screening app, the intervention enhanced the capacity of Disability Coordination Committees at the local level to provide Disability Identity Cards (DICs) and strengthen access to essential services and social protection measures such as cash transfers. The project supported local governments to organise disability screening camps in villages to reach those unable to travel to municipal offices. Furthermore, in collaboration with the National Disaster Risk Reduction and Management Authority (NDRRMA), humanitarian actors participated in disability inclusive capacity building sessions to facilitate a more inclusive humanitarian response. These activities are vital in ensuring that persons with disabilities receive the necessary support and services at the grassroots level, especially in disaster-prone areas.

Introduce 3D printing technology to produce prosthetics and assistive devices

An innovative approach to address the needs of persons with disabilities in Nepal was developed through the introduction of 3-D printing technology for prosthetics and assistive devices. Partnering with the Ministry of Health and Population, Epidemiology and Disease Control Division, provincial health authorities and International Nepal Fellowship, the project prioritised individuals affected by disasters, offering swift rehabilitation through 3-D printed solutions.

A multi-agency consortium was formed to deliver the 3D printing intervention, despite some of the challenges involved in bringing together such a large consortium consisting of NGOs, national and international private sector companies, and academic institutions. This process was time-consuming and there was little guidance available on coordinating this type of collaboration, however, the different strands of work demanded the recruitment of a diverse team of partners with a range of technical and advisory capacities including:

- The Centre for Disabled Children Assistance (CDCA) - the main partner leading the project and a national NGO supporting children with disabilities.

- Zener Technologies - Consortium lead and a design and 3D printing company based in Kathmandu.
- Ugani Prosthetics - a Belgian partner who designs low-cost solutions with prosthetists, engineers and patients and provides technical training and support to build national capacity.
- Limb Care Nepal - a prosthetics and orthotics service provider.
- Global Disability Innovation Hub and Kathmandu University - provided financial and in-kind resources and monitored and evaluated the project.
- Rehabilitation centres in Kathmandu (central) and in Surkhet (provincial) - participated in consultations, training and project implementation and helped identify patients.

The project set up a 3-D printing prosthetics and orthotics lab within the existing rehabilitation centres in Surkhet and Kathmandu, providing continued support for repairs and services post-project. The mobile-based solution also facilitated the targeting of children injured in recent earthquakes in Karnali Province and provides a model to scale the project across the country.

Efforts were made to ensure inclusivity, regardless of socio-economic status or characteristics such as religion, with accessible information provided to participants and their caregivers. Additionally, support was tailored to accommodate diverse needs, including those related to sensory impairments or learning disabilities, to ensure optimal outcomes for participants in their journey with prosthetic devices.

The project initiated the identification of children in need of orthotics and prosthetics, with a focus on providing support to 150 child amputees affected by the earthquake. Approximately 16 individuals received training including 14 P&O technicians from 7 provinces in Nepal. A significant challenge was the identification and selection of users in remote areas of Nepal, often managed by local government bodies responsible for maintaining records of persons with disabilities and providing appropriate assistive technology. By involving UNICEF field staff and local governance systems in user identification, delays in implementation were minimised, fostering project ownership from the outset. Data was also requested from the Ministry of Women, Children and Senior Citizens on potential users of prosthetics.

To engage local partners in the intervention, the CDCA delivered project presentations to mayors, chief of wards and local NGOs in Jajarkot and West Rukum to discuss needs assessment and accessibility and inclusion criteria. The team also visited several hospitals and the Department of Health Services to coordinate implementation of the project and plans to integrate it within national programmes and budgets. For the sustainability and scale up of the project, strong commitment from the Government of Nepal has been observed.

Lessons learned

- **Encourage collaborative efforts** between governmental institutions at various levels and local communities to achieve increased and shared understanding of inclusion. Meaningful disability inclusion can present complex challenges but through leveraging the insights gained from partner organisations, project teams can gain deeper insights into these challenges and better equip Country Offices to plan successful inclusive interventions.

- **Develop longer term agreements** with organisations such as UGANI that produce 3D Assistive Technology to address the need to build capacity of local networks of actors and increase sustainability and scalability of the project at a national level.

Way forward and potential application

Way forward in Nepal

- The presence of the Global Disability Innovation Hub and the Design Lab at Kathmandu University within the consortium ensures that research is conducted to track implementation of this innovative project and to generate learning and guidance that can contribute to the continued sustainability of the existing project and feed into similar projects in other locations.
- The disability screening tool is an evidence-based solution that has been previously piloted within Nepal and this intervention has provided further evidence in honing expertise in building the capacities of local actors to administer the screening tool and to facilitate access to essential services. This screening tool should now be extended to other municipalities within Nepal in partnership with local actors. The lessons learned from the development and implementation of this intervention have the potential to be applied in other countries.
- Five days training by training package has been piloted for the country in current program, future need is to standardize the training package for P&O in Nepal with the collaborative effort with Government of Nepal.

Potential Application:

- Several measures have been put in place to encourage the sharing of learning that can be used to support the scaling of the 3D printing project elsewhere. It is important that learning generated by the Global Disability Innovation Hub and the Design Lab at Kathmandu University is disseminated widely as the rapidity and convenience of 3D printing as a solution to meet the AT needs in a timely way following a humanitarian crisis is an initiative that should be scaled if results and outcomes demonstrate success.
- The formation of a multi-agency partnership that spans organisations with varying levels of technical and institutional capacity is an important aspect of the project's longer-term impact due to the mutual transfer of skills and increased local expertise and provides a model that should be replicated elsewhere.

Related links:

European Union, Save the Children, UNICEF, UK Aid, *An innovative model for disability screening and issuing disability ID cards: A Study Report, 2022,* <https://www.unicef.org/nepal/reports/innovative-model-disability-screening-and-issuing-disability-id-cards>

Enabling Friday, GDI Hub, AT2030 & UKAid, *Enabling Friday Community Nepal Assistive Technology Vision for Change, 2022,* https://cdn.disabilityinnovation.com/uploads/images/Enabling-Fridays-Vision-Statement_2022-05-30-104321_bzgc.pdf?v=1653907399

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Systems Strengthening for Disability Inclusive Humanitarian Response



Thematic Case Study



Across the Middle East and North Africa (MENA), West and Central Africa (WCA), and South Asia (SA) regions, initiatives to strengthen systems for disability inclusion in humanitarian programming ensured alignment between the Regional DIPAS Action Plans and the Norway Humanitarian Action for Children (HAC) projects. MENA and SA regional offices conducted mapping exercises to assess and advocate for disability inclusion, identifying good practices and addressing gaps and barriers. Whilst WCA and MENA regional offices utilised HAC funding to recruit dedicated disability inclusion consultants to provide necessary technical support. Progress included mainstreaming disability inclusion in humanitarian actions, including by integrating it into planning and response procedures, and training staff on inclusive practices. Lessons learned highlighted the importance of engaging diverse stakeholders, providing dedicated technical capacity, recognising the catalytic impact of smaller funding, strengthening organisations of people with disabilities (OPD) engagement, and ensuring inclusive actions for persons with disabilities in all their diversity.

Background

This case study outlines how systems are being strengthened to operationalise the commitment to disability inclusion made in the UNICEF Disability Inclusion and Policy Strategy (DIPAS) and IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action across the Middle East and North Africa (MENA), West and Central Africa (WCA) and the South Asia (SA) regions. These regions face multiple vulnerabilities because of protracted and acute armed conflicts, public health emergencies, natural disasters exacerbated by climate-change related disasters and subsequently, large numbers of people require urgent humanitarian support. All of these crises can result in large-scale displacement and impact, to varying degrees, the capacity of government systems and infrastructures to function effectively and to continue to provide essential services.

Within this context, UNICEF is placing a high priority on enhancing emergency preparedness and response capabilities to address the urgent humanitarian needs of children and communities grappling with worsening humanitarian crises throughout the regions. This involves prioritising the development of internal and partner capacities to effectively tackle vulnerabilities and assisting the most marginalised and hard-to-reach children, particularly those who are separated, unaccompanied, or displaced. Central to this effort is the establishment of gender-responsive and inclusive capacities at national and local levels to uphold child rights and protection, alongside ensuring marginalised populations have access to essential services. Amongst those marginalised groups are children with disabilities who are widely acknowledged to face further barriers accessing essential services. Some of the key challenges identified by the Regional Offices to developing disability inclusive humanitarian action include a shortage of reliable disability disaggregated data, limited community engagement with persons with disabilities and their representative organisations, a lack of visibility of the needs of persons with disabilities in assessments and planning documents, and limited knowledge and expertise in disability rights and in translating inclusive guidance into action.

Strategy and implementation

A range of approaches were adopted by the different regions to improve disability inclusion within their humanitarian programming through the strengthening of systems which lay the foundations for inclusive action.

DIPAS Action Plan implementation

Within all regions, it was acknowledged that systems and processes needed to change in line with the implementation of the Regional DIPAS Action Plans, therefore, it was imperative that any system changes that occurred under the Norway HAC projects align with and complement those outlined in the DIPAS and that the funds were used to further operationalise the priorities of the plan.

Mapping

MENA Regional Office developed an evidence-base to inform advocacy on disability inclusion in humanitarian action by mapping and reviewing disability inclusion in existing Humanitarian for Action (HAC) Appeals, Humanitarian Response Plans (HRPs) and Emergency Preparedness and Response Plans (EPRPs) to assess the integration of disability inclusion practices at a regional and country level. This involved identifying and documenting good practices, showcasing challenges, and developing advocacy materials such as factsheets.

The Regional Office for SA also conducted a mapping exercise to explore what steps had already been taken to adopt disability inclusive humanitarian approaches within UNICEF both at a country and regional level and to use that information to build capacities and strengthen systems to provide a more inclusive response. The region undertook a research study to better understand the identification, inclusion and participation of persons and children with disabilities in humanitarian programming including needs assessments, strategic response planning, allocation of resources, implementation and monitoring and evaluations. It also sought to identify any barriers hindering inclusive efforts in the region with a particular focus on the collection and use of disability data and opportunities for meaningful participation.

Dedicated Disability Inclusion Expertise

In WCA, the Norway HAC funding enabled the regional office to recruit a disability inclusion consultant to support the development of the regional DIPAS action plan for WCAR and provide technical support to country offices in the region, including Mauritania and CAR, who have also received HAC funding.

Whilst in MENA, HAC funding was allocated to resource a deployment to Palestine to focus specifically on disability inclusion in the humanitarian response.

Progress and results

DIPAS Action Plan implementation

In MENA the starting point for the work was prioritising the mainstreaming of disability inclusion in humanitarian action by developing a regional action plan on disability inclusion with several key milestones to support the implementation of DIPAS. The Disability inclusion HAC-funded initiative has been framed within the regional action plan, therefore, there is a clear plan in place on how HAC initiative is going to achieve concrete results as part of DIPAS.

Mapping

The mapping of disability inclusive actions across MENA enabled the regional team to assess capacities of UNICEF staff to translate disability inclusion into action and led to the recognition that there is often limited capacity within humanitarian teams to mainstream disability. As a result, the Regional Office recruited an Emergency Specialist with disability inclusion being a key part of the competencies portfolio.

The findings from the mapping exercise in MENA have been disseminated through webinars and knowledge exchange opportunities, and the Regional Office has provided technical support to strengthen disability inclusion in key documents. Cross-sectoral capacity development activities also took place to train humanitarian teams on disability-inclusive practices and tools, with a focus on data collection, disaggregation, and reporting mechanisms to ensure the quality and inclusion of disability-related data in monitoring and reporting processes. In addition, the Norway HAC funds supported modelling engagement with OPDs in humanitarian preparedness and response and training for OPDs in Libya that will be showcased with other countries in the region. This year, the primary focus centred on building UNICEF's internal capacity alongside members of the emergency and coordination clusters so that they could then promote disability inclusion more broadly in cluster mechanisms.

Prior to this intervention, there was not a systematic approach to disability inclusion in humanitarian action, but this funding has enabled MENA to embed disability inclusion in actions across the region and they are consequently witnessing the integration of disability inclusion in planning, programming, monitoring, and reporting. In addition, disability used to be non-existent in HAC appeals, whereas there is now an improved understanding within UNICEF teams, and it is being streamlined.

Within SA, their mapping research aimed to ensure that all emergency responses consider disability inclusion as a cross-sectoral issue. To achieve this, the mapping exercise and consultations played an essential role in understanding and addressing the vulnerabilities and needs of children and persons with disabilities during emergencies and in providing an evidence-base to inform inclusive policies and operational frameworks. The study provided insights into vulnerability factors and proposed adjustments to response procedures to better cater to the needs of persons with disabilities. Prioritising inclusive consultations with key stakeholders, including UNICEF staff, government agencies, implementing partners, and persons with disabilities was a crucial part of better understanding the challenges to inclusive practices faced by diverse groups.

One area of focus centred on opportunities for OPDs to engage with humanitarian coordination mechanisms and the identification of what further steps need to be taken to ensure meaningful participation in planning and Accountability to Affected People processes. The research highlighted several key disability-inclusive interventions within humanitarian programming across the region that have the potential to be replicated:

- In 2023, UNICEF Afghanistan extended social protection measures, including humanitarian cash transfers, to a total of 256,306 households, encompassing approximately 1.4 million children, across ten provinces of Afghanistan. These measures employed two targeting strategies to reach the most vulnerable, both of which encompassed individuals with disabilities. One method involved geographical targeting, while the other focused on categorical targeting, specifically households with disabled children and those headed by individuals with disabilities. These initiatives saw the participation of up to 20.5% of household heads with disabilities and up to 6.7% of households with disabled children.
- In flood affected areas in Pakistan, UNICEF supported small scale pilot projects to become more inclusive including skill development programmes that targeted marginalised groups including adolescents with disabilities.

Actionable recommendations emerging from this research study will be validated with OPDs and other stakeholders before being disseminated regionally across UNICEF and national governments to inform future approaches to implementing inclusive humanitarian programming. Alongside this study, SA developed an action plan to increase engagement with OPDs as there is currently only one formal partnership in the region between an OPD and Country Office in Bangladesh.

Dedicated Disability Inclusion Expertise

The presence of a Disability Inclusion Consultant within WCA enabled the team to access specific technical expertise and strengthened how the Regional Office considers disability inclusion across sectors. Whilst the targeted support that the WCA team provided Mauritania and CAR strengthened capacity at a country level and built on multi sectoral coordination in the two countries:



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- The project in Mauritania has helped re-prioritise the National Disability Strategy and discussions are taking place to identify what further support is needed from the Social Policy team to work towards adoption of the strategy. This progress will also feed into ensuring that disability is addressed in the Poverty Reduction Strategy.
- In CAR, the Country Office received distance support from the Regional Education team and increased the inclusion of children with diverse disabilities in schools.

To share experiences and best practices in strengthening disability inclusive and shock responsive approaches across the region, the Regional Office with the support of the disability inclusion consultant organised a technical symposium in Dakar on inclusive and resilient strategies for children and youth in West and Central Africa. The symposium provided the opportunity to review and discuss existing practices and innovations on disability inclusion and facilitated collaborations and exchanges between stakeholders including OPDs, government representatives and disability focused organisations. It initiated the pooling of technical expertise in the region (including sharing of the progress from Mauritania and CAR), which is expected to support access to technical assistance to advance the objectives of the DIPAS regional action plan.

Another clear example of the benefits of having a dedicated disability inclusion intervention is reflected in the case of HAC funding being allocated to deploy a consultant in Palestine to focus specifically on disability inclusion in the humanitarian response. The response plan for Gaza and the West Bank considers disability inclusion throughout all sectoral interventions including cash transfers to Gazan families with an added top up for families of children with disabilities which has been possible because they now have disability disaggregated data available. The plans to create safe learning spaces have also considered the accessibility needs of children with disabilities and standards for accessibility (for both in-person and digital learning) have been created to ensure that materials and content are inclusive.

The learning from this experience was disseminated regionally and globally through webinars, a cross-regional exchange and meetings with all regional directors to showcase how disability inclusion should be mainstreamed in humanitarian action.

Lessons learned

Several important lessons can be drawn from experiences across the three regions:

- **Engage diverse stakeholders across inter-agency coordination mechanisms.** This action addresses the need for a coordinated, cross-sectoral and multi-agency response to inclusive humanitarian action. A shared understanding of how disability inclusion is being addressed across the regions can create new partnership opportunities, avoid duplication of work, promote complementary actions and lead to the identification of gaps in responses.
- **Provide dedicated technical capacity on disability inclusion within regional offices.** In-house disability inclusion expertise addresses gaps where specific guidance is missing and provides expertise to strengthen capacity and build the confidence of staff to plan and implement disability inclusive responses. Dedicated members of staff have helped ensure that disability inclusion becomes a cross-cutting issue that is systematically considered through all humanitarian planning processes.
- **Recognise the catalytic potential of smaller pots of funding.** This realisation challenges the viewpoint that cost is always an inhibitory factor when designing disability inclusive programming. The Norway HAC funding has demonstrated what can be achieved with small-scale projects and how such projects can be catalytic by enabling Regional Offices to mobilise colleagues' commitment to disability inclusion and subsequently encourage the design of other inclusive interventions. Further work on disability inclusion has stemmed from these projects although some concern was expressed that a lack of additional dedicated funding could put at risk the results achieved.
- **Strengthen engagement with OPDs.** Whilst this is particularly significant at a country level, the inclusion of OPDs in regional events such as the WCAR symposium also provides the opportunity for peer best practice sharing and learning across the region and for other stakeholders to learn from valuable OPD insights and experience. Formal partnerships with OPDs are limited due to rigorous partnership criteria, however, other opportunities for meaningful engagement have been created that lead to a mutual transfer of skills and knowledge.
- **Ensure that inclusive actions acknowledge persons with diverse disabilities.** This consideration addresses the need to develop responses that are accessible and inclusive of all persons with disabilities and take into account intersectionalities that exist. A better understanding of the range of barriers and enablers encountered by persons with disabilities in all their diversity leads to more effective and responsive interventions.

Way forward and potential application

- Different strategies were adopted by the regions, primarily to strengthen UNICEF's internal systems to develop an inclusive humanitarian response but these interventions are having a ripple effect and serve to demonstrate that small-scale projects can have

a big impact by providing pilot models for promising practices that can be replicated elsewhere. It is important to now harness this learning and disseminate lessons learned around the catalytic impact of targeted disability inclusion interventions and the process of engaging with diverse stakeholders.

- It is evident that in regions subjected to multiple humanitarian crises, the presence of dedicated staff members with expertise in disability inclusion is having a significant impact in providing vital technical support, building the capacity of UNICEF staff and overseeing necessary system strengthening across sectors to ensure that disability inclusion is integrated into all response programming, particularly when regions are at the early stages of implementing DIPAS action plans. It is recommended that this dedicated support continue at a time when cross-sectoral inclusive approaches are still in the nascent stages and much capacity building and system changes remain to take place.
- Disability disaggregated data, provision of technical support, knowledge of support structures and strong inclusive coordination systems are vital components of an inclusive humanitarian response that continue to be reinforced through these projects. Now that mapping exercises have been conducted, further work needs to be carried out to strengthen partner capacity (including OPDs) to identify and implement evidence-based solutions to gaps in inclusive humanitarian responses. The interventions lay the foundations on which to further strengthen disability inclusion as good practices and more inclusive systems have begun to be implemented and now need to continue to be scaled up within a wider timeframe to achieve long lasting impact for persons with disabilities in humanitarian action.

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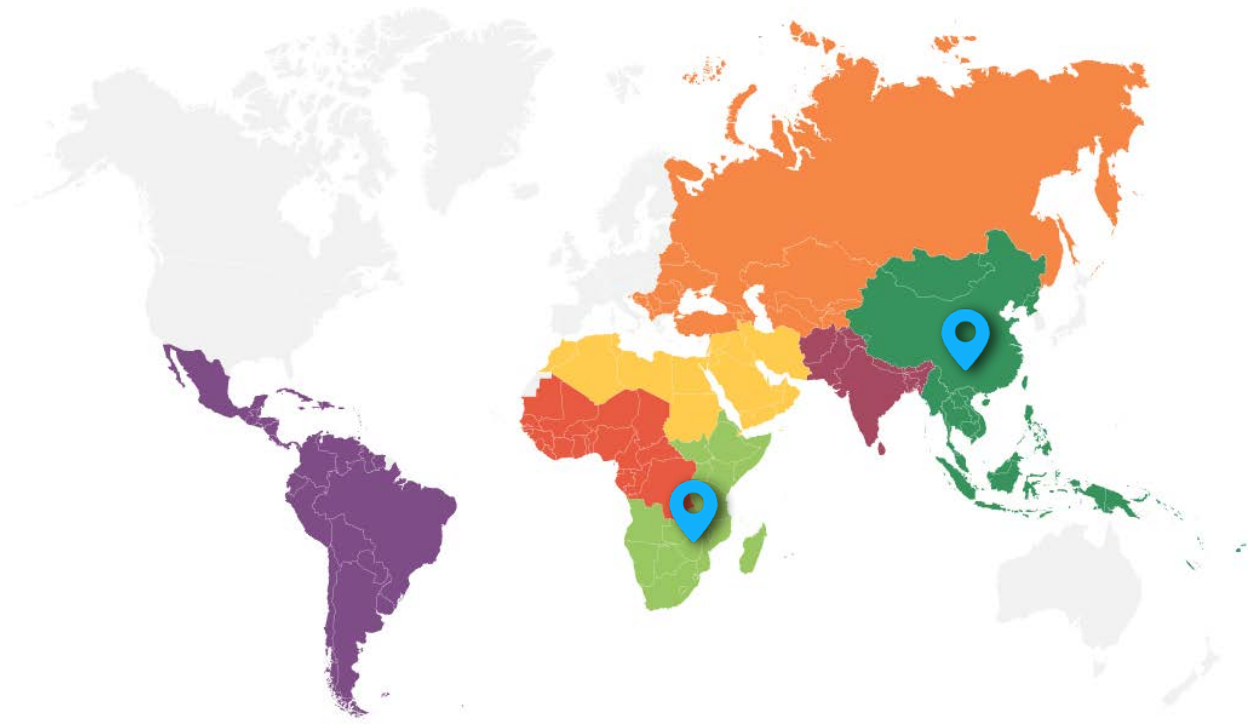
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Inclusive Preparedness



Thematic Case Study



Building on the previous case study which focused on system strengthening, this case study highlights the ways in which dedicated capacity for disability inclusion within regional offices is supporting UNICEF's commitment to disability inclusive preparedness activities. Key initiatives include support to engage with Organizations of Persons with Disabilities (OPDs), regional coordination to share successful interventions, tailored support for country offices, and ongoing analysis and feedback to enhance inclusive approaches.

Background

UNICEF's Disability Inclusion Policy and Strategy 2022-2030 recognises that children with disabilities are still often left behind in planning and preparedness actions. For example, needs assessments may not capture how age and disability intersect to generate heightened and specific risks for children with disabilities; humanitarian action often does not include adequate resourcing for inclusive education, AT and disability support services; mechanisms for community engagement and feedback and complaints are often not accessible or child-friendly; initiatives to promote participation by persons with disabilities in humanitarian action are often not inclusive of children or young persons; and

disability inclusion guidance and training for humanitarian actors often do not reflect the unique requirements and capacities of children with disabilities. As a result, children with disabilities face a significantly heightened risk of violence and abuse, lack access to basic assistance and become even further marginalised and excluded.

Disability-inclusive action in humanitarian, emergency, and fragile contexts, and across the full humanitarian, peacebuilding and development spectrum is a strategic priority for UNICEF. The strategy is to increase the integration and resourcing of emergency preparedness and response into all disability-related work, as well as the integration and resourcing of disability inclusion into all emergency preparedness and response work.

Children born in the East Asia and Pacific region today are experiencing a six-fold increase in climate related disasters over the last fifty years. Moreover, this region has the highest proportion of children facing multiple, overlapping climate shocks, stresses, and hazards¹.

In 2024, many countries in the East and Southern Africa have been engaged in humanitarian response due to several factors including the influence of El Niño resulting in countries such as Kenya experiencing abnormally high rainfall, and countries in the Horn of Africa receiving below normal rainfall resulting in drought. Fourteen countries in the region have experienced Cholera outbreaks in the past year, some experiencing major outbreaks.

Such events are cyclical and happening on an increasingly frequent basis, meaning that robust preparedness plans are vital for response to be inclusive. Activities on preparedness are taking place alongside activities to deal with the immediate humanitarian need.

Strategy and implementation

UNICEF has made preparedness planning mandatory and adopted new and more systemic ways of promoting it across the organisation and in its work with partners. The Emergency Preparedness Platform (EPP) is an online tool for the implementation of the procedure. The EPP helps teams analyse risks, self-assess, and monitor their operational preparedness, and identify high-return actions to get ready for an immediate response.

To support UNICEFs strategic commitment to ensure that preparedness is disability inclusive the following approaches are being used.

- **Global guidance to support the operationalisation of disability inclusive preparedness** at a country level. The guidance provides actions, tips, and resources for country offices to use during the four-step emergency preparedness planning process: risk analysis and monitoring; scenario definition; anticipated response and preparedness actions.
- **Dedicated technical capacity within regional offices** to strengthen the capacity of country offices to integrate disability inclusion into their approach to preparedness.

¹ UNICEF (2023), Over the tipping point.

Progress and results

In the East and Southern Africa Regional Office (ESARO) and East Asia and Pacific Regional Office (EAPRO) Norway HAC funding has been used to enable the regional teams to support the operationalisation of the global guidance and deliver a package of training and ongoing in-country support to country offices focused on improving disability inclusive practice and specifically integrating disability inclusive actions into their emergency preparedness plans. The following initiatives were prioritised:

Engagement with Organisations of Persons with Disabilities (OPDs)

As representative organisations, OPDs have lived experience and in-depth knowledge of the needs and capacities of persons with disabilities. Their involvement is crucial at all stages of the emergency preparedness planning process. They can provide information on the potential risks that specific groups of persons with disabilities may experience, and the barriers to receiving humanitarian aid. Regional offices are therefore supporting country programmes to translate global guidance on engagement of OPDs into action.

In 2022, EAPRO conducted a mapping exercise of OPDs in the East Asia and Pacific Region providing them with important data on UNICEF’s engagement with OPDs, the sectors and modalities of this engagement, and current levels of engagement in humanitarian action. Key findings from this mapping were shared through UNICEF’s global disability network, which enables other regional offices to benefit from lessons learnt during this exercise. With Norway HAC funding ESARO has included guidance for mapping OPDs in its training to country offices. During the training, Country Offices have been shown how to map representative organisations of persons with disabilities and working with these organizations to understand the needs of persons with disabilities beyond just understanding the prevalence with the community. For example, understanding the need for assistive devices, or what support will be required during an evacuation following a flood or cyclone. Understanding these factors helps to ensure that appropriate resource allocation is made within their emergency preparedness plans.



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Building on the mapping of OPDs in 2022, EAPRO has used Norway HAC funding to train country offices with the practical steps on how to engage with OPDs in humanitarian action. Through a series of webinars, the regional office has built capacity on overcoming barriers to engagement with OPDs and the different modalities of engagement, including those most suitable for emergency contexts. The webinars also shared country offices' experiences in partnering with OPDs in emergency responses, including in Myanmar where partnerships with OPDs have supported the screening and identification of children and adults with disabilities.

Dedicated capacity: Regional coordination

In East and Southern Africa, many countries are experiencing similar issues, for example Cholera outbreaks are affecting many countries. Persons with disabilities experience specific barriers to accessing Water Sanitation and Hygiene (WASH) facilities, and this affects women with disabilities disproportionately as they are often responsible for collecting water and are potentially at increased risk of GBV if WASH facilities are not located in safe accessible locations. Learnings about successful inclusive interventions to improve access to WASH facilities are being shared across the region, enhancing preparedness and ensuring a more efficient and coordinated response.

For countries that experience cyclones and flooding - Mozambique, Zimbabwe, Zambia, learning from cyclone Idai in 2019 means that the regional office is encouraging country offices to have a plan for stocking assistive devices as part of their anticipated response planning which may be required by persons with disabilities and persons injured during such events.

Dedicated capacity: Tailored support

In East Asia and Pacific, the country offices' capacity, experiences of working on disability inclusion and humanitarian contexts are very diverse. In 2022, an analysis of country office emergency preparedness plans found that 93 percent of country offices considered disability in at least one step of their preparedness planning. However, the degree to which disability was considered across all risks and sectors varied significantly. Dedicated technical capacity at the regional office has enabled the delivery of tailored and nuanced support based on the specific needs in the country. It has also enabled the delivery of targeted training on the disability inclusive preparedness guidance and checklist, disability inclusive Mental Health and Psychosocial Support (MHPSS) in emergencies in partnership with South Asia Regional Office as well as integration of disability inclusion content into existing training, for example Emergency Preparedness and Response for UNICEF staff and national disaster management agencies. These efforts have resulted in nearly 200 people trained in 2024 to date.

Lessons learned

- **Invest in meaningful partnerships with OPDs and share learning about the process.** Engaging with OPDs requires time and investment to establish strong partnerships and strengthen capacity. This practice is still nascent within UNICEF, and learning needs to be shared widely to strengthen practice, so that meaningful partnerships can strengthen outcomes in humanitarian response.

- **Provide dedicated technical capacity on disability inclusion within regional offices as part of emergency preparedness:** Establishing this capacity beforehand ensures that disability inclusion is systematically integrated into humanitarian planning processes from the onset of emergencies. This proactive approach enables more effective and inclusive responses, addressing the needs of people with disabilities right from the start.

Way forward and potential application

In the second half of 2024, the ESARO team will review emergency preparedness plans from all countries in the region and assess the extent to which they are reflecting the needs of children and adults with disabilities. A similar exercise was undertaken in 2023, meaning that progress can be measured, and assessment made on the extent to which there is a deepening of disability inclusive practice. The UNICEF global team has developed Disability-Inclusive Preparedness Pilot Guidance to support UNICEF personnel in strengthening disability inclusion in their annual emergency preparedness planning process. Currently, this guidance is being reviewed and updated based on lessons learned and experiences from various regions. The comprehensive rollout of the revised guidance across all regions aims to ensure that best practices are implemented universally and that further technical assistance and guidance are provided where needed. This process will highlight areas of good practice and identify opportunities for additional support and improvement.

This case study has been developed as a part of “[Disability Inclusion in Action: Lessons Learned and Good Practices from Disability Inclusive Humanitarian Initiatives](#)”

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Conclusion

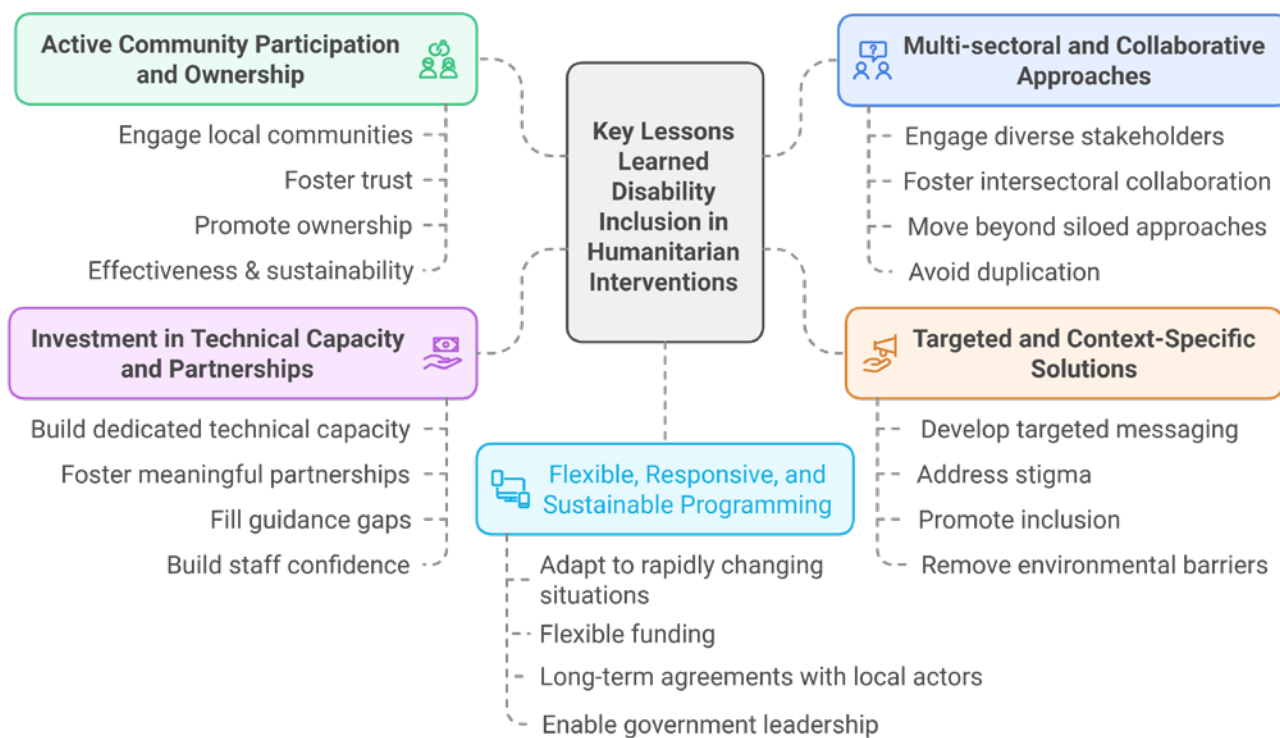
A range of different approaches have been adopted under the Norway HAC funding at a country and regional level to respond to identified needs to further strengthen disability inclusive humanitarian practice. The variation in interventions demonstrates the importance of adapting solutions to respond to diverse national and humanitarian contexts and reinforces the understanding that there is not a 'one size fits all' model to advancing disability inclusion within humanitarian action. There are, however, certain key lessons that are interwoven throughout many of the chosen interventions:

1. **Active Community Participation and Ownership:** Across multiple interventions (Iraq, Somalia, Nepal), there is a strong emphasis on engaging local communities, fostering trust, and promoting ownership. This not only enhances the effectiveness and sustainability of interventions but also ensures that solutions are grounded in local realities and needs. Community participation, from religious and youth leaders to persons with disabilities themselves, amplifies outreach and creates a sense of empowerment.
2. **Multi-sectoral and Collaborative Approaches:** Interventions in Iraq, Somalia, Mauritania, and system strengthening efforts highlight the importance of engaging diverse stakeholders and fostering intersectoral collaboration. Disability inclusion requires moving beyond siloed, sectoral approaches to involve multiple agencies, governmental institutions, and local communities. This collaborative spirit helps avoid duplication, promotes complementary actions, and ensures that disability inclusion becomes integrated across all humanitarian actions.
3. **Targeted and Context-Specific Solutions:** Lessons from Iraq, Armenia, and Somalia underscore the need for developing targeted messaging and solutions appropriate to cultural, social, and individual contexts. This includes addressing stigma, promoting inclusion, and removing environmental barriers to access. Gender-sensitive approaches and acknowledging diverse disabilities ensure that interventions are accessible and inclusive for all.
4. **Investment in Technical Capacity and Partnerships:** Multiple interventions (Nepal, Mauritania, Systems Strengthening, Inclusive Preparedness) stress the importance of building dedicated technical capacity on disability inclusion within organizations and fostering meaningful partnerships, especially with organisations of persons with disabilities (OPDs). These partnerships and in-house expertise not only fill guidance gaps but also build staff confidence in planning and implementing inclusive responses. Sharing learnings from these partnerships is crucial for strengthening practice across the sector.
5. **Flexible, Responsive, and Sustainable Programming:** Experiences from Haiti, Armenia, and Systems Strengthening point to the need for flexible solutions that can adapt to rapidly changing crisis situations and evolving needs. This flexibility extends to funding, where even smaller pots can have a catalytic effect on mobilizing commitment to disability inclusion. Long-term agreements with local producers of assistive technology (as in Nepal) and enabling government leadership (as in Mauritania) contribute to the sustainability and scalability of interventions.

At a regional level, the Norway HAC funding has enabled the teams to lay the foundations to further strengthen and operationalise disability inclusive humanitarian action by conducting mapping exercises that have provided regional offices with a comprehensive understanding of enablers and barriers across their regions as well as an awareness of key stakeholders including OPDs who can support the scaling up of these early initiatives.

In conclusion, the principal lesson drawn from this Disability Inclusive HAC funding initiative is that even a small injection of funding, when combined with dedicated disability inclusion expertise, can significantly strengthen capacity and inclusive systems. This approach has demonstrated the potential to create impactful models of inclusive practice that can be scaled nationally, regionally, and globally.

Disability Inclusion in Humanitarian Interventions



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