## INDEX

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREWORD</td>
<td>5</td>
</tr>
<tr>
<td>ACRONYMS</td>
<td>6</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>8</td>
</tr>
<tr>
<td>1. CHILDREN AND ADOLESCENTS WITH DISABILITIES</td>
<td>11</td>
</tr>
<tr>
<td>1.1. Background: Importance and Current Debate</td>
<td>11</td>
</tr>
<tr>
<td>1.2. What is Disability?</td>
<td>14</td>
</tr>
<tr>
<td>1.3. Statistics on Children and Adolescents with Disabilities</td>
<td>15</td>
</tr>
<tr>
<td>1.4. International Human Rights Standards on Children and Adolescents with Disabilities</td>
<td>16</td>
</tr>
<tr>
<td>1.5. Progress and Challenges in the Implementation of the CRPD in Latin America and the Caribbean</td>
<td>17</td>
</tr>
<tr>
<td>1.6. Support for Accessibility, Inclusion and Autonomy</td>
<td>18</td>
</tr>
<tr>
<td>1.7. The 2030 Agenda for Sustainable Development and the Commitment to “Leave No One Behind”</td>
<td>20</td>
</tr>
<tr>
<td>2. INCLUSIVE PROGRAMMATIC PROPOSALS</td>
<td>23</td>
</tr>
<tr>
<td>2.1. The Two-way Approach</td>
<td>24</td>
</tr>
<tr>
<td>2.2. All for Inclusion: Social actors and partnerships</td>
<td>25</td>
</tr>
<tr>
<td>2.3. Inclusive Programming</td>
<td>26</td>
</tr>
<tr>
<td>2.3.1. Every Child Survives and Thrives</td>
<td>29</td>
</tr>
<tr>
<td>Background</td>
<td>29</td>
</tr>
<tr>
<td>Trends, Opportunities and Promising Experiences</td>
<td>30</td>
</tr>
<tr>
<td>Programmatic Proposals</td>
<td>32</td>
</tr>
<tr>
<td>2.3.2. Every Child Learns</td>
<td>37</td>
</tr>
<tr>
<td>Background</td>
<td>37</td>
</tr>
<tr>
<td>Trends, Opportunities and Promising Experiences</td>
<td>38</td>
</tr>
<tr>
<td>Programmatic Proposals</td>
<td>41</td>
</tr>
<tr>
<td>2.3.3. Every Child is Protected from Violence and Exploitation</td>
<td>45</td>
</tr>
<tr>
<td>Background</td>
<td>45</td>
</tr>
<tr>
<td>Trends, Opportunities and Promising Experiences</td>
<td>49</td>
</tr>
<tr>
<td>Programmatic Proposals</td>
<td>50</td>
</tr>
<tr>
<td>2.3.4. Every Child Lives in a Clean and Safe Environment</td>
<td>55</td>
</tr>
<tr>
<td>Background</td>
<td>55</td>
</tr>
<tr>
<td>Trends, Opportunities and Promising Experiences</td>
<td>56</td>
</tr>
<tr>
<td>Programmatic Proposals</td>
<td>58</td>
</tr>
<tr>
<td>2.3.5. Every Child has an Equitable Chance in Life</td>
<td>63</td>
</tr>
<tr>
<td>Background</td>
<td>63</td>
</tr>
<tr>
<td>Trends, Opportunities and Promising Experiences</td>
<td>65</td>
</tr>
<tr>
<td>Programmatic Proposals</td>
<td>68</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>71</td>
</tr>
</tbody>
</table>
FOREWORD

Every child and adolescent deserve equal conditions and opportunities in life that allow them to develop to their full potential, enjoy their rights, fulfil their dreams and be happy. However, many people face a different reality, especially when it comes to children and adolescents with disabilities.

In Latin America and the Caribbean, there are more than 8 million girls and boys under 14 living with disabilities. Compared to their peers without disabilities, they are less likely to go to school and more likely to live in poor households, grow up in residential institutions, be victims of violence or excluded from prevention and response strategies in case of emergencies and disasters. Every day, children and adolescents face different forms of discrimination that limit them from exercising their human rights, including the rights to education, health and even the right to survive and thrive.

Following the mission laid out by the General Assembly of the United Nations, as well as the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination against Women, UNICEF works relentlessly to protect and promote the rights of all children and adolescents –including those with disabilities– around the world.

UNICEF’s commitment to children and adolescents with disabilities is anchored in the social model of disability –as opposed to the medical and charitable models– and it is based on the application of human rights and inclusive development approaches, integrating in all its programs and policies the perspective of disability to encourage an active and meaningful participation of girls, boys, adolescents, women and men with disabilities in all areas.

Our goal at UNICEF is to promote the ethical imperative set out by the international disability movement: “Nothing about Us, without Us”. We aim to do this in a way that effectively transforms public policies, institutional practices, culture and social norms, as well as the daily life of all communities, so that no child or adolescent with a disability is left behind.

These programmatic guidance notes on children and adolescents with disabilities are comprehensively built upon the Sustainable Development Goals along with the results established in the UNICEF Strategic Plan for 2018-2021. Through identifying promising practices and developing programmatic proposals addressed to UNICEF Country Offices in the region, we hope that this document can decisively contribute to effectively including children and adolescents with disabilities in Latin America and the Caribbean region in all our programs and projects, by conventional mandate and institutional will.

Maria Cristina Perceval
Regional Director
For Latin America and the Caribbean
# ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
</tr>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
</tr>
<tr>
<td>ERIC</td>
<td>Rapid Survey to Key Informants (ERIC, for its acronyms in Spanish)</td>
</tr>
<tr>
<td>INAIPI</td>
<td>National Institute for Comprehensive Early Childhood Care (INAIPI, for its acronyms in Spanish)</td>
</tr>
<tr>
<td>LAC</td>
<td>Latin America and the Caribbean</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Surveys</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>RELAF</td>
<td>Latin American Foster Care Network (RELAF, for its acronyms in Spanish)</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>USAID/OFDA</td>
<td>U.S. Agency for International Development/Office of Foreign Disaster Assistance</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
INTRODUCTION

Children and adolescents with disabilities are still among the most disadvantaged and invisibilised groups in the world. According to the World Report on Disability by the World Health Organization (WHO) and the World Bank (2011), 1 out of every 20 children in the world lives with some form of disability. In Latin America and the Caribbean (LAC), more than 8 million children under age 14 have a disability.1

Poverty and disability are inextricably linked, since the former is a determining factor of the latter, and, in turn, disability very often entraps people in poverty (UNICEF, 2013).

There are many reasons to advocate for the inclusion of children and adolescents with disabilities in public policies and consequently in UNICEF’s cooperation agenda. Essential aspects of the institutional mandate argue for this, since both the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) state that children with disabilities have the same rights as any other child to develop and reach their full potential. Similarly, the economic arguments rely on the fact that children and adolescents with disabilities could become productive adults if they receive good care and development opportunities, but if not, they will be become dependent on their families and society throughout their lives (UNICEF, 2013). Inclusion does not necessarily imply an increase in costs if the resources that have historically been assigned to special programmes and segregated services are redistributed.

Both in developed and in developing countries, the families of children and adolescents with disabilities are much more likely to be poor due to higher expenses, and because a family member might have to leave their job to provide care for the child with disabilities (WHO and World Bank, 2011). It is fundamental for these families to have access to support mechanisms so that their children’s disability does not result in rejection and delays (UNICEF, 2009).

Vulnerability and exclusion of children and adolescents with disabilities could further increase due to gender, place of residence, ethnicity, or placement in institutions, as well as contexts of emergency and humanitarian crises. In some countries, for example, the percentage of children with disabilities who live in institutions is as high as 25 per cent of the total number of institutionalised children. Furthermore, in the context of disasters or humanitarian crises, children and adolescents with disabilities are extremely vulnerable as they are not included in the preparation and response plans.

These Programmatic Guidance Notes seek to provide an overview of the situation of children and adolescents with disabilities in LAC. After identifying the main challenges, findings, trends and acquired experiences, these Notes introduce a series of programmatic proposals that seek to strengthen UNICEF’s institutional mandate and its actions in favour of children and adolescents with disabilities. These proposals aim to promote the development of inclusive initiatives in every country of the region within the framework of the Country Office’s current cooperation programmes. The proposals also aim to develop leadership in the field of rights and inclusion, by strengthening capacities of UNICEF staff and its partners at the regional and national levels.

This document was prepared in the light of the existing literature published at an international level including the general comments and concluding observations of the Committee on the Rights of Persons with Disabilities (hereafter referred to as “the Committee”), the Reports of

---

1 Economic Commission for Latin America and the Caribbean, Regional report on measuring disability: Overview of the disability measurement procedures in Latin America and the Caribbean, LC/L.3860(CE.13/3), ECLAC, Santiago of Chile, 24 July 2014.
Programmatic Guidance Notes for Country Offices on Children and Adolescents with Disabilities

the United Nations Special Rapporteur on the Rights of Persons with Disabilities (hereafter referred to as “the Rapporteur”) that mention children and adolescents with disabilities, as well as of the following specific information and inputs from the region:

- Experiences and lessons learned from UNICEF’s Country Offices throughout the past years, gathered from reports and publications on the subject matter.

- Development of the Rapid Key Informant Surveys (ERIC) conducted in all Country Offices in the Region in order to identify priorities and opportunities for action at the local level.

- A systematic review of the Committee’s Concluding Observations pertaining to 16 countries in the region².

- With respect to the reports produced by The Rapporteur, only the notes regarding children and adolescents were considered.

- The documents developed by UNICEF’s Regional Office for Latin America and the Caribbean over the past few years were taken as references, due to the fact that their content and recommendations have extensively contributed to gathering knowledge and experiences at the regional level.

The purpose of these Programmatic Guidance Notes is to reflect on the main opportunities and challenges in LAC, as well as contribute to UNICEF’s work so that its programming includes children and adolescents with disabilities in all public policies and in the regional development agenda.

The lessons and recommendations shared in this document are expected to provide new perspectives and tools for the fulfilment of the goals expressed in UNICEF’s Strategic Plan 2018–2021, the 2030 Agenda and the Sustainable Development Goals (SDGs).

---

² International Disability Alliance, IDA’s Compilation of the CRDP Committee’s Concluding Observations, (IDA, 2018). Corresponding to Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru and Uruguay completed between May 2012 and August 2017.
Jesmine Balboa Mendoza, 8, who is blind, laughs at Hogar de Esperanza, a residential care centre in Santa Cruz, capital of Santa Cruz Department. The home provides shelter and other support, including education and healthcare, to children who have been abandoned or whose parents are in prison.
CHILDREN AND ADOLESCENTS WITH DISABILITIES

1.1. Background: Importance and Current Debate

Until recently, it was not unusual to see a child or adolescent with disabilities deprived of their basic rights. Secluded in their rooms, they would remain in deplorable conditions for many years, excluded from daily family activities, isolated, without stimulation or education, without interacting beyond their immediate environment, and/or deprived of basic support to develop as persons.

In many countries, this situation has become socially accepted and it is perpetuated through public policies and services that do not consider children and adolescents with disabilities as part of the population and fail to provide them with the opportunity to exercise their rights.

There are several factors that determine this situation of invisibility and exclusion. Stigma, which still prevails at the social level and is reproduced by many families and child care institutions, engenders low expectations regarding the development potential of children and adolescents with disabilities and naturalises the lack of opportunities to access support services. When there is no access to support services, there are increased dependency and stronger limitations preventing children and adolescents with disabilities from reaching their potential.

This invisibility and exclusion are exacerbated in emergency situations or humanitarian crises, since children and adolescents with disabilities tend to be abandoned and defenceless, or even lose essential treatment or technical support, which increases their dependency on caregivers.

This exclusion results in a high incidence of poverty, low education and a lack of preparation for developing independent life projects. They face architectural, communication and attitudinal barriers that impede their social participation, as well as the persistent stigma that reduces the opportunities and expectations for the inclusion of children and adolescents with disabilities.

UNICEF’s work has focused on the promotion and protection of the rights recognised by the CRPD. At the programmatic level efforts have been made to support activities seeking to engage families and make programmes promoting early childhood development more inclusive; strengthen procedures for an early detection and attention to developmental delays; promote quality inclusive education; integrate social protection and inclusion actions; develop protocols and action guidelines to achieve inclusive responses in situations of natural disasters and humanitarian crises; and disaggregate and collect data on disability.

The SDGs indicate that persons with disabilities are among the most marginalised and vulnerable population groups. The reports collected by international organizations around the world reveals that disability itself is one of the main determinants of why they are lagging behind (UNICEF, 2013).

The 2030 Sustainable Development Agenda marks a historic moment that calls for definitive actions to address and overcome barriers that impede children and adolescents with disabilities from accessing their rights.
Persons with disabilities are mentioned in 5 of the 17 SDGs

**Goal 4:**
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

**Goal 8:**
Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

**Goal 10:**
Reduce inequality within and among countries.

**Goal 11:**
Make cities and human settlements inclusive, safe, resilient and sustainable.

**Goal 17:**
Revitalise the global partnership for sustainable development. Improve the availability of data disaggregated by disability.
It is evident that none of these SDGs can be achieved if persons with disabilities are not taken into account, especially children and adolescents. From an operational point of view, the SDGs state the need for all social actors to participate in the implementation of policies, encouraging local associations that involve the public sector, as well as the public-private sector and civil society.

This participatory approach implies acknowledging the historical message carried by the movement of persons with disabilities and their families: ‘Nothing about Us, without Us’. Persons with disabilities and their families have expert knowledge regarding the needs of a child or adolescent with disabilities; they know the barriers because they deal with them on a daily basis, and they also know how to reduce or prevent them. They have the vision, creativity and sensibility required to develop inclusive strategies and ensure that everyone can access and enjoy their rights.

The experience and knowledge acquired by the organizations of persons with disabilities and family networks through solidarity programmes and mutual support are social assets that must be integrated into public policy and collaborative strategies for inclusive development.

The protection of the rights of children and adolescents with disabilities has been part of UNICEF’s work since the Convention on the Rights of the Child (CRC) was adopted, and it gathered momentum with the approval of the CRPD.

Over the past decade, a growing number of UNICEF Country Offices, together with other agencies, government entities, social organizations and organizations of persons with disabilities, have undertaken a series of initiatives and actions around the world aiming to give visibility to the rights of children and adolescents with disabilities. They also aim to develop more inclusive strategies in their development programmes – regarding health, education, early childhood and social policies -, as well as in their humanitarian programmes in order to include children and adolescents with disabilities and their families in emergency preparedness, response and early recovery.

Furthermore, since the publication of UNICEF’s State of the World’s Children 2013: Children with disabilities, and the development of its Strategic Plan for 2014–20173, UNICEF has consolidated its global leadership in giving visibility to the situation of children and adolescents with disabilities and in developing initiatives to promote their rights at a global level.

Subsequently, within the framework of its Strategic Plan, 2018–2021, UNICEF has had the opportunity to broaden its actions, as well as those of its national and regional partners, for the benefit of children and adolescents with disabilities and their families, by mobilising efforts to support countries to comply with the commitments made in the CRC and the CRPD.

---

For UNICEF, the internal and external commitments related to the SDGs have enabled the revision of priorities and exploration of new collaborative strategies towards inclusive and sustainable development. In LAC, UNICEF plays a significant role in raising awareness and increasing the visibility of the needs of children and adolescents with disabilities and their families, so that they are considered in the various initiatives aimed at ending poverty and reducing inequities.

1.2. What is Disability?

Until recently, children and adolescents with disabilities were hidden, segregated and excluded from the opportunities that most children have. Even today, they are often subject to discrimination, mockery and violence, not only in public but also in the private sphere.

This hostile situation persists in discriminatory practices that reinforce their disadvantages, particularly for those who live in rural areas, are part of indigenous communities and populations, or who live in institutions (UNICEF, 2013; CRPD 2014).

Since the adoption of the CRPD (2006), transformations have been observed that radically change the approach to this situation, since the CRPD defines disability as an evolving concept resulting from the interaction between persons with disabilities and the barriers they encounter, due to attitudes and the environment that restrict their full and effective participation in society under equal conditions (United Nations, 2006).

This new paradigm known as the ‘social model’ of disability not only highlights functional limitations often associated with disability (individual variable), but also the existing barriers in the environment (environmental variable). The interaction of these two aspects may result in a relative reduction in the possibilities for participation and access to opportunities and rights under equal conditions.

Thus, the CRPD breaks with the medical assistance model that historically considers disability as lacking in health, and has therefore treated persons with disabilities as victims, in need of welfare assistance, rehabilitation or support. The social model considers disability as part of human diversity, replacing the traditionally hostile perspective for an inclusive one.

Within this framework, the CRPD opens the possibility of exercising human rights under equal conditions, which implies social changes and transformational effects in the life experiences of children and adolescents with disabilities and their families. From this perspective, it is possible to design public policy and programmes that will guarantee reasonable adjustments for all children and adolescents, as well as creating inclusive environments.
1.3. Statistics on Children and Adolescents with Disabilities

The lack of precise data at the global level on the total number of children and adolescents with disabilities is one of the most problematic aspects related to the development of evidence-based inclusive programmes and policies. Prevalence estimates vary among low- and medium-income countries, and there are significant differences within them depending on the definitions used. Also, differences emerge according to the methods and tools applied and the quality of the studies. Consequently, the United Nations indicated that “the lack of sound disaggregated data on persons with disabilities exacerbates vulnerabilities by masking the extent of deprivation and disparities” (United Nations, 2017). The lack of reliable data is even more acute in humanitarian contexts where children and adolescents with disabilities become completely invisible given that they are not included in the assessments nor in any other data collection.

In LAC, “data collection (on disability) is one of the issues that demonstrates less progress” and “despite the fact that a majority of countries include questions on disability in the Population Censuses since 2010, its quality, consistency and comparability is still disappointing” (ECLAC, 2014).

Nevertheless, and regardless of the limitations in analysing gaps and obtaining comparative information, there are data and estimates that allow us to measure the magnitude of the population with disabilities in the region and explore certain emerging aspects of their situation. For instance, the World Report on Disability by the World Bank and World Health Organization (WHO), estimated that, in 2009 there were approximately 50 million persons with disabilities in LAC (WHO and World Bank, 2011). However, recent literature has estimated that the prevalence of disability in the population may be greater. ECLAC, for example, indicated that 12 per cent of the region’s population lives with a disability, approximately 66 million people (ECLAC, 2013). In addition, in 2012, the Pan American Health Organization (PAHO) estimated that there are between 140 and 180 million persons with disabilities in the Americas (Ferrer and Ferro, 2012).

In this context, it is important to consider the fact that persons with disabilities do not constitute a homogenous group but have different needs according to the type of disabilities and the degree of functional limitations faced. In LAC, according to the census data of 18 countries, visual and mobility limitations prevail, followed by speech and hearing limitations. Nevertheless, it is vital to point out that census data do not allow to clearly identify intellectual disabilities and, depending on the parameters applied, they would be of high prevalence, especially in the population of children and adolescents (ECLAC, 2013). It is estimated that, in Latin America, more than 8 million girls and boys under age 14 have a disability. Also, 6.5 million adolescents between ages 14 and 19 have at least one type of disability. (ECLAC, 2014).

1.4. International Human Rights Standards on Children and Adolescents with Disabilities

In 2012, UNICEF published an analysis of international human rights standards on children and adolescents with disabilities based on the synergies between three key treaties: the CRC (1989), the CRPD (2006) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979). According to this study, “each one of these conventions complements, reinforces, and specifies the others and contribute to equity and inclusive development goals”, embodying four fundamental human rights’ values that are particularly important in the disability context:

- Each person’s dignity is considered of inestimable value, given its inherent worth and not because the person is deemed useful, in economic terms or otherwise.

- The concept of autonomy or self-determination, based on the assumption that any person has the capacity to control their own actions and behaviour, and which requires that people be at the centre of all decisions affecting them.

- The inherent equity of all persons, regardless of differences.

- The ethic of solidarity, which requires that society endorses freedom of individuals with the adequate social support.

Likewise, the three Conventions recognise that women, children and persons with disabilities, suffer important violations of their rights as a consequence of their situation in society, and establish mechanisms to hold States accountable for the commitments they have made.

Each Convention sets up a Committee whose members are responsible for ensuring that signatory States implement these measures, requiring them to submit progress report two years after ratification, and then every four years (five in the case of the Convention on the Rights of the Children). Each Convention have an Optional Protocol in place for people or groups to report any rights abuses to the corresponding Committee, in case all national efforts to obtain a solution are exhausted.

Since the approval of the CRPD in 2006 (which by the time these Notes were drawn up, has been ratified by 28 countries in the Region, while three other countries have adhered to it), a transformation and transition process can be observed involving legal, institutional and social aspects. This Convention clearly acknowledges, among other aspects that are especially relevant for children and adolescents with disabilities, the right to equality and non-discrimination (Article 5); inclusive education access (Article 24); access to justice (Articles 12 and 13); access to health – including sexual and reproductive health – habilitation and rehabilitation (Articles 25 and 26); and the right to be protected against all forms of exploitation, violence and abuse (Article 16).

The CRPD did not introduce new or special rights – the rights of persons with disabilities are exactly the same as those of any other person – but reinforced already established rights and introduced additional obligations for governments in order to guarantee their fulfilment. The immediate result was a greater relevance of the debate and an increased social and public concern regarding persons with disabilities. It also exposed the situation of historical exclusion of a large and significant population group, highlighting many life stories that remain silenced. As a result, transformations were witnessed, whose effects will be present for decades, which will imply transitions and challenges for governments and societies throughout the world.
1.5. Progress and Challenges in the Implementation of the CRPD in Latin America and the Caribbean

The CRPD has fostered a new global dynamic of transformations and progress by motivating countries to engage with standards for the protection of the human rights of persons with disabilities.

Nevertheless, past experience demonstrates that international conventions are insufficient for achieving the necessary changes to ensure the fulfilment of every person’s human rights. Millions are still invisible due to their age, gender or disability, among other factors.

In LAC, the Committee’s successive Concluding Observations presented to countries in the region show some progress and many challenges. On the one hand, the Committee acknowledges that “the extension of anti-discrimination laws and human rights frameworks has encouraged greater rights’ protection”. It also points out that, in many cases, disability was deliberately included as one of the causes for discrimination clearly prohibited by national legislation (CRPD Committee, 2014). On the other hand, it is also observed that the processes of legislative reform and public policies for the protection of children, adolescents and adults with disabilities, are not exempt from significant fulfilment gaps, barriers and implementation delays, notorious budgetary challenges and, in sum, that many pending tasks remain in all countries. The problem is not that the region lacks the sufficient and adequate legislation to guarantee the rights of children and adolescents with disabilities; rather, insufficient resources and mobilisation of expertise is preventing countries from taking the necessary steps to move forward in implementing and managing their fulfilment.

A Rapid Key Informant Survey (ERIC), conducted in 2017 for the preparation of these notes, demonstrated that the evaluation of compliance with existing regulations is poor in half the cases and only acceptable in a third of them. According to sources, “even if there are normative conditions, the capacity to implement controls, especially at the local level, does not exist”. Likewise, it was recognised that non-compliance with national and internationally set regulations regarding children and adolescents with disabilities is one of the main barriers to access to rights, in the opinion of the people consulted.

On the other hand, the Committee notes that many “laws and regulatory frameworks against discrimination are still unsatisfactory, incomplete and inefficient” (United Nations, 2017). As indicated, discrimination prevails not only through laws and administrative resolutions that have not been upgraded, but also through negative and pathologizing expressions in the media, as well as across institutional practices still based on medical or charity approaches, that perpetuate the stigmatisation of disability.

Progress and challenges to ensure the full exercise of the rights of children and adolescents with disabilities in the region are conditioned by transition processes in public policy as well as in the institutions responsible for overseeing their implementation. Most of the policies and programmes responsible for children and adolescents with disabilities belong to another time, and still respond to concepts that, while important at another moment in history, today reflect an outdated and negative –often a medical and charitable– vision of disability. For this reason, in many cases, officials and people in charge of these programmes make efforts, albeit with difficulty, to adapt to the rights approach and social model proposed by the CRDP.

Children and adolescents with disabilities and their families live in a situation undergoing a process of partial transformations. This process results from the new legal framework and the
opportunities it creates but remains partial because necessary social changes do not always accompany the adoption and implementation of these regulations. The new approaches and concepts proposed by the CRPD, as well as the current demands and expectations that emerge at the social and family level regarding children and adolescents with disabilities, challenge countries and societies to leave behind a compassionate, protective view that has characterised disability policies all over the world, and which is still hegemonic in most LAC countries. The new programmatic policies and proposals must be capable of critically questioning these traditions in order to transform them. Nevertheless, it is also necessary to keep in mind that, in many countries, practices and conceptions dating from the 20th century integrate a valuable and necessary knowledge database for the improvement of programming.

The processes of updating and changing approaches require not only building innovative policy, flexible social programmes and services adapted to new realities, but also deconstructing the old traditions, views and practices. Inclusion will not be possible without questioning and transforming the traditionally low expectations that families, institutions and society have regarding children and adolescents with disabilities. This process requires a critical standpoint on the still-prevalent scepticism in relation to their rights and development possibilities.

1.6. Support for Accessibility, Inclusion and Autonomy

Every person needs the support of others at a certain moment or throughout their whole life. Support is understood as the act of giving assistance or help to whomever requires it, to perform everyday activities and participate in society. In the case of children and adolescents with disabilities and their families, support from their community and the State is essential to conduct everyday activities. However, support services very often entail considerable spending for persons with disabilities and their families, which prevents them from escaping poverty.

The CRPD clearly expresses that States have an obligation to guarantee access to support services and sets a general framework for its application. The Convention highlights the importance of “adopting all necessary measures to support full and efficient participation of persons with disabilities in society, in equal conditions to all”. This human rights-based approach also places persons with disabilities at the centre of all decisions affecting them, including those related to support and assistance. The CRC also recognises States’ obligation to offer the assistance that children and adolescents with disabilities require in order to achieve their full individual development and social integration.

Many persons with disabilities need support for everyday activities such as getting up, bathing, getting dressed and eating. Support also includes help with mobility, personal assistance, decision-making, communicating and living in autonomy, as well as providing access to health and justice services.

For many children and adolescents with disabilities, access to quality support is a fundamental condition to exercise their rights and not be left behind. Without the support, children and adolescents are more exposed to negligence or being institutionalised. Adequate support also gives the possibility to correct the paternalistic and disempowering legacy of outdated approaches to the rights of persons.
The Convention on the Rights of Persons with Disabilities (CRPD) makes reference to delivering specific forms of support: Art. 9 (accessibility), Art. 12 (equal recognition before the law), Art. 13 (access to justice), Art. 16 (protection against exploitation, violence and abuse), Art. 19 (living independently and being included in the community), Art. 20 (personal mobility), Art. 21 (freedom of expression and opinion, and access to information), Art. 23 (respect for the home and the family), Art. 24 (education), 26 (habilitation and rehabilitation), Art. 27 (work and employment), Art. 28 (adequate standard of living and social protection) and Art. 30 (participation in cultural life, recreation, leisure and sport).

with disabilities, since it emphasises the idea that the person receiving the support should reach their full potential, and preserve their dignity, autonomy and independence.

According to the United Nations Report of the Special Rapporteur on the Rights of Persons with Disabilities (2016), children and adolescents with disabilities and their families “require different types of support services, especially in the areas of health and education”. These services include among others, access to technology, support with communication and individualised educational programmes, as well as information and assistance to families.

Yet, the report states that “for a long time, children and adolescents with disabilities have merely been recipients of special attention, if at all; a situation which has given way to segregations, general neglect and institutionalisation”. Consequently, and from the rights perspective, it is necessary for States to put in place support measures and services that would allow children and adolescents with disabilities to reach their full potential and also provide support to families so that their children would become autonomous and independent.

In LAC, support services are delivered by a number of providers including government institutions, private organisations, non-profit organisations, charities and families participating in organisations, and mutual support networks. In upper- and middle-income countries, States have traditionally been the main source of support through centralised systems of care, social security and local authorities. In other cases, States finance and hire non-profit or private organisations to carry out this work. Nevertheless, in most countries, charities and international non-governmental organisations are the main support providers to children and adolescents with disabilities, often with limited sustainability and poor-quality control.

Regardless of the chosen form of service delivery, States have the obligation to guarantee that persons with disabilities, especially children and adolescents, can request and receive quality services and adequate support, even when service delivery is delegated to social organisations or private agents. This must always be within the framework of public policy and comprehensive oversight, which must contemplate humanitarian crises scenarios.
1.7. The 2030 Agenda for Sustainable Development and the Commitment to “Leave No One Behind”

The 2030 Sustainable Development Agenda is a universal call to end poverty, protect the planet and guarantee peace and prosperity for everyone. Adopted by world leaders in 2015, this new international development agenda establishes 17 Sustainable Development Goals (SDGs) that should be reached by 2030. The SDGs are related to issues such as climate change, economic inequalities, innovation, sustainable consumption, peace and justice, among other priorities.

The context of the 2030 Agenda and that of commitments taken by States since the CRPD, provides an unprecedented opportunity to transform structures that have historically determined the possibilities of development for children and adolescents with disabilities and to bring an end to exclusion and neglect. Not only do persons with disabilities benefit from SDG implementation and achievement; they can also greatly contribute, through active participation in the programmes designed to achieve these Goals. Eradicating poverty and ‘leaving no one behind’ in terms of health, education or social protection can never be achieved without inclusive strategies capable of giving visibility to children, adolescents and adults with disabilities and involving them in programme consultation and implementation processes. The SDGs show these two requirements to be essential, explicitly calling for both the inclusion of persons with disabilities and the development of inclusive indicators. Indeed, in light of the SDGs and following the pledge to ‘leave no one behind’, it is necessary to include children and adults with disabilities in every initiative aimed at achieving the 17 SDGs.

Designing an inclusive agenda within the SDGs framework is both an ethical imperative and an opportunity to introduce transformational tools and rationales based on universal design. Issues related to disabilities are a fundamental part of the development agenda, and their consideration contributes to widen the agenda’s perspective, makes disadvantaged groups visible, and approaches problems that have long been neglected from a rights perspective, all in search of equity and a society without exclusion.

The inclusive development approach, aims to create strategies for access that reach all persons, considering the needs of the most disadvantaged groups. Thus, a new way of thinking has emerged that promotes inclusiveness in all policies. This is based on the idea that a society which includes and supports its less vulnerable members will, in turn, become stronger and capable to achieve well-being for all.

In this context, the CRPD and the agenda for the rights of children and adolescents with disabilities should not be seen as a revindication from a specific group that has been historically discriminated and excluded, but rather as an opportunity to make progress towards the goals and strategies of the 2030 Agenda, the CRC and other regional and global instruments that seek to overcome inequities and guarantee equal rights and opportunities for all.

---


© UNICEF/UN050189/Pirozzi
INCLUSIVE PROGRAMMATIC PROPOSALS

In order to understand the current situation regarding disabilities in LAC, it is necessary to confront the various challenges being faced in the region and find paths that contribute in the fulfilment of the rights of every child and adolescent with disabilities, making the most of existing opportunities and capabilities in LAC. Thus, it is necessary to consider the valuable experience accumulated by UNICEF Country Offices. UNICEF Country offices can share their experiences of technical assistance and cooperation agreed with governments, as well as opportunities arising from collaborative work with social organizations, and the challenges and barriers encountered throughout the process of change.

This section aims at collecting and analysing lessons learned in recent years –recognising the capacities built both within UNICEF and its key partners and counterparts-. This will be done in order to address programmatic initiatives related to children and adolescents with disabilities and their families, based on the two-way approach and the five Goal Areas put forward in UNICEF’s Strategic Plan, 2018–2021.

In accordance with the expected results in UNICEF’s Strategic Plan, 2018–2021, this section will highlight both the predicted challenges and opportunities. Addressing these challenges and capitalising on these opportunities will contribute to the strengthening of the general programmes and the actions specifically aligned with the 2030 Agenda. Some of these challenges and opportunities are as follows:

- Promoting the visibility and inclusion of children and adolescents with disabilities in public policies is a key variable for the expansion of programme and services coverage, which entails transitioning towards the universalization of rights.
- Children and adolescents with disabilities have the right to receive services ranging from early stimulation, health and rehabilitation, family support and inclusive education to social protection, among other services that are necessary for their development. The design and implementation of inclusive policies is a concrete opportunity to promote inter-institutional and inter-sectoral integration processes, needed to transform segregated services and to optimise public investment.
- Development of institutional cross-cutting capacities for inclusion and the systemic processes to strengthen institutions, that are required to approach some of the complexities linked to inclusive services and programme implementation, will bring benefits that go beyond the population with disabilities and favour all children and adolescents. When a classroom, a health centre or any public space for play and recreation are inclusive, they are also more comfortable, secure and friendly to all.
- UNICEF’s Country Offices together with governments, other United Nations agencies, social organisations, and organisations by and for persons with disabilities in the region can play a vital role as catalysts for change at the same time as they fulfil their institutional mandates. This process aims to reallocate resources, mobilise social actors in favour of inclusive public policies and guarantee the fulfilment of the rights of all children and adolescents, as recognised by the CRC, the CRPD and the CEDAW, both in development and humanitarian contexts.

Before analysing the current challenges in each area, there are two important general and cross-cutting programming elements to consider: the two-way approach; and the development of partnerships with key actors.

- Analysing the situation of disabilities in LAC implies a detailed examination of existing inequalities in the region. This investigation and allows to observe many of the causes and consequences affecting other disadvantaged groups. The development of studies and situation analyses enables to make visible current gaps and, consequently, steer actions towards the equal opportunities for children and adolescents and the protection of their rights.
2.1. The Two-way Approach

As a starting point, it is important to understand that children and adolescents with disabilities not only have equal rights to those without disabilities, but also equal basic needs: a family environment capable of providing them love and protection so that they can grow healthy and happy, as well as an inclusive society that will promote their full development. Just as any other child or adolescent, they should have early access and opportunities to participate in education, health and social care in order to reach their full potential, and later be able to positively contribute to the society they live in.

For this reason, the actions taken to include children and adolescents with disabilities should not be seen as something "special" or completely "different" from the programmes that are often implemented to promote rights and development of all children and adolescents. Furthermore, it should not be understood as an additional task or a component that will overload the cooperation portfolio of UNICEF Country Offices.

The key recommendation is to make children and adolescents with disabilities visible in all programmes and actions, including in emergency preparedness and response programmes, thus contributing to an inclusive approach of child development that will benefit everyone. UNICEF’s work must always seek a comprehensive approach that transcends the institutional and programmatic fragmentation that tend to reinforce inequity. In addition, it is advisable to mainstream inclusive approaches in the range of activities, environments and programmes that make an impact on children and adolescents in order reach and include those with disabilities.

Including a disability perspective in programmes and plans aimed for children and adolescents provides in general an excellent opportunity to improve services and interventions, expand coverage, and benefit everyone. Almost all the programmes targeting children embrace inclusion. Once these entry points are visible, reasonable adjustments can be made in infrastructure, coverage, attention and content that will give access to children and adolescents with disabilities, while contributing to improve care provision for all children and adolescents.

At times, it will be necessary to promote specific components to address particular needs of children and adolescents with disabilities, such as:

- Designing and implementing advocacy activities focused on the rights of children and adolescents with disabilities and promoting new perspectives and practices based on the CRPD.

- Developing specific characterisation studies, surveys and data collection in order to have more and better data on children and adolescents with disabilities, considering their differentiated risks and rights violations.

- Promoting early detection of sensory, functional or developmental limitations, and access to community-based habilitation and rehabilitation interventions.

- Facilitating support to families of children and adolescents with disabilities to minimise the impact of the difficulties faced and promote access to local support and care services.

- Mobilising financial and technical support in areas such as housing, transportation, early inclusion, rehabilitation, inclusive education, care systems and social protection.

The non-specific or cross-cutting approaches have the advantage of not requiring a re-elaboration of the programmatic process or the creation of new programmatic guidelines focused on disability. Nevertheless, ad hoc actions are necessary for addressing specialised care needs and for the visibility of the children and adolescents with disabilities as a group.
2.2. All for Inclusion: Social actors and partnerships

The inclusion agenda for children and adolescents with disabilities includes technical assistance to governments to harmonize national legislation with human rights international standards and the design and implementation of inclusive public policies. Today, throughout the world, social organizations, agencies, private foundations and companies have gained greater awareness of the problems faced by most of the persons with disabilities, especially, children and adolescents with disabilities and their families, who are often among the most excluded and forgotten groups.

It is important that Country Offices identify and recognise the actors that play or could play a role towards inclusion, in order to explore timely collaboration and search for strategies that work to achieve the SDGs in the medium- and long-term and promote opportunities for the inclusion of children and adolescents with disabilities and their families.

Agencies, funds and programmes of the United Nations System play a crucial role as UNICEF partners to move forward the inclusive agenda at the global level. Collaboration with these actors is necessary to accompany and motivate governments and civil society in identifying and acknowledging needs, improve their interventions, allocate resources and collaborate to create inclusive public policies in the areas of health, education, culture, social protection, transportation and urban mobility, as well as humanitarian crises and disaster response.

In each country, national human rights institutions (the ombudsperson office and offices or human rights commissions) and national programmes or commissions on disability, such as: the National Disability Program (PRONADIS, its acronym in Spanish) of the Ministry of Social Development of Uruguay and the National Council for the Integration of Persons with Disabilities (CONADIS, its acronym in Spanish) of Peru, are important potential partners for UNICEF, particularly in CRPD promotion processes or in the improvement and harmonization of the legal framework.

Numerous private foundations and non-governmental organizations operate in the region, some of which have a long history working with children and adolescents with disabilities and their families. These organizations, together with churches and international agencies that form part of regional or sub-regional networks working to promote the rights of persons with disabilities, can in many cases be strategic partners in advocacy, programme development or service delivery for children and adolescents with disabilities and their families. It is essential to work together with parents’ organizations and mutual support networks committed to the rights of persons with disabilities. In many countries, networks and organisations created by and for persons with disabilities can share much of the experience and lessons learned gained by families over the years, who can provide valuable resources, social assets and support capacities, that must be included in public policies.

The participation of these organisations and networks in promoting the rights of children and adolescents with disabilities will facilitate the visibility and mobilisation of essential family and community support to all result areas of the Strategic Plan. The work conducted on disability by Country Offices, together with parents’ organisations and civil society enables in a sustainable way the promotion of access to opportunities, and modification of social and family expectations regarding children and adolescents with disabilities, as well as facilitation of participation and empowerment spaces that will improve their self-esteem and their life trajectories.

On the other hand, caregivers’ organizations and service providers working directly with children and adolescents with disabilities —by attending their health, education and care needs, on a daily
basis, as well as those in charge of developing, implementing and monitoring programmes, budget and services, can play a fundamental role. In some countries, many of the essential services for children and adolescents with disabilities and their families are de-centralised and outsourced. Hence, their implementation is often the responsibility of local governments and carried out by Non-Governmental Organizations (NGOs), professional organisations, foundations or private institutions.

Likewise, the media play an essential role in deconstructing the negative, pathological imaginaries about disability, which societies have inherited from the 20th century. They have a direct role to play in raising awareness on this issue and have “a strategic function to guarantee that national, regional and international decisions contemplate the rights of persons with disabilities to participate, thus contributing to fight exclusion and discrimination” (Escola de Gente [People School] and World Bank, 2005).

Private companies are another potential partner for social responsibility and solidarity. In many countries, these partnerships have allowed UNICEF and other organisations to mobilise resources for children and adolescents with disabilities. While there is a need to work together with the private sector in mobilising technical and financial resources, it is also important to emphasise that this kind of support and partnership must be led from a clear social perspective and should recognise children and adolescents with disabilities and their families as subjects of rights, thus avoiding the reinforcement of beliefs related charity and paternalism.

2.3. Inclusive Programming

UNICEF’s Strategic Plan, 2018–2021, establishes the need for inclusive programming and to make the most vulnerable groups visible and therefore, ensure that no one is left behind.

This section reviews the situation and perspectives of inclusive programming for children and adolescents with disabilities in relation to the five Goal Areas, taking as a reference, the Theory of Change put forward in the Strategic Plan, 2018–2021, for each one of them. In all cases, the general actions taken as references are:

- Promoting and supporting multi-sectoral interventions.
- Contributing to strengthening national systems’ capacities.
- Involving civil society and stimulating behaviour changes.
- Undertaking advocacy and communication to contribute to the programmatic goals.
- Contributing to improve data collection systems and evidence.
- Collaborating with United Nation’s agencies
- Involving the private sector.
- Ensuring that these efforts are implemented in an inclusive manner and, when necessary, suggesting actions or specific components on disability.

Likewise, for each Goal Area, a short summary of the current situation, the main emerging trends and examples of promising experiences in the region are presented with the aim that Country Offices may visualise the main entry points and opportunities for action.
Nine-month-old Denisse, who was born with congenital Zika syndrome, smiles after being bathed by her father Denis at the family’s home in Guatemala City, Guatemala, Wednesday 18 October 2017.

© UNICEF/UN0148692/Volpe
Every Child Survives and Thrives

Background

Early childhood programmes and actions for maternal and child health are strategic for the early inclusion of children with disabilities, within the framework of the objectives and expected results for the Strategic Plan Goal Area 1: Every child survives and thrives.

Scientific findings from different disciplines put forward the urgent need for investment in early childhood development (Lancet, 2016). A clear international consensus acknowledges early childhood as an extremely significant period of development in human life, since it prepares the foundations for children’s future well-being, life-long learning and active participation in society. International guidelines promote multi-sectoral interventions that integrate essential components of adequate nutrition, early stimulation, learning opportunities, protection and nurturing care, with the preparation and participation of families in this stage of life.

When a child has a disability or a developmental delay, early childhood is a critical period. During the first three years of life, it is essential to provide the child’s family with psychosocial support, as well as timely and continuous assistance to avoid feeling lonely or stuck when faced with the unexpected challenge that the arrival of a child with disability to the family can often represent. Early childhood is also a fundamental moment to reconcile public health programmes seeking to prevent and detect congenital anomalies early, as well as to provide a comprehensive intervention plan that focuses on the needs of the child and the preparation and support of families as key actors; in order to promote inclusion and avoid discrimination and stigma.

Accordingly, programmes promoting early childhood development should be carried out within a strategic framework that promotes inclusion and makes children with disabilities and their families visible (MIDES, 2016).

Children with disabilities or developmental delays are usually the most invisible and consequently deprived of access to services. Likewise, many children with disabilities—especially children with mild or moderate disabilities— are not identified until they reach school age. Once in school, challenges that often have decisive consequences throughout life, because frequently, the response tend towards a medical approach, which focuses on health treatments and medicines, instead of addressing the situation in a holistic way, thus losing important opportunities.

Additionally, many children with disabilities and their families encounter barriers in accessing quality care, the most frequently include (United Nations, 2016):

- Lack of accessible transportation to reach health centres, early intervention services and/or rehabilitation clinics.
- Physical barriers that impede access to hospitals and clinics due to the lack of adapted equipment.
- Lack of staff training, communication barriers, as well as negative attitudes based on prejudices and double standards in care.
- Denial of care due to disabilities.
- Lack of appropriate early intervention services for children with disabilities.
- Lack of assistance, support and resources for families with children with disabilities so that they can exercise positive care and support in the development of their children in everyday life.
The gaps in access results in greater vulnerability to diseases, secondary disabilities, and higher frequency of negative behaviours regarding health, which decreases the quality of life and life expectancy of children and adolescents with disability (WHO, 2016). If early and comprehensive support and protection interventions for children and their families are not available, if services are not accessible, or children with disabilities are made invisible, the impact of disability or developmental delays will be exacerbated, the risk of separation from families will increase, the risk of different types of violence will increase— with consequences that are, at times, permanent— and the chances of children and their families developing and enjoying their rights will diminish.

Trends, Opportunities and Promising Experiences

UNICEF’s work related to disability in the context of Early Childhood Programmes started 30 years ago and was guided by different paradigms and approaches. Globally, the directing principles have historically been early detection, early intervention with family support, and initial actions of inclusive education, with a community-based rehabilitation approach. Some of the current trends regarding early response to developmental delays and children and family encouragement to maximise the capacities and minimising functional limitations, are present in the Committee on the Rights of the Child’s General Comment No. 7.

Generally, there are four major areas to mainstream inclusive approaches and guide technical cooperation in this field:

- Ensure inclusive basic interventions (preventive and promotive) for children and their families during their first years and transition periods.
- Promote accessible and inclusive environments.
- Increase support to strengthen skills of families and other caregivers.
- Increase participation of organisations of persons with disabilities and of families with children with disabilities.

Over the past years, the interest of governments and cooperation agencies in guaranteeing children and families with disabilities access to quality inclusive early childhood programmes has increased considerably. Several Country Offices in LAC have progressively engaged in making children and adolescents with disabilities and their families visible within Early Childhood programming. Also, they have responded to the demands for technical assistance and sharing experiences and information between countries. Some cooperation actions enable to witness improvements and promising trends.

In Bolivia, El Salvador, Jamaica and Ecuador, UNICEF has promoted actions in strengthening inter-institutional and inter-sectoral coordination to improve early childhood programmes. In this context, efforts have been made to strengthen the capacities in public institutions and programmes, emphasising the joint responsibility that each sector has in early identification of disability among children. Efforts have also been made to facilitate the access to inclusive networks and services for care, support, empowerment and rehabilitation for children and their families.

In Mexico, Early Childhood programmes are part of the national strategy to improve access to education. In this context, UNICEF has

---

collaborated with the national government and other United Nations agencies through a Child Care Facilities Programme that supports working mothers by offering child care centres and guaranteeing access to children with disabilities between the ages of 1 to 3 years to the National Child Development Programme.

Together with PAHO, UNICEF has driven the development and systematisation of inclusive approaches in these programmes and services, which include: validating regulations and parameters for the early detection of disabilities, developing physical accessibility standards and promoting the integration of families through psychosocial support networks. In addition, UNICEF has provided technical assistance for the training of more than 353 caregivers in nine States in Mexico and in the implementation of model experiences to assess and advise the centres working with children with disabilities.

Some of the lessons learned through this experience include the following technical assistance and support actions:

- Improvement of early identification processes of developmental delays and guidance for specialists on referral and counter-referral systems.

- Development of guidance tools for caregivers (daily registry of developmental changes, recommendations, games and activities) and training on the rights of children with disabilities.

- Provision of incentives for improving equipment and physical infrastructure of Care Centres that are inclusive of children with disabilities.

- Support for professionals in communicating with families by providing guidance in weekly activity planning and follow-up on children’s development and work processes.

- Development of a directory with more than 1,500 resource centres for children with disabilities and their families. Development of integrated support networks focused on access to local family- and community-based resources.

UNICEF has also supported impact assessment of this inclusion model, providing recommendations for the scaling up strategy of the initiative to almost 9,500 childcare centres in the 32 Mexican States and ensuring the inclusion of children with disabilities in all early childhood actions.

Since 2013, UNICEF’s Country Office in Dominican Republic supports the State’s efforts to improve information available on children with disabilities and its use in the formulation of an inter-sectoral action plan for prevention, detection and care, aimed at persons with disabilities. In addition, the country has driven forward the National Plan for Comprehensive Early Childhood Care. This plan has an inclusive and comprehensive care approach to the provision of support to families and educational services. Therefore, the National Institute for Comprehensive Early Childhood Care (INAIPI), was established and is responsible for providing comprehensive care services to the population of 0 to 5 years of age. In 2017, the INAIPI provided care to more than 125,000 children, 670 of whom have a disability.

UNICEF continues its collaboration with INAIPI through the development of guidelines and standards for the inclusion of the population with disabilities in their community- and family-based programmes, as well as in the institutional services offered through the centres. UNICEF has also supported in strengthening technical capacities in service providers so that they are able to promote changes in early childhood development practices, knowledge and attitudes. This is achieved by introducing inclusive approaches when training professionals and early childhood networks, and by advancing a comprehensive communication strategy. The communication strategy will include educational materials for the staff and families.

---

of the centres on stimulation, education free of violence and discrimination, as well as on hygiene and sanitation.

UNICEF’s support for the promotion of inclusive actions in early childhood has also been developed in the context of childcare programmes, and especially in the response to the Zika epidemic. In Cuba, for instance, UNICEF has been collaborating with the Health Ministry since 2014 within the framework of the *Educa tu hijo* (Educate Your Child) Programme. In the Diagnosis and Guidance Centres, the programme’s education agents were trained on inclusion and early stimulation of children with disabilities, as well as in early detection of microcephaly and congenital malformations. UNICEF also collaborated with Mother-Child Pastoral Service in the Dominican Republic to provide psycho-affective support and guidance to families and to promote positive care and early childhood development for children with disabilities. In this context, some challenges remain such as obtaining financial support for families with children with disabilities, since access to services, such as transportation, are unaffordable for some families.

In Brazil, UNICEF leads the partnership with Inclusive Networks that brings together federal, state and municipal governments, together with the Ministry of Health, PAHO/WHO, the Federal Rural University of Pernambuco (UFRPE) and other public and private actors. This partnership works to disseminate information and raise awareness among families and health teams on the necessary support and care for children affected by the Congenital Zika Syndrome. Furthermore, the Country Office has collaborated with the Ministry of Health to develop a Practical Guide for Professionals and Health Teams, which adapts the recommendations by WHO at the local level to provide psycho-social support to pregnant women and families with children with microcephaly or other neurological complications related to the Zika virus.

**Programmatic Proposals**

Throughout LAC, there is a growing interest among governments, agencies and social actors linked to health and early childhood care in exploring new response strategies and mobilising the support needed to achieve and maintain access to childcare service networks that are essential for children with disabilities and their families.

The main programmatic proposals in this area seek to design and implement intersectoral actions for childcare centres, educators, families, professionals and children to support one another. When interventions are early, adequate, systematic, inclusive and involve the participation of families, it is possible to reduce the impact of developmental delays as it promotes the conditions for children with disabilities to develop their full potential.

The quality of the diagnoses and access to comprehensive childcare networks; the mobilisation of support and information for families and access to childcare services; community-based rehabilitation and habilitation that avoid medicalisation, situations of violence, institutionalisation and the separation of families and that promote the greatest possible degree of autonomy, are all components that play a key role.

---


Based on the Theory of Change paper that supports UNICEF’s Strategic Plan 2018–2021, some recommendations for an inclusive approach are described below.

**Promoting and supporting multi-sectoral interventions on early childhood development:**

Country Offices can make a valuable contribution in this area by providing technical assistance to strengthen the coordination and integration of early childhood programmes, services, networks and teams.

The key to this approach consists in encouraging general services to be prepared for early detection of disabilities and developmental delays, integrating responses, recognising the responsibilities of each sector, and preventing families from facing fragmented childcare networks and losing the opportunity for timely and continuous interventions. In this context, it is important to advance the integration of early intervention services with family and community engagement, and to provide support to families through complementary actions that promote comprehensive development, children’s autonomy, and avoid excessive childcare medicalisation.

In Dominican Republic, Bolivia, El Salvador, Jamaica, Ecuador, Brazil, Uruguay, among other countries, there is an increasing tendency to support governments so that they harmonise health, education, and social protection interventions through the creation of national care systems which includes children with severe or mild disabilities.

For children with disabilities and developmental delays, it is important to improve early detection and intervention tools with the support of families. This implies a multidisciplinary and comprehensive approach. In some countries, UNICEF has been collaborating in the development of new instruments and in the validation of care models and tools. These tools can be shared through South-South cooperation agreements, contributing to substantial improvements in the region.

Therefore, it is necessary to collaborate with different partners to organise national meetings and conferences that promote reflection on comprehensive and community-based approaches in early childhood and disability programmes, and that also mobilise technical assistance from specialists in the region to train professionals. A case in Uruguay, which led to a series of publications focused on *Early Inclusion* (MIDES, 2016)\(^\text{13}\), provides a good example of this kind of collaboration.

Physical accessibility and disability-inclusive care standards in childcare centres that have been developed and validated in countries such as Mexico, Dominican Republic, Ecuador or Uruguay could be used in the future to inform processes and decisions in other countries in the region.

Within the framework of the Zika prevention and control strategy, UNICEF can continue its significant contribution by providing guidance and advice to local and national governments in the development of information campaigns that will prevent stigmatisation of children with disabilities and promote positive messages about disability, as it has been done within recent years in Brazil, Dominican Republic and other countries.

Contributing to provide essential services through the strengthening of national systems’ capacities

Providing essential services in early childhood generally requires that experts and professionals taking part in the programmes be adequately prepared to respond to the needs of children with disabilities and their families. UNICEF can contribute particularly by supporting the training and capacity building of these professional teams, ensuring that they know the rights of and care needed by of children with different disabilities and their families, and that they are aware of the resources available in different areas and institutions in order to provide comprehensive child care.

Country Offices can provide support through technical assistance and knowledge transfer in developing tools to improve the capacities of inclusion and response on disability in early childhood services, as has already been done in Bolivia, El Salvador, Jamaica, Uruguay and Ecuador. This has been achieved through the development and validation of local standards and parameters to identify disabilities and developmental delays and ensure timely warning of these situations.

UNICEF Country Offices can also play an important role regarding violence in early childhood by providing technical cooperation to revise protocols and roadmaps on prevention, ensuring that universal mechanisms for reference and reporting are prepared to respond to the situation of children with disabilities, and have the necessary support and adequate adjustments foreseen.

Involving civil society and encouraging changes in behaviour and service demand

Together with national commissions on disability and the organisations of persons with disabilities, Country Offices can collaborate in the development of a directory of supporting resources available for children and their families at the community level. This will allow early childhood programmes and services to highlight the knowledge, experiences and skills that family networks and civil society organisations possess to promote good parenting practices and strengthen the support, care and rehabilitation skills of caregivers and families of children with disabilities.

Working with civil society, in particular with organisations of women with disabilities is important to transform gender biases related to care for children with disabilities, including topics such as healthy fatherhood and joint responsibility parenting.

In addition, Country Offices can collaborate with governments by organising conferences and activities that highlight and recognise these types of collaborative practices between programmes and social organisations. This collaboration with governments in turn strengthens constructive participation from civil society in the implementation of inclusive programmes and promote children and families’ access to early inclusion networks.

Finally, UNICEF can strengthen the capacities of its partners, including government entities and civil society, in the design and implementation of Communication for Development (C4D) strategies, as well as in measurement and assessment of behaviour changes and discrimination levels.

Advocacy and communication to contribute to the programmatic goals

UNICEF, in collaboration with the governments, can contribute to the improvement of the social perception regarding children with disabilities, and promote their human rights through communication campaigns.

The change in social perception may be driven by including images of children with disabilities in all publications, advocacy materials and early childhood campaigns, so that they become visible as a member of their families and the society as a whole, which would contribute to overcome the still-prevalent prejudice and negative stereotypes.
**Contributing to the improvement of evidence and data collection systems**

Within this strategy’s framework, it is important that Country Offices continue to strengthen countries’ capacities to collect data on children with disabilities and their families. The creation of working groups, the provision of advice from specialists and the participation of universities can be used to encourage national institutes of statistics to adopt and implement the Module on Child Functioning and Disability developed by Washington Group on disability statistics (WG) and UNICEF.

It would also be important to provide support in the development of specific studies, which collect data disaggregated by gender and other variables. This would enable the continued visibility of children with disabilities in health surveillance systems, increase awareness regarding their needs and those of their families, identify the intersecting barriers and discrimination they face, and find inclusive care opportunities. As in some countries in the Caribbean, Central America and in Ecuador, Country Offices can provide technical assistance for field studies (data collection) so that teams and systems that monitor the processes and results of early childhood development actions can include disability-inclusive approaches and tools. Moreover, data collection, studies and mechanisms linked to monitoring the SDGs can be an opportunity to collect information that reflects the situation of children with disabilities and their families. This can be achieved as long as Country Offices manage to ensure this population is visible and give advice in the implementation of the UNICEF and WG’s module.

**Collaborating with other United Nations agencies**

United Nations agencies, funds and programmes are UNICEF’s natural partners for advancing an early inclusion agenda within the monitoring and working groups of the 2030 Agenda. In this regard, a valuable contribution would be to analyse, within the SDG framework, the delay and exclusion gaps of children with disabilities. This kind of work –which is strategically aimed to produce a critical mass of specialists, decision-makers and public policy managers-, is necessary to support the inclusion agenda in the countries and motivate governments to improve their interventions, mobilise resources and assess the medium- and long-term results.

**Involving the private sector**

LAC countries have accumulated much experience regarding the participation of the private sector, through private foundations and companies interested in early childhood. Some of these entities are increasingly interested to collaborate in solidarity or are directly involved in the provision of services to children with disabilities and their families. In this context, UNICEF can advocate for inclusive approaches in early childhood, mobilise support and influence decision-makers to achieve their commitment to early inclusion.

UNICEF can also work together with the private sector by exploring innovative mechanisms to finance programmes in a sustainable manner. In some countries, the impact of these collaborations has been useful in facilitating access for children with disabilities and their families to quality and integrated services in rural areas and in regions, where the offer of institutional services is low.

On the other hand, the experiences of Jamaica and Argentina in which UNICEF have collaborated with the media and companies related to social communication to raise awareness of the promising results of early and comprehensive interventions, motivate social consensus around the rights of children with disabilities, and mobilise early inclusion support, can be replicated in the region.
Leandro, 5, writes on a small chalkboard with the help of his teacher, Rosana, during a personalized learning session for children with disabilities at CENI, an inclusive school in Montevideo, the capital.

© UNICEF/UNI144423/Pirozzi
2.3.2 EVERY CHILD LEARNS

Background

The right of children and adolescents with disabilities to a quality inclusive education at all levels and throughout life is expressed in Article 24 of the CRPD.

In conceptual terms, inclusive education refers to the simple fact that all children and adolescent in a community or neighbourhood can go to the same school, whether or not they have a disability. For a child or adolescent with disabilities, this means experiences of life and coexistence that will forever shape their personal story: sharing school with their siblings without disabilities, participating in games that their relatives and neighbours play, and being invited to the same birthday parties and trips as their peers and classmates, without their disability being a reason for exclusion or segregation.

However, inclusive education does not only refer to the presence of children and adolescents with disabilities in school, but it seeks to be an opportunity to offer quality education for all, especially to the most disadvantaged children and adolescents. When a teacher, a classroom or a school is adequately prepared to respond to everyone’s needs, not only do children with disabilities benefit but also all those who have learning difficulties and require a more personalised attention, a curriculum adapted to their learning styles and pace, or an alternative teaching method and format that transmits knowledge, skills and values.

The most common approach used in the LAC region to address the educational needs of children and adolescents with disabilities has been special schools, such as schools for the blind and schools for the deaf, among others. Historically, these special schools have been considered as a good alternative to other forms of education or to the lack of education. In these special schools, it is expected that classes would be smaller, buildings are adapted, the probability of discrimination is lower and that teachers would be trained to offer personalised support to students. However, this is not always the case. In practice, there are only a few special schools in each country. Therefore, children and adolescents with disabilities who live far from cities have less possibility of attending these schools, and those who do attend often remain far from their families for long periods of time. For example, according to Inclusion Inter-Americana, in 2000, in El Salvador there were around 222,000 school-age adolescents with disabilities, but only 2,000 of them attended classes in one of the 30 special education schools in the country, in other words, less that 1 percent of the total (UNICEF, 2014).

Difficulties do not only relate to access. Often, the curricula offered at special schools are not as detailed or comprehensive as those of regular schools. Some research has demonstrated that special schools devote less time to academic engagement and participation of students and

Furthermore, teachers in special schools tend to show lower expectations regarding the academic achievements of children and adolescents with disabilities\(^{15}\). Also, special education is more expensive and less efficient than adequately planned inclusive education\(^{17}\) (UNICEF, 2014).

It is clear that in LAC, special education played a fundamental role throughout the 20th century in providing school and learning opportunities to thousands of children and adolescents with disabilities. This has given special education schools and teachers an important place and recognition in the region due to their contribution in the lives of children and adolescents with disabilities and that of their families.

Likewise, in countries where there are separate systems of regular and special education, it is probable that special education—schools, teachers and other resources of the system—will continue to play a leading role by acting as resource centres and by sharing their practices, knowledge and tools to schools that seek to become more inclusive.

In countries where there are no such institutions and special resources or where they exist only in major urban areas, it is necessary that local schools operate under inclusive principles. As local schools become more inclusive and communities become better prepared to offer educational support, the demand for special or separated services will decrease (UNESCO, 2017).

Article 24 of the CRPD clearly states the need for reasonable adjustments, individualised support, and proposals for the adaptation of the curricula, teaching-learning strategies and study materials. The Committee’s General Comment No. 4 urges for measures that progressively achieve the full exercise of the right to inclusive education and, therefore, the transition from a special to an inclusive system\(^{18}\). Emphasis should be put on the delivery of all these resources; hence, special support must be available in regular institutions avoiding segregation of children and adolescents who need them.

**Trends, Opportunities and Promising Experiences**

According to the results of the 2017 ERIC, in the past few years, the advancement of inclusive education in the region has been a significant opportunity for UNICEF (ERIC, 2017). The experience gained by Country Offices regarding this goal area includes, among others, technical assistance in advocacy actions and the improvement of the legal framework for inclusive education; development of pilot project experiences; teacher training; transferring knowledge and tools from the fields of special education to inclusive education; and the development of accessible educational materials.

In Colombia, for instance, UNICEF shared with the Ministry of National Education its comments and suggestions on the draft of the Legislative Decree on Inclusive Education. UNICEF’s inputs were based on the CRC, the CRPD and the General Comment No. 4 of the Committee ratifying the


\(^{17}\) Mitchell, David, *Education that Fits: Review of international trends in the education of students with special educational needs*, University of Canterbury, Canterbury, July, 2010.

right of children and adolescents with disabilities to quality inclusive education. The final approval of this decree was achieved in 2017\textsuperscript{19}.

In Ecuador, UNICEF has supported many actions of the State to identify children and adolescents who were not attending school in order to integrate them in scholarship programmes and mobilise the necessary technical assistance. Many of these children out of school had a disability and lived in rural areas or indigenous communities. Economic, social and educational issues, as well as their disability, were among the barriers that determined their exclusion.

Based on the evidence collected, the Country Office supported the development of a \textit{Caja de herramientas para la inclusión educativa}\textsuperscript{20} (Inclusive Education Toolbox). This integrates the components of health, social protection and community development with the aim of overcoming access barriers through an inclusive development approach. This initiative seeks to include the existing resources and opportunities available at the local level to adapt the education proposal to the needs of all. This will be done with a flexible approach and by placing children, adolescents and their families at the heart of the process. These efforts made to deploy strategies at the field level visualise the “faces behind the data” and identify resources and opportunities to mobilise inclusion dynamics.

Meanwhile, other promotion and advocacy actions seek to influence an inclusive education agenda in the countries of the region. UNICEF has collaborated with several countries to develop model experiences, strengthen the preparation of teachers, share knowledge and specialised tools for the inclusion of children and adolescents with disabilities in regular education, and develop educational material in accessible formats.

In Uruguay, for example, UNICEF collaborates with the Early and Primary Education Council and the Inter-American Institute on Disability and Inclusive Development, which has promoted the Inclusive Education Network Red Mandela since 2014\textsuperscript{21}. This initiative mobilises pedagogical and social support to schools in 12 of the country’s 19 departments.

Teacher training to facilitate inclusive processes in regular schools and classrooms is a regional priority and has been mentioned in many of the Committee’s Observations.

Since 2014, the UNICEF Country Office in Cuba has collaborated with the Ministry of Education and the Latin American Reference Center for Special Education to develop a permanent mechanism for training of trainers. The proposal provides practical guidelines and tools for specialised care of students in inclusive classrooms, as well as for a holistic early warning and quality diagnosis system to provide adequate care to every child, according to their abilities and needs. To date, a total of 3,608 trainers have been trained in 12 provinces of Cuba.

In other countries, UNICEF collaborates with government agencies and civil society organisations to stimulate knowledge transfer and the sharing of tools from the field of special education to inclusive education. In Jamaica, for instance, UNICEF collaborated with the Early Childhood Commission (ECC), the Westmoreland Parish Church and the West Indies University, to develop and validate an Evaluation Guide that identifies the preparation level of children at the beginning of their schooling. Additionally, a school curriculum for children with special educational needs was developed\textsuperscript{22}.

---


The Country Office in Cuba also contributed in the development of a series of publications that aims to share available tools and disseminate specialised knowledge regarding the inclusion of children and adolescents with disabilities. There are five booklets on inclusive schools, which contain basic information and recommendations about specific care for the inclusion of children and adolescents with disabilities.

The transfer of resources, institutional capacities and technical knowledge from special education is a decisive step towards inclusive education, as it includes promising practices to overcome challenges that countries face in the context of these transition processes.

The availability of adequate and accessible educational materials for children and adolescents with disabilities is a structural determinant associated with equity gaps and the barriers that influence the possibilities of participating in an inclusive school (UNICEF, 2013). As a consequence, there is a growing interest at the international level to develop education materials that respond to the different learning needs of children and adolescents with disabilities. Simultaneously, there is an expectation that the growth and expansion of new technologies would develop digital devices and applications that could offer innovative and cost-effective solutions to introduce educational content through digital multi-formats. These formats may include text, simplified text, audio, video with sign language, iconography and augmented reality.

At the global level, since 2015, the Disability Section of UNICEF’s Programme Division has been carrying out the “accessible digital learning materials for children with disabilities” initiative. Countries such Argentina, Brazil, Paraguay and Uruguay have participated in this initiative. In this framework, protocols have been developed to include the main recommendations for the development of accessible material for children and adolescents with intellectual, hearing and visual disabilities. Some experiences have enabled the observation of the reach of these accessible materials, not only in practical terms, but also as a reference that mobilises and strengthens local capacities to develop inclusive education tools.

In Paraguay, for example, UNICEF has developed a series of inclusive and accessible materials for children and adolescents with disabilities, using formats that present educational content in sign language, audio and simplified Spanish. In 2015, Paraguay approved the regulations of the Inclusive Education Law. Within this framework, accessible materials for the first years of schools were developed, and teachers training regarding disabilities was promoted. Pilot experiences of inclusive education were also carried out in selected schools. The project, *Videolibros EnSeñas* (Sign Language Videobooks), is promoted by the Ministry of Education and Science in Paraguay, with the support of ITAÚ Foundation and Canales Civil Association of Argentina. The videobooks include children’s literature classics organised by categories and are available on the following website: www.videolibros.org. Versions in Uruguayan and Argentinian sign-language are also available on the website and many of the videobooks in Paraguayan Sign Language are also available on UNICEF Paraguay’s YouTube channel. 23

---

The Theory of Change document that accompanies UNICEF’s Strategic Plan, 2018–2021, emphasises the following strategies to move forward in Goal Area 2:

- Strengthening education systems.
- Delivering services.
- Developing partnerships and public assets.

Each one of the strategies is presented below together with examples of possible actions, highlighting how UNICEF’s Country Offices in the Region can contribute to ongoing change processes while opening the path towards quality inclusive education, in line with the CRPD.

**Strengthening educational systems**

Many of the promising experiences developed in LAC over the past few years may be included in the strategy aimed to strengthen the capacities of education systems in order to make them more inclusive. Based on the experience acquired, it is necessary to encourage countries to continue improving and strengthening their legal framework, in line with the CRPD. Likewise, it is necessary to foster multi-sectoral and political roundtable discussions that will generate a consensual national plan to advance inclusive education within a general strategy framework to improve education.

The design and implementation of national plans may be enriched by looking to the experiences of inclusive education in regular schools in Paraguay, Uruguay and other countries as models. Additionally, it is necessary to provide technical assistance to governments in order to improve bidding processes and public procurement mechanisms regarding infrastructure, school equipment and materials, ensuring the standards of accessibility in the materials and services hired.

Local and international experts could advise the process to map and reorganise support resources to promote the transfer from special education systems to the inclusive one. In some countries, this can be supported by the development of inclusive protocols and the provision of pedagogical support and other specific actions for children and adolescents with disabilities to have access to quality inclusive education, in line with the CRPD.

Availability of education data and statistics on children and adolescents with disabilities is one of the strategic areas that must be strengthened. Country Offices can provide technical assistance to studies aimed to identify out-of-school children and adolescents with disabilities by using, for example, the methodology of the Global Initiative on Out-of-School Children24. This initiative has been used by UNICEF to develop studies in more than 35 countries, regions and sub regions25. This kind of study, together with the use of the Inclusive Education Model survey developed by UNICEF and WG and the strengthening of the Educational Management Information System (EMIS) to collect data on students with disabilities, will contribute to evidence-based decision-making for the inclusion of children and adolescents with disabilities in regular schools. It is fundamental

---


that all these efforts take into consideration matters related to gender equality and the specific barriers to quality inclusive education faced by girls and adolescent girls with disabilities.

It is also important to support countries in strengthening the capacities of teachers and school authorities regarding inclusive education through the design and implementation of training strategies for training of trainers, as done in Cuba. These training programmes should include topics related to the prevention of violence against children and adolescents with disabilities, including an explicit perspective of gender equality and equity. In addition, UNICEF can provide programme guidance to improve the delivery of field support to inclusive schools, or to develop tools –such as those developed in Colombia and the Dominican Republic–, which aim to integrate healthcare, social protection and community development based on local needs.

**Service delivery**

Even if this change strategy is mainly implemented in low-income countries and may seem less of a priority in the region’s cooperation agenda, some experiences may illustrate valuable actions in this area. An example of this is the technical assistance provided to countries in the Southern Cone to develop and validate, in a participatory manner, accessible educational and other multi-format teaching and technological tools -sign language, audio, EPUB-, developed within UNICEF’s global initiative “accessible digital learning materials for children with disabilities”.

**Developing partnerships and public assets**

UNICEF Country Offices can contribute in the promotion of inclusive education, the organisation of communication campaigns and the mobilisation of the government and private sector’s resources in favour of inclusive education. These awareness-raising campaigns and advocacy actions can be implemented together with teachers’ unions and other social actors, such as children, families and the community, to create pro-inclusive environments in the school and the community.

Additionally, Country Offices could promote cooperation and foster innovation through triangular and South-South cooperation mechanisms. Together with national and international partners, they can mobilise specialists to disseminate the results of new studies or experiences, organise forums, conferences and webinars to increase interest for inclusive education. Similarly, joint work with national universities and research centres can contribute to the development of innovations regarding inclusive education. This can also contribute to the development and dissemination of relevant publications, such as the series of Booklets on Inclusive Education which has been recently translated into Spanish and contextualised to LAC region by UNICEF’s Regional Office for Latin America and the Caribbean. The participation of foundations, companies and civil society organisations can also be promoted, as in Argentina, Brazil and Jamaica, to contribute in the development of accessible pedagogical materials and collaborate in issues regarding accessibility and innovation.
On 27 May 2014 in Belgrade, Serbia, Ilija cuddles with his foster father Rade. Ilija is a 12-year-old boy with Down syndrome, who was in a residential institution and now lives with a foster family.

© UNICEF/UN040847/Shubuckl
2.3.3 EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

Background

Globally, there is wide consensus that children and adolescents with disabilities are disproportionately more exposed to mistreatment, violence and abuse, which severely infringes on their rights and affects their development. According to the report of the United Nations Secretary-General on Violence against Children, although rights are being guaranteed by international treaties, children and adolescents with disabilities are very often denied significant participation in activities in their families, schools and communities; they are exposed to mistreatments and are deprived of the care that is important for their personal development and growth (United Nations, 2005).

Global and regional statistics are insufficient and there is need for more research and data disaggregation. Despite this, there are enough studies and working papers on this issue that justify specialists’ concerns regarding the vulnerability of children and adolescents with disabilities to violence, which can be 3 to 4 times greater than for the general population (UNICEF, 2013; Jones et al., 2012).

In some cases, exposure to violence and mistreatment reaches extreme situations of neglect that threatens the right to life of children and adolescents with disabilities. Some forms of violence are specific to children and adolescents with disabilities, such as abuse defined as behaviour modification, some types of therapies or abusive pharmacological treatments (UNICEF, 2013). Additionally, in the context of emergencies and humanitarian crises, the risk of violence and exploitation is even higher for these children and adolescents, who usually find themselves in situations of greater vulnerability and dependence. For example, in the region, the Committee has expressed concern about reports filed on neglect and institutionalisation of new-borns with disabilities, especially in rural or remote communities.

Even though it is a highly invisible and poorly documented situation, another challenge faced by children and adolescents with disabilities is the high risk of being denied their right to identity as a consequence of not being registered at birth (UNICEF 2002, UNICEF 2013). The solitude that a family often experiences when a child is born with disabilities, due to the lack of information and access to support mechanisms, delays the registration, often for a prolonged period, creating a situation of structural exclusion.

Children and adolescents with disabilities are also highly vulnerable to being exploited through begging and sexual abuse. The State of the World’s Children 2013 report draws attention to the high number of children and adolescents with disabilities who experience these forms of violence and often live in a state of abandonment or semi-abandonment. In LAC, the Committee has mentioned this issue in several Concluding Observations – reports for the Dominican Republic, Bolivia and Peru –, expressing its concern for the lack of independent mechanisms for protection. The Committee has also called on the countries to investigate this matter and establish community and family care policies to protect children and adolescents with disabilities from neglect and exploitation.
In such serious cases, it is necessary to advocate with the States to strengthen protection measures that respond to the needs of children and adolescents with disabilities, guaranteeing their right to protection against all forms of exploitation, violence and abuse. It is necessary to provide the technical assistance required to raise awareness among officials, social protection teams, families and communities so that families can access the information, services and support they need to protect their children.

Some of the causes of violence against children and adolescents with disabilities are described in the 2013 *State of the World’s Children* report. The report emphasises that exclusion and discrimination render children and adolescents with disabilities unreasonably vulnerable to violence, neglect and abuse, stating that “children who suffer stigmatization and isolation are more likely to suffer physical abuse”. Other reports\(^26\) highlights two relatively complementary and critical issues:

- The structural character of discrimination towards children, adolescents and adults with disabilities, which is still present in all societies and is breeding ground for violence in all its forms.

- The impunity experienced by all perpetrators, accomplices or witnesses of violence against children and adolescents with disability, which is a direct consequence of the current barriers they face to accessing protection.

With regard to the structural aspects of discrimination in the regional context, the Committee indicates the progress being made by many countries to include the principle of non-discrimination on the grounds of disability into Constitutions and national laws. Putting this principle and that of special protection for children and adolescents with disabilities into practice is essential to guarantee their rights.

However, in most countries of the region the implementation of new laws faces a number of difficulties and delays, since they must be supported by consistent public policies and by sufficient resources for the functioning of the responsible institutions.

In the education context, exposure to physical and psychological violence is frequently present in the lives of children and adolescents with disabilities: they are very often subjected to harassment, rejection or discrimination by their peers, the parents of other children or even teachers, and this is aggravated as there are no adequate reporting mechanisms for these forms of abuse. School bullying affects many children, but it is particularly serious in the case of children and adolescents with disabilities. School bullying is a factor that influences absenteeism, diminished motivation and can even cause school drop-out.

In the context of health and some special education institutions, there are reports filed on continuous, often forced, medication intake, including neuroleptics and tranquilisers. It is a form of control of children and adolescents with disabilities that should be considered chemical violence, despite being widely accepted and often supported by professional practices that are difficult for families and children to question (UNICEF, 2013; UNICEF-RELAF, 2016).

Violence and discrimination are also present at the family level, where children and adolescents with disabilities often receive less attention, fewer opportunities for development or have less autonomy than their siblings without disabilities (Save the Children and Handicap International, 2011). Some studies relate this mistreatment within the family environment to the greater emotional, physical, economic and social demands that a child’s disability may place on their caregivers or those responsible for them (Sobsey, 2004).

Another determinant factor in violence and mistreatment is related to the impunity of perpetrators, accomplices or witnesses. This impunity results from the widespread acceptance of the discrimination and abuse of children and adolescents with disabilities, as well as from the many barriers that they face in accessing protection mechanisms. In Uruguay, for instance, the Committee specifically indicates the lack of accessible mechanisms to report cases of violence and discrimination due to disability, as well as lack of adequate mechanisms for redress.

The small number of complaints filed for denial of rights reveals the tendency to normalise situations that would be unacceptable in the case of children without disabilities and the lack of accessible reporting mechanisms. This situation is detailed in the Committee’s Final Observations reports on Colombia, Guatemala, Ecuador and Mexico. Throughout the world, there is a strong concern regarding the greater exposure of children and adolescents with disabilities to violence in the most remote areas of large urban cities, in rural areas, or in indigenous communities.

Children and adolescents with disabilities should be considered as a high-risk group in relation to violence, abuse and exploitation. The Committee on the Rights of the Child, in its General Comment No. 9 on the rights of children with disabilities, expresses its concern for “the high number of children with disabilities placed in institutions” and also for the fact that “the quality of care provided, whether educational, medical or rehabilitative, is often much inferior to the standards necessary for the care of children with disabilities either because of lack of identified standards or lack of implementation and monitoring of these standards” (Committee on the Rights of the Child: General Comment No. 9, 2006).

The CRC and United Nations Guidelines for the Alternative Care of Children and Adolescents have pointed out that, in all cases, institutionalisation should be the last resort, a temporary measure, and for the least time possible, and that family placement is always the best option.

The Committee’s Concluding Observations particularly emphasises the importance of the countries in limiting the exposure of institutionalised children and adolescents with disabilities to violence, mistreatment and sexual abuse. The Concluding Observations also underline the importance of deinstitutionalisation strategies through family placement, adoption and access to programmes to support the development of the life projects of children and adolescents with disabilities. Several reports refer to the urgent need to adequately investigate and document current situation, as well as to train officials in institutions on the rights approach, and develop proactive actions to prevent institutionalisation.

Between 2015 and 2016, UNICEF and the Latin American Foster Care Network (RELAF) conducted a regional survey to raise awareness of the situation of children and adolescents with disabilities living in residential institutions, identifying them as a particularly vulnerable population. According to the study, approximately 50,000 children and adolescents with disabilities reside in hospices and homes in the region. In most cases, it is the children’s disability that determines their placement in institutions. It also highlights the situation of abandonment of children and adolescents with disabilities, with results in less access opportunities for adoption, family placement or community-based rehabilitation activities oriented to developing independent life skills (UNICEF-RELAF, 2016).
Regarding the protection of sexual and reproductive rights of adolescents with disabilities, the exposure of girls and adolescent girls with disabilities to sexual violence and abuse is of great concern at a global level. In many societies, there are perceptions that children and adolescents with disability are asexual or sexually hyperactive. These prejudices lead to attempts to control the behaviour of children and adolescents with disabilities, subject them to coercion and prevent them from exercising their rights. Studies included in *The State of the World’s Children* indicate that “children with mental or intellectual disabilities were 4.6 times more likely to be victims of sexual violence than their peers without disabilities” (UNICEF, 2013). The risk of sexual manipulation for children and adolescents with disabilities often lies in the fact that some of them require assistance in actions related to their privacy, such as getting dressed, undressed and washed. *The State of the World’s Children* 2013 has warned that many girls and adolescent girls with disabilities are subjected to forced sterilisation with the excuse of preventing unwanted pregnancies. It has also been pointed out that many are forced to abort, without any accessible or adequate informed consent processes.

In LAC, some of the Committee’s Concluding Observations mention the widespread social tolerance of forced sterilisation of girls and adolescents with disabilities. Additionally, key informants who were consulted for the development of these Guidance Notes have expressed their concern over excessively frequent disability declarations and the imposition of legal situations such as wardship, which lead to the suppression of the basic rights of adolescent girls with disabilities and open the way to forced sterilisations and coercive abortions (UNICEF, 2017).

It is important to mention the high vulnerability children and adolescents with disabilities experience in emergency contexts or humanitarian crises. It is necessary to ensure the provision of accessible psychosocial support and protection services. Often, general humanitarian interventions do not take the situation of children and adolescents with disabilities into consideration. Most relevant interventions such as breastfeeding and responsive nutrition for young children, vaccination campaigns and psychosocial support, usually reach children through schools, temporary learning and child-friendly spaces, and it is possible that children and adolescents with disabilities may be excluded from these environments (Christian Blind Mission et al., 2014).

Girls with disabilities are particularly vulnerable in humanitarian contexts, given that they are exposed to sexual and gender violence, or forced to have sexual relations with members of their own community for survival reasons (WRC, 2012). When children and adolescents with disabilities are in refugee or displaced situations, they very often lose access to basic resources such as water, education, health and basic rights, which they had enjoyed in their regions of origin (UNDP, 2009). Recently, UNICEF published six guidelines for the inclusion of children and adolescents with disabilities in humanitarian action programmes 27.

In light of all the difficulties and complexities described, one of the most important challenge for UNICEF in the region is contributing to the development of a legal and institutional framework that will clearly prohibit discrimination due to disability. Another is the development of legal, social and programmatic tools to protect children and adolescents with disabilities from violence, exploitation and abuse.

---

Trends, Opportunities and Promising Experiences

At the regional level, it is important to recognise the existence of favourable trends in countries engaging with the non-discrimination principle, as well as a growing interest in making the rights of children and adolescents with disabilities visible in national legislations. This context of legal and institutional reform represents a window of opportunity to move towards the protection of children with disabilities from violence and abuse. However, for most of the families, as well as for staff members and officials from institutions and programmes working with children and adolescents, the CRPD is still unknown, which in many cases perpetuates high tolerance of violent and abusive practices that violate their rights and compromise their development.

Advocacy and awareness-raising efforts must include working with families and organisations of persons with disabilities as well as with the media, education and health institutions, and agencies working for the protection of rights. As has already begun in some countries, it is fundamental to bring the CRPD to all actors, giving them the opportunity to reflect on abuse and violence against children and adolescents with disabilities and declare it as socially unacceptable through the different courses, workshops and forums.

The regional study conducted by UNICEF and RELAF enabled the gathering of data and reports of promising experiences related to the protection of children and adolescents with disabilities living in residential institutions in LAC. In Costa Rica, institutionalisation rates are below the regional average. According to the study, in Costa Rica, the family placement programme is being operated by social organisations and supportive families and is geared towards children and adolescents with less severe disabilities (UNICEF-RELAF, 2016). Supportive family programmes (extended family or community modalities that offer foster care) are also available to children and adolescents without disabilities. This helps prevent segregated institutionalisation, thus allowing children and adolescents with disabilities to develop skills for social inclusion and coexistence.

In the field of adoption, despite the scarce results, both Jamaica and Uruguay report examples of children and adolescents with disabilities being adopted by families and individuals who met them through churches or special institutions. As mentioned in the report, “although it is rare and less frequent, the spontaneous (i.e., without active support from policies or programmes) and successful character of this type of experience facilitates the questioning of the prevalent scepticism regarding the possibilities of adoption and family placement of children with disabilities in practice” (UNICEF-RELAF, 2016).

In Brazil, Chile and Uruguay, there are also some promising experiences regarding family placement for children and adolescents with disabilities. These countries also report positive experiences of social and community inclusion of children and adolescents when leaving institutions. Between 2012 and 2013, Chile implemented a Pilot Project for the de-institutionalisation and improvement of alternative care for children under 3 years of age, within the framework of a three-party partnership with the Department of Rights Protections from the National Service of Minors (SENAME), UNICEF and RELAF. This project aims to promote options for returning to the original families, encouraging temporary family foster care and adoption.

In Uruguay, financial benefits created by disability pensions were allocated to those institutions where adolescents with disabilities lived so that they could offer a training and preparation programme for their departure. These programmes included micro-enterprise training and access to protected housing. The training and the rental costs for the new housing were financed by funds corresponding to the pensions, and in 2015 alone,
18 young people living full-time institutions were able to leave (UNICEF-RELAF, 2016).

As noted throughout this chapter, the exposure and vulnerability of children and adolescents with disabilities to different forms of discrimination and abuse, combined with the social tolerance of these practices and the impunity for their perpetrators, shapes the challenging context to achieve the goal proposed by UNICEF’s Strategic Plan: that every child is protected from violence and exploitation.

The reported updates to legislation and public policy, although necessary and welcome, is deemed insufficient to change the discrimination and exclusion that children and adults with disabilities have experienced for centuries. It is necessary to contribute to a social and cultural change based on respect for every child, acknowledging the obligation of institutions and societies to adapt to diversity and respect the needs and rights of all.

In the context of disasters, humanitarian crises and internal conflicts that trigger situations of migration and forced displacement, children and adolescents with disabilities are particularly vulnerable. The worsening of their families’ living conditions and the difficulties associated to disability often put them at greater risk of violence, mistreatment and abuse. This must be taken into account in all the protection and assistance programmes.

Programmatic Proposals

As in other areas, it is important to include children and adolescents with disabilities in programmes corresponding to Goal Area 3 of UNICEF’s Strategic Plan 2018–2021. This should involve a two-way approach that includes and makes children and adolescents with disabilities visible within the general initiatives that countries carry out with regard to violence protection. Although some Country Offices in the region have been working in this direction, by supporting prevention and protection programmes against violence and abuse, it must be acknowledged that most initiatives are at an early stage and that UNICEF’s work in this area must continue to be strengthened.

The proposed strategies for change for this Goal Area are focused on three overarching types of results that pursue: system strengthening for prevention and response to violence, strengthening of prevention and response services against harmful practices, and finally, improvement of protection systems for children and adolescents once they come into contact with the legal system. Within this framework, the suggested strategies for change emphasise:

- Strengthening national child protection systems and contributing to end institutionalisation.
- Promoting C4D actions, partnerships, cooperation and collaboration to promote social and behaviour changes as well as service demand.
- Developing advocacy and communications to contribute to programmatic goals.
- Contributing to the improvement of evidence and data collection systems.
- Examples of some recommended actions within these strategies and some accounts of experiences in countries in the region are presented below.
Strengthening national child protection systems and contributing to end institutionalisation

In this area, it is important to advance the training for trainers. This is done to increase the capacity of institutions and social workers to identify and support children and adolescents with disabilities who are at risk of or victims of violence, exploitation and abuse. Many of the professionals and experts working in violence prevention and response networks fail to recognise children and adolescents with disabilities as a particularly vulnerable population; they disregard the specific risks that they are exposed to and lack the necessary skills and tools to interact with them in an adequate, effective and sensitive manner considering gender issues and other intersections. It is essential to address the preparation of these professionals and working groups to improve access to opportunities and services, avoid re-victimisation of children and adolescents with disabilities, and gradually improve system responses.

In addition, it is important to raise awareness and provide information regarding children and adolescents with disabilities’ rights when training judges. This is partly to ensure that children and adolescents with disabilities that come into contact with the judicial system due to institutionalisation, violence or exploitation, are treated in accordance to the international legal framework and particularly with CRPD standards. The other reason for providing judges with adequate training is so that children and adolescents receive reasonable adjustments and necessary support to enjoy the same safeguards in the judiciary system as their peers without disabilities.

With guidance from specialists and in consultation with organisations of persons with disabilities, UNICEF can contribute to developing spaces for training, outreach and information materials to reach staff members and professionals in the protection systems and inter-institutional networks.

Likewise, Country Offices can provide technical assistance in the design and implementation of administrative and legal measures that are necessary to protect children and adolescents with and without disabilities from different forms of violence, exploitation and abuse, at the family, school and institutional levels. In schools, for example, it is important to promote protective measures, disseminate information regarding children’s rights and develop accessible protection mechanisms to prevent violence, harassment, abuse, physical violence, as well as to sanction perpetrators.

With regards to actions focused on children and adolescents with disabilities, it is necessary to attend those living in institutions. Country Offices could work together with the countries on programmes for the prevention of institutionalisation, as well as strengthen the participation of children and adolescents with disabilities in general programmes for family placement and adoption.

UNICEF can mobilise South-South technical assistance and support countries through the development and strengthening of the legal framework and public policies to end the institutionalisation of children and adolescents with disabilities. This means transforming residential institutions into inclusive resource centres, and identifying opportunities for combined short-term care, support services for care and temporary fostering and adoption – as alternatives to full-time institutionalisation –, as well as support services for schools and community services.

Likewise, UNICEF can also contribute to community-based and multi-sectoral interventions for families of children and adolescents with disabilities. These interventions should include gender equality as across-cutting pillar; a combination of psychological, educational and pedagogical support services for children and parents; social protection measures for families; and accessible delivery of services – such as health and education – to prevent the separation of
children and adolescents with disabilities from their families when this option is not aligned with the superior interest of the child.

Additionally, UNICEF could contribute to the strengthening birth registration systems for children with and without disabilities. This could be done by improving mechanisms in hospitals and care centres for immediate registration, or by driving late registration campaigns, for example. To this end, in the Dominican Republic and other countries, training for trainers’ activities have been implemented for hospital and care centre staff members, as well as for school directors, community leaders and other actors responsible for birth registration processes.

**C4D (Communication for Development), partnerships, cooperation and collaboration to promote social and behaviour changes and service demands**

In order to achieve social attitude changes and eliminate practices of discrimination and rejection, sustained C4D interventions are necessary, as well as training for all staff involved in childcare programmes and services. It is fundamental that these interventions explicitly integrate a gender perspective to address specifically gender-based violence towards girls and adolescent girls with disabilities.

Country Offices can establish partnerships and cooperate with other United Nations entities, regional multilateral organisations, international development banks, organisations of persons with disabilities and the private sector. These partnerships should work to advance the inclusion perspective and promote the message that zero-discrimination is essential condition for the protection of every child and adolescent from violence, exploitation and abuse.

In the context of collaborative work and social partnerships, it is of utmost importance to strengthen the organisations of persons with disabilities and their networks; they have direct contact with families and can develop campaigns to prevent violence ensuring it is not socially tolerated, by promoting loving treatment and positive parenting practices at the intra-family level. Initiatives promoting support for families and the participation of organisations of persons with disabilities will allow families and individuals to defend and recover rights when faced with situations that violate rights. Such situations include children or adolescents with disabilities being denied inclusion in a school or when they are institutionalised rather than being supported by family or community care efforts, for example.

UNICEF can also partner with the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (OIM) and non-governmental organisations (NGOs) that work in migrant-related areas to make children and adolescents with disabilities visible, promote protection measures and specific services aimed at limiting violation rights’ risks or physical and emotional health consequences from the migratory processes.

**Advocacy and communication to contribute to programmatic goals**

Advocacy and communication actions are key for improving societal and family expectations and eradicating prevailing prejudices that foster tolerance of discriminatory and unjust conditions. In collaboration with child-care centres, schools, and community organisations as well as other partners, Country Offices can provide technical assistance with the dissemination of information to help families identify, avoid and report cases of violence, including sexual violence, school bullying, and any other type of exploitation and abuse.
In addition, and as part of advocacy work in this area, UNICEF can continue to mobilise horizontal cooperation and technical assistance to harmonise national laws with international standards regarding comprehensive child protection. Here, UNICEF can capitalise on the progress made by some countries in the region, as documented by the Committee in its Final Observations.

In the context of protection actions for children and adolescents with disabilities in emergency situations and humanitarian crises, it is necessary to provide technical assistance for the inclusion of children and adolescents in the protection measures implemented.

**Contributing to improving evidence and data collection services**

Solid information systems regarding the scale, characteristics and effects of violence against children and adolescents with disabilities are key. This is particularly important for children and adolescents with disability who are more vulnerable because of their gender, or because they are living in remote areas or in institutions. UNICEF Country Offices can provide multi-sectoral technical assistance—in health, education, social protection, justice and other sectors—to strengthen and scale up data collection and processing systems on violence, so that situation regarding children and adolescents with disabilities who are victims are identified, registered and disaggregated. The availability of data would enable the design of comprehensive protection policies and programmes based on evidence, thus allowing for adequate budgetary allocation.

UNICEF can also contribute to the development of studies on institutional and intra-family violence against children and adolescents with disabilities. These studies should include qualitative data collection that enables the identification of barriers to access the justice system from the perspective of children and adolescents with disabilities, their families and social organisations. The studies should also evaluate the treatment they receive, according the international legal frameworks and standards of the CRPD. UNICEF can also promote research and documentation of the situation of the most vulnerable children and adolescents with disabilities, such as those living in peripheral and rural areas, or those living in institutions. Regarding the rights of girls and adolescents’ girls, UNICEF can provide technical assistance to responsible institutions in the areas of health, education and protection to begin specific data collection and promote a systematic documentation of reports on violence, sexual exploitation or reproductive and sexual rights violations.
Stanislava is a 15-year-old girl. After her birth she was placed in several old type state institutions for children. Now she lives in a family type placement center (small group home) for children with disabilities and attends mainstream school. Stanislava is supported by teachers, caregivers, social workers, psychologists, speech therapists and rehabilitators.

© UNICEF/UN064125/Paleykov
2.3.4
EVERY CHILD LIVES IN A CLEAN AND SAFE ENVIRONMENT

Background

Living in a clean and safe environment is a key factor for every child and adolescent’s well-being. For children and adolescents with disabilities, living in a clean and safe environment is not only a catalyst for growth and full development, it also expands the opportunities for children and adolescents with disabilities to participate in the matters affecting them. According to the social model, disability results from the interaction between persons with functional limitations and the barriers they encounter in their environment, which hinder their full and effective participation in society under equal conditions as others. In concrete terms, when the environment is inclusive or when environmental barriers faced by children and adults with disabilities decrease, their participation and well-being increase.

At the international level, the need to improve access to an inclusive social and physical environment for children and adults with disabilities is widely acknowledged. Due to changes in social dynamics and urban development processes, many children and adolescents with disabilities must live in spaces that had not previously envisaged their presence and participation. These spaces rarely offer adequate conditions for children and adolescents with disabilities to fully exercise their right to participation. In other words, they rarely provide the adequate condition for children and adolescents with disabilities to express their interests and participate with the same opportunities as their peers without disabilities.

Ensuring a clean and safe environment for children and adolescents with disabilities means that: (i) urban and rural space planning is accessible, oriented towards universal design, where public spaces are free of architectural barriers and transportation is accessible; (ii) water, sanitation and hygiene (WASH) facilities are accessible and adequate for all; and (iii) all children and adolescents benefit equally from inclusive programmes and plans for risk reduction and preparedness for potential disasters and emergencies.

With regard to accessible planning, LAC countries have barely made progress in the regulation and effective fulfilment of the obligations implied by the CRPD, both for private and public spaces and transportation, as well as for mass media – that determine access to the social environment –, and educational, cultural or leisure activities essential for guaranteeing inclusion. The 2017 Rapid Key Informant Survey conducted in preparation for these programmatic notes noted that barriers in physical and communication environments are “two of the main difficulties faced by children and adolescents with disabilities is accessing their rights”.

The transportation systems in most big cities, peri-urban zones, small towns, and rural areas in the region are not yet accessible for all. The available transportation vehicles adapted for users with disabilities are still very rare, expensive and function “on demand” often with occasional transfers of children to schools or health centres dedicated to disability. All of these factors reinforce the isolation and segregation of children and adolescents with disabilities, who can rarely leave their communities occasionally to go on trips, attend medical appointments or special education centres.

Other fundamental environmental barriers are those related to adequate WASH services for
children and adolescents with disabilities, an issue that, in the SDG framework, is considered a priority challenge for the resolution of present inequities.

In many schools, parks and other public spaces in the region, children and adolescents with disabilities encounter daily heavy architectural barriers that restrict their access to WASH services, including menstrual hygiene facilities. Very often, the manoeuvres they must go through when using these basic services, put their security and well-being at risk. Both the Concluding Observations of the Committee and some local studies, report a situation of exclusion regarding these services. In some schools, for example, children have to return to their homes during break or snack time because the facilities are not adequately accessible for them to clean themselves, eat or simply share playtime with their peers (UNICEF-iiDi, 2014).

Difficulties related to the use of the physical environment and access to WASH services are even more crucial and inequitable when there is a humanitarian crisis or an emergency situation, both of which exacerbate inequities. There is a strong concern about the need to include and make children and adults with disabilities visible in humanitarian and natural disasters preparedness and response programmes. This is a topic of increasing importance because of the phenomena related to climate change which put persons with disabilities in a particularly vulnerable situation, especially women and children. This population group have been historically invisible in emergency situations but, even today the situation remains severe: most prevention, preparedness and response plans and programmes lack accessible material to provide preventive information; action protocols usually do not consider the needs of children and adolescents with disabilities; and assistance staff are not adequately prepared to help them.

Compliance with Article 11 of the CRPD requires countries to adopt measures to protect children, adolescents and adults with disabilities in situations of conflict, emergency and disasters. While many of their needs during a disaster or humanitarian crisis situation are similar to those of their peers without disabilities, there are physical, informational, attitudinal and social barriers that prevent them from participating in response actions (UNICEF, 2013).

In relation to LAC, the Committee has expressed its concern regarding this issue in various Concluding Observations, recommending that States design and implement plans to reduce the vulnerability of children, adolescents and adults with disabilities. The committee recommends that this process involve consultations with organisations of persons with disabilities, and that information in accessible format, including sign language and simplified contents, be provided.

Trends, Opportunities and Promising Experiences

The development of programmes that promote safe and clean environments with an inclusive and accessible approach is an increasingly important issue for UNICEF and its partners in the different countries. Experiences related to these topics may be in their early stages in the region, but, there are already significant opportunities and entry points for cooperation that can continue growing on the basis of internationally accepted principles of universal design and accessibility, as well as through consultation with local specialists and organisations of persons with disabilities.

Regarding the improvement of physical accessibility and the development of accessible infrastructure, some Country Offices have supported pilot experiences that aim to provide inclusive equipment and accessibility to child development centres, schools, health centres and public parks.

In Paraguay, for instance, UNICEF collaborated with the General Council on Disability in formulating the National Action Plan for the Rights of Persons with Disabilities 2015–2030. This Action Plan included several initiatives focused on the improvement of access to the physical environment (educational infrastructure and public spaces), as well as leisure and cultural activities.

Similarly, in Guyana and Suriname, the Country Office has participated in developing an inclusive children’s park in Georgetown with accessible play areas, water fountains and toilets29.

On the other hand, the NGO Access Exchange International, based in San Francisco, California, developed a guide on “Paratransit for Mobility-Impaired Persons”30. The recommendations in this document are aimed at public officials, transportation operators, entrepreneurs, NGOs, social service institutions and other agents delivering transportation services can be useful for the Country Offices’ work in the region.

Global efforts concerning the access and inclusion of children and adolescents with disabilities to WASH programmes have been developed and documented. The trend is to support consultation processes and intersectoral coordination so that organisations of persons with disabilities, as well as children and adolescents with disabilities –especially those who live in the most remote areas, in rural and indigenous communities– could assess the accessibility of water and sanitation sources of children’s centres, schools, health centres, as well as the quality of food programmes (UNICEF, 2017b).

Part of the challenge is to know the real costs of accessible WASH structures and advocate for public and private areas to adopt these standards31. A consultation conducted in Nicaragua, with the participation of the Country Office, demonstrated that there is a widespread belief that inclusive infrastructure is significantly more expensive; however, several international studies proved that the cost of accessibility is only 3 per cent higher (UNICEF, 2015).

In recent years, in collaboration with the Coordination Center for the Prevention of Natural Disasters in Central America (CEPREDENAC) and with the support of U.S. Agency for International Development/Office of Foreign Disaster Assistance (USAID/OFDA), UNICEF has driven efforts for a participatory process to establish standards for the inclusion, protection and care of persons with disabilities in emergencies and disasters32.

Humanitarian assistance and services, such as food and water distribution, WASH infrastructure, and temporary learning and recreation spaces are often located in sites that children and adolescents with disabilities cannot access. When evaluating and identifying buildings and facilities that could be used for emergency situations –for example, evacuation centres or distribution points–, it

---


32 Fondo de las Naciones Unidas para la Infancia, Centro de Coordinación para la Prevención de los Desastres Naturales en América Central y la Oficina de los Estados Unidos de Asistencia para Desastres en el Extranjero de USAID, Normas para la inclusión, protección y atención de las personas con discapacidad en las emergencias y desastres, ed. corregida, UNICEF, CEPREDENAC y USAID/OFDA, Panama City, 2019.
is important to select infrastructures that are already accessible or require minor modifications. It is necessary to advocate for planning and facilitate the provision of support for children and adolescents with disabilities, such as accessible WASH facilities, adapted tools and technical aids (UNICEF and Handicap International, 2016).

During the weeks following the earthquake in Mexico in 2017, UNICEF’s Country Office collaborated in the training of teachers and facilitators and response actions for the Child-Friendly Spaces, ensuring that the psychosocial support processes, as well as, the implemented recreational and learning strategies were inclusive for children and adolescents with disabilities.

Another relevant initiative in this area was developed by the Country Office in Colombia, which collaborated with the National Emergency Commission and the National Council on Disability, to provide guidance on the development of accessible educational material with information for persons with disabilities on natural disasters (radio and television spots, posters, among other materials). Likewise, Ecuador’s Country Office participated in consultations on innovative proposals for improving the use of technology in the delivery of accessible information regarding natural disaster prevention for persons with disabilities to, in turn, move towards inclusive responses.

Programmatic Proposals

The vision proposed for Goal Area 4 requires the integration of the elements of accessibility and universal design to achieve the goal for every child to live in a safe and clean environment and fully enjoy their rights.

According to the 2030 Agenda for Sustainable Development and the SDGs, the environment is a facilitator of development. This is clearly stated in the SDGs 6, 9, 11, 13 and 16, and their corresponding indicators. These goals represent entry points for UNICEF’s cooperation and technical assistance in the region, particularly in reference to building accessible cities and infrastructure, as well as promoting inclusive societies to achieve sustainable development.

As has been stated, topics relating to humanitarian crises and disasters require special attention, as inclusive prevention, preparedness and response actions are necessary. Based on the Theory of Change proposed in UNICEF’s Strategic Plan 2018–2021 for this Goal Area, some actions that may be applicable in the context of countries in the region will be reviewed.

**Strengthening national capacities for the design and implementation of inclusive programmes, plans and policies**

It is important to improve the physical accessibility of public transportation and infrastructure so that children and adolescents with disabilities can participate in an inclusive environment with their peers without disabilities. To this end, UNICEF can facilitate and promote the use of protocols and support training for trainers regarding accessibility and universal design so that new constructions and developments do not represent new barriers. Additionally, technical assistance could be provided to local and national governments to promote the participative design of accessibility plans where children and adolescents with disabilities get involved and take ownership of these spaces. UNICEF could also contribute by sharing national and international experiences on best practices regarding accessible transportation and infrastructure, taking as reference the demonstration projects and materials that have already been developed in some countries in the region as examples.
With regard to access to WASH facilities and services, technical assistance to countries should ensure that the design and construction of the infrastructures are based on the principles of universal design, encourage the consideration of gender equality across all key sectors, and promote the participation of participation of children and adolescents with disabilities and their families, throughout the design and implementation process of accessible WASH plans in public buildings, child development centres, schools and health centres (UNICEF, 2016b). This work should be complemented with accessible campaigns on hygiene, hand washing and healthy eating.

The vulnerability of children and adolescents with disabilities should be considered in the preparedness and response to emergency situations and humanitarian crises. Therefore, UNICEF Country Offices’ technical assistance to governments should focus on promoting measures such as: the adoption of accessibility principles in all response initiatives; compliance with international standards and norms by the entities in charge, assuring that the participatory design of the respective plans takes the voices of children, adolescents and adults with disabilities into account; advocacy for the inclusion of psychosocial support actions; creation of accessible early learning spaces to ensure early return to school; adequate training of staff and assistance teams in charge; and the promotion of accessibility to emergency-related support materials and spaces33.

UNICEF can provide training to government officials and develop warning systems that use different accessibility formats. In this regard, coordination with organisations for and of persons with disabilities and direct participation of children and adolescents with disabilities in drills and preparatory events is of crucial importance to ensure that temporary infrastructure and contingency services are adequate and accessible.

Innovation and resource allocation

Within the framework of this Goal Area, the use of technological tools that enhances access to information related to the environment, WASH services, and in particular, the prevention, preparedness and response programmes for emergencies and humanitarian crises, is becoming increasingly important so that children and adolescents with disabilities are not excluded. In this regard, UNICEF’s Country Offices can promote studies and innovative proposals to implement for accessible communication and early alert systems, using information and communication technologies that minimise barriers and are developed according to the principle of universal design.

Advocacy and communication

In partnership with local and national governments, it is important to support communication campaigns, public events and materials that emphasise the need for all public spaces to be inclusive and value human diversity. This is to ensure that children and adolescents are not excluded or segregated from learning, recreational and coexisting opportunities.

In relation to the access to WASH services, UNICEF should advocate for inclusive policies at the local and national levels, promoting multi-sectoral and inter-institutional collaboration opportunities to ensure that children and adolescents with disabilities are considered in WASH programmes and systems implementation efforts. Advocacy is a strategic task for the integration of accessibility criteria and the inclusion of children and adolescents with disabilities by education and WASH clusters led by UNICEF in response to emergencies or disasters.

Another opportunity for cooperation of the Country Offices is to participate in the design and implementation of information campaigns addressed to the entire population regarding assistance and prevention modalities for persons with disabilities, in the context of emergencies, disasters and humanitarian crises. Country Offices

33 Ibid.
could also organise activities with the private and public sectors in order to promote debate, raise awareness and advocate for the adequate implementation of accessibility and disasters risk reduction plans in such situations.

Private sector participation and inter-agency collaboration

Developing partnerships is a fundamental strategy for the achievement of results in this Goal Area, given that the aspects of environmental accessibility, quality, security and sustainability often depend on the management of many institutions, agencies and actors both at local and national levels. This is even more fundamental in the context of humanitarian crises and emergencies where the challenge is to work as a team and carry out the distribution of tasks in a rational and efficient manner in order to prioritise children and adolescents.

Over the past few years, UNICEF has promoted strategic partnerships with a number of institutions to increase the impact of its actions in favour of children and adolescents, which is an entry point for collaboration in this area. Some examples are: a framework agreement with the World Bank that seeks the confluence of institutional mandates with emphasis on investment to improve the situation of vulnerable populations in the context of humanitarian crises; a joint monitoring agreement with the WHO to ensure universal access to WASH services; and the promotion of coordinated actions in the components of inclusion and accessibility for urban development and decentralisation with the United Nations Development Programme (UNDP), UN-Habitat and other international partnerships.

Country Offices may develop collaborative strategies with these and other agencies within the framework of monitoring the SDGs. In these partnerships, Country Offices must ensure that working groups highlight the components of accessibility and inclusion regarding children and adolescents with disabilities in the monitoring reports and studies.

Evidence and data

As in all the other Goal Areas, the generation of evidence through studies and the disaggregation of data by disability is essential for strategies to be based on relevant information. Country Offices can contribute to strengthening local capacities for data collection on access to public spaces, as well as disaggregating by disability the information regarding accessible WASH needs in child development centres, schools, health centres, among others, and also to inform disaster risk reduction programmes.

In the context of humanitarian crises and disasters, over the next years it will be crucial to collaborate in the generation of evidence regarding access and the inclusion of persons with disabilities during the responses to natural disasters and humanitarian crises, in order to contribute to the dissemination of lessons learned with the aim of saving lives.

Social monitoring, family, community and civil society participation

Country Offices can play an important role in promoting the participation of persons with disabilities and their organisations in the consultation and guidance processes for local development projects. Such projects may include accessible and inclusive public WASH infrastructure and services for children and adolescents with disabilities. Likewise, they can collaborate in consultation processes with organisations of persons with disabilities, in order to improve assistance guidelines and protocols in favour of inclusion in the management of humanitarian crises and disasters.

On 14 June 2016 in Belem, Brazil, Adriana Almeida Santos, 15, a resident of Belem (PA), has cerebral palsy and is a Paralympic champion. As soon as her instructor claps his hands, Adriana flies down the track. Ever since she learned about athletics, two years ago, the youngster claims to have found the meaning of life. Her participation since then in various competitions and track and field events have already earned her 10 medals. Adriana is one of the six Brazilian youngsters representing the children from around world during the Olympic Torch Relay.
Background

The strong correlation between poverty and disability is internationally recognised as a determining factor that affects the life projects of persons with disabilities and their families. This correlation is reflected in strong inequities and it is worsened by disadvantages related to gender or place of residence, which prevent most children and adolescents with disabilities from accessing equitable chances in life.

In Goal Area 5 proposed by UNICEF’s Strategic Plan 2018–2021, the situation of structural disadvantage faced by children and adolescents with disabilities and their families is identified as a main challenge. UNICEF endeavours, in this regard, to contribute to countries so that the social protection tools, services and programmes progress towards the inclusion and visibility of children and adolescents with disabilities and their families in all initiatives fighting poverty and inequities.

To move forward in this endeavour, access to comparable and up-to-date data available is essential for the design of public policies, inclusive programmes and plans so that children and adolescents with disabilities have access to equal opportunities. At present, sources of statistical data regarding the situation of children and adolescents with disabilities and their families, as well as their income and expenditure levels, are scarce. However, over the past few years, household surveys conducted in three countries—Chile, Costa Rica and Mexico—demonstrate how the prevalence of disability is constantly higher in lower-income quintiles (ECLAC, 2012).

The World Report on Disability by World Bank and the WHO (2011) states that “80 per cent of persons with disabilities are poor” and that “4 out of 10 do not have access to health coverage”. In addition, only 28 per cent of persons with severe disabilities have access to social security and receive a disability pension.

This data illustrates some of the LAC region’s greatest challenges when responding to the extensive inequities and disadvantages experienced by children and adolescents with disabilities in the context of the SDGs, and considering their economic, social and cultural rights recognised by the CRPD. In recent years, there has been greater concern regarding this issue in national anti-poverty agendas and in care systems developed in some countries. Nonetheless, it is still difficult to identify promising experiences or good practices that are consolidated.

Any crisis in a country’s economic or social situation tends to cause even worse damage among persons with disabilities (WHO-World Bank, 2011). It is therefore necessary to take measures so that adjustments and cuts in key social investment areas that may arise in a crisis situation do not affect the most vulnerable groups, which undoubtedly includes children and adolescents with disabilities.

The Concluding Observations of the Committee addressed to the countries in the region include the adoption of public policies for development and poverty reduction that are inclusive of children and adolescents with disabilities and
their families, especially for those living in rural areas and indigenous communities. The Committee draws attention to the quality and coverage of social protection programmes for persons with disabilities, particularly for children and adolescents. Here, the Committee notes that some programmes respond only partially to the needs of children and adolescents with disabilities, giving as an example the lack of policies for access to housing and insufficient pensions and compensations (UNICEF, 2017a).

Likewise, the Concluding Observations of the Committee brings attention to the need to update and improve social promotion and protection approaches for children and adolescents with disabilities. The Committee notes that existing approaches have been conceived from a charitable or welfare perspective on disability, rather than an inclusive, universal and social policies based on the rights approach. The Committee mentions, as frequent examples of welfare policies the “disability benefits”, the delivery of wheelchairs or other technical support that are not linked to other empowerment strategies; as well as the organisation of media events that promote a negative and stigmatising image of children and adolescents with disabilities (UNICEF, 2017a).

According to the opinions of the ERIC conducted in 2017, frequent response initiatives to social vulnerability that were identified should be reviewed since, in many cases, they reinforce the dependence of children and adolescents with disabilities. For example:

- Delivery of rehabilitation services that are excessively medicalised or isolated from other strategies aimed at stimulating children and adolescent’s autonomy.

- Linkage between the disability pensions and the unemployment status of the beneficiaries, which halts the right to this benefit when the person manages to find a job, stimulating passivity and dependency.

- Tendency to intensify the services of residential institutions, often without access to family placement strategies, education or community-based services.

In addition, gender inequality is a factor that exacerbates the structural disadvantages faced by girls and adolescents with disabilities. According to the 2013 State of the World’s Children, girls are less likely than boys to receive care and food and are more likely to be excluded from family interactions and activities (UNICEF, 2013). A number of reports from different regions of the world have demonstrated that girls with disabilities are less likely to attend school, receive professional training and find a job, than boys with disabilities and girls without disabilities (Groce, 2004).

The recent report from the UN General Assembly Special Rapporteur about the situation of girls and women with disabilities, also points out to the barriers they face to access basic rights and social participation; as well as to the difficulties they have to access support and opportunities throughout their lives (United Nations, 2017).

In this context, it is clear that policies for social protection and equity promotion for children and adolescents with disabilities cannot be neutral with regard to gender. It is therefore necessary to place a strong emphasis in the participation and empowerment of girls and adolescent girls with disabilities.

Another significant aspect that emerges when analysing data in this area is the particular barriers faced by adolescents with disabilities. While available statistics are insufficient to describe their current demographic, social and educational situation, some reports show a group of challenges related to clear equity gaps. For instance, a recent report’s data on the time that persons with disabilities between 13 and 18 in the region spend attending education centres, reveals an average of no more than three years of study in Latin America and this average is only slightly higher in the English-speaking Caribbean countries (ECLAC, 2015). The same report highlights that secondary education centres are not accessible and do not provide the necessary accommodations or assistance devices for students with disabilities.
By not having the skills and competencies necessary to participate in the labour market, adolescents with disabilities have very little chance of becoming independent, developing an autonomous life project or entering employment. According to ECLAC data, the percentage of adolescents with disabilities aged 15 that are economically more active is much lower than the percentage of the same age group without disabilities, showing percentage differences between both population groups that vary from 15 points in Brazil to 47 points in Barbados (ECLAC, 2012).

**Trends, Opportunities and Promising Experiences**

The need to improve and disaggregate available data on the social situation of children and adolescents with disabilities from all statistical sources has been mentioned throughout these Notes. This is essential to analyse gaps and move forward in the design of evidence-based inclusive policies.

In this context, the use of the UNICEF and WG’s Module on Child Functioning and Disability must be highlighted an important trend. Several Country Offices in the region are implementing the Module to support State efforts in the analysis of equity gaps and the identification of opportunities for intervention. This Module includes questions on functioning and disability that can be used in censuses and surveys and could also facilitate the process of monitoring SDGs indicators. These questions can also identify children with functioning difficulties, who, due to an inaccessible environment, are at greater risk than other children of limited or restricted participation. Thus, the implementation of the Module allows to visualise disadvantages, as well as gather valuable information regarding inequities.

Between 2014 and 2016, UNICEF collaborated in the development of national reports on the situation of children and adolescents with disabilities. This contribution was important in putting the rights of children and adolescents with disabilities on the public agenda. Among other countries, Uruguay, Costa Rica and the Dominican Republic published studies that present a general analysis of the situation, render visible some of the main challenges in terms of equity, and propose some possible partnership strategies to promote the rights approach within child disability policies. Although these documents do not further the analysis on equity gaps, they allow to consolidate available data and identify information gaps that must be addressed to move forward in the analysis.

UNICEF has also collaborated in the implementation of national surveys on persons with disabilities and has introduced specific modules on child disabilities, based on the UNICEF and the WG’s questions. In El Salvador, for instance, UNICEF worked together with the National Council for Comprehensive Attention to Persons with Disabilities (CONAIPD) to develop a module on children and adolescents in the National Survey on Disability (2015). In Guatemala, UNICEF collaborated in conducting the National Survey on Disability (ENDIS 2016).

In addition, some Offices have contributed in the implementation of the UNICEF and the WG’s Module on Disability within the framework of the Multiple Indicator Cluster Surveys (MICS).

In 2015, UNICEF Mexico provided technical and financial support to the National Institute of Public Health (INSP) to develop the National Survey on Children and Women (ENIM) as well as include a specific module on children and adolescent functioning and disability for ages between 2
to 17. The module was applied to mothers with children and adolescents in this age group and it included questions to evaluate functioning difficulties in areas such as speech and language, hearing, vision, learning, mobility and motor skills, and emotions\textsuperscript{36}. When conducted in the context of a population survey, the results allow the exploration of correlations between the presence of a functional limitation in children and associated environmental and social aspects –in line with the social model of disability–, considering the gaps between children and adolescents with and without disabilities.

Currently, UNICEF’s Mexico Country Office is advocating, together with the National Institute on Statistics and Geography (INEGI), to include a question regarding disability in the 2020 Census, based on the UNICEF and WGs module. Also, in the Dominican Republic, UNICEF is supporting the Government in its efforts to improve the quality of the available information, advocating for the integration of MICS’ indicators in national surveys and statistics.

With regard to addressing the aspects of equity exposed in this Goal Area, the challenges are also valuable opportunities to contribute with the processes to improve social protection policies in the region and within the SDG framework.

It is necessary to question the historical tendency that considers persons with disabilities as receivers of social aid, which still remains in many of the programmes, contrary to the rights approach. The assistance and protectionist models tend to reinforce the low expectations that families and communities have with regard to children and adolescents with disabilities, increasing their dependency rather than strengthening their capacities.

Criticism of these models is important in the context of the debate regarding the conditional social transfer programme. This programme seeks to respond to the needs of families in a situation of poverty, associating access to certain benefits with the fulfilment of specific conditions in education, health and other areas related to the child’s development.

For families with children with disabilities, these benefits have the potential to motivate them to provide early childhood stimulation, rehabilitation and habilitation. Innovative policies in this field should be oriented to the highest level of autonomy possible, aiming at developing independent life skills and avoiding situations of lifelong dependence as is often the place with many disability pensions and services today. It is therefore best that the mechanisms of access to these social services propose flexible conditions, linked to support and services that will attend the basic needs of the child and the family. They should also stimulate strategies for participation and autonomy and avoid perpetuating dependence.

Investing in inclusive social policies can and must be able to mobilise local support offers in areas such as accessible transport and inclusive education. This generates inclusive services networks and promotes virtuous circles that support the development and rights of children and adolescents with disabilities. In this regard, UNICEF’s Colombia Country Office has been working together with the Government in developing a tool to assess the social inclusion processes of persons with disabilities at the municipal level to, in turn, guide inclusive public management processes at the local level.

More recently and within the actions in response to the Zika epidemic, UNICEF’s Regional Office for Latin America and the Caribbean has conducted a study, which is not yet published, aimed at integrating existing social protection alternatives in response to the needs faced by families of children with disabilities, including, but not limited to, children with Zika Congenital Syndrome and other congenital malformations.

The results of this study demonstrate the need for multi-sectoral actions regarding health, early childhood, and community-based rehabilitation. One fundamental aspect concerning rights protection is the access to confirmatory diagnostic tests for pregnant women with possible Zika virus exposure, as well as for new born children from mothers with symptoms of the virus.

\textsuperscript{36} Instituto Nacional de Salud Pública de México and Fondo de las Naciones Unidas para la Infancia, \textit{Encuesta Nacional de Niños, Niñas y Mujeres 2015: Encuesta de Indicadores Multiples por Conglomerados 2015, Informe Final, UNICEF e Instituto Nacional de Salud Pública, Mexico City, 2016.}
Additionally, it is extremely important that children with developmental delays due to the Congenital Zika Syndrome receive timely and adequate care to avoid severe and irreversible consequences. Early detection and subsequent support often depend on the funds available at the local level, given that it implies permanent assessment of the child’s development, vigilance from parents or caregivers and access to health services at the municipal level.

In some countries, UNICEF also supports processes to promote consultations and participation of social organisations and family networks promoting the rights of children and adolescents with disabilities. Visualisation of rights, empowerment and social participation of children and adolescents with disabilities and their families are key elements for the construction of societies that are capable of giving equitable opportunities to each child and adolescent.

In Cuba, Argentina, Jamaica and Brazil, UNICEF’s Country Offices have promoted equity through the development of accessible and simplified version of the CRPD and television campaigns sharing information on the rights of children and adolescents with disabilities. In Cuba, a Braille version and an illustrated version of the CRPD were produced as awareness and advocacy materials for decision-makers and the general public (2017). In Bolivia, UNICEF supported the creation and strengthening of the National Committee of Persons with Disabilities (CONALPEDI) and the development of a strategic plan that, among other aspects, aims to strengthen the institutional capacities necessary to monitor the implementation of the CRPD.

Social promotion is equally important in reaching greater social awareness of the rights of children and adolescents with disabilities. In this area, UNICEF has collaborated with governments, the private sector and civil society in promoting actions for inclusive sports and recreation programmes for all.

In Cuba, for example, significant efforts have been made in the context of sports and recreation in coordination with institutions and authorities from the formal education sector. The Cuban National Institute of Sports, Physical Education and Recreation (INDER) and UNICEF’s Country Office promote the participation of children and adolescents with disabilities in Sport for Development activities, following the principles of fair play and gender equality. Furthermore, inclusive football and badminton tournaments are held. In this scheme, students from regular and special education centres participate, learn and coexist over the span of a year with the aim of valuing their different abilities, through training and tournaments.

For decades, Special Olympics have mobilised athletes with disabilities and their families in the entire region, serving as an entry point to inclusive educational actions, with an emphasis on intellectual disabilities. In Jamaica, for example, UNICEF collaborates with the local chapter of Special Olympics through the programme “In every Jamaican there is an I Can”, as a way to support the network of caregivers, volunteers, experts, families and athletes. The programme also aims to provide training on inclusion, fostering childcare through sports, sharing solutions and strategies to create more inclusive communities. It also provides families and communities with information regarding intellectual disability. As part of this programme, in 2016, the first inclusive or ‘unified’ female football match was held.

---

38 Fondo de las Naciones Unidas para la Infancia, Convención sobre los Derechos de las Personas con Discapacidad, UNICEF, Havana, October, 2017.
Programmatic Proposals

The Theory of Change proposed by UNICEF’s Strategic Plan 2018–2021, for Goal Area 5 suggests a set of strategies that can be summed up in the following action lines:

- Strengthening national systems for social protection, human rights protection and anti-discrimination.
- Inter-agency collaboration.
- Data and evidence.
- Social monitoring, family involvement, community mobilisation and civil society engagement.

Some recommended actions are provided below. These recommendations have been drawn from the strategies of change proposed in the Strategic Plan and the ongoing experiences in different countries of the region.

**Strengthening national systems for social protection, human rights protection and anti-discrimination**

Country Offices could make a difference in coming years by mainstreaming the inclusive development approach in all social programmes and those fighting poverty. This process should promote comprehensive actions and emphasise the fulfilment of commitments undertaken according to the CRC, CRPD and CEDAW.

One important task will be to strengthen the capacities of government officials, civil society and national human rights institutions (Ombudsman Office, National Commissions on Human Rights) to comply with the international obligations regarding relationships and reporting for the Universal Periodic Review (UPR); the organ system created by virtue of treaties, and the mechanism of special procedures, in relation to children and adolescents with disabilities.

**Inter-agency collaboration**

Collaboration with other United Nations agencies, funds and programmes is fundamental to promote comprehensive approaches, encourage inclusive development dynamics and contribute resources for the design and implementation of public policies on key issues such as health, education, water, sanitation and hygiene, transportation, and inclusive social protection services of children and adolescents with disabilities.
Country Offices have the opportunity to make children and adolescents with disabilities visible in the working groups and follow ups of the SDGs and the 2030 Agenda commitments, prioritising the analysis of inequities. Additionally, in collaboration with national governments, universities, the private sector and international agencies, conferences and debates on the needs, opportunities and international models can be organised. These conferences and debates would present an opportunity to question charitable approaches of disability and promote autonomy-oriented inclusive care systems.

**Data and evidence**

Without having a clear overview of the situation of children and adolescents with disabilities and knowing their level of exposure to multidimensional poverty and gaps in access to opportunities, it is not possible to make effective progress in an agenda of rights protection and the improvement of social programmes. Country Offices can support initiatives to improve the parameters used to define disability –in line with the international standards–, identify new sources and provide tools to collect and disaggregate statistical data and administrative information by different variables. The goal of making children and adolescents with disabilities and their families visible can be achieved through studies carried out within the framework of actions to monitor and review the achievement of the SDGs.

**Social monitoring, family involvement, community mobilisation and civil society engagement**

As in other areas, direct participation of children and adolescents with disabilities and their families in poverty and inequity reduction programmes is of extreme importance. UNICEF must strive, in all cases, to ensure that the community of persons with disabilities is involved in the design and implementation of C4D strategies and actions that provide social support for the inclusion of children and adolescents with disabilities. Groups of parents, experts and human rights advocates, organisations of persons with disabilities, civil society organisations in general and children and adolescents with and without disabilities must be key actors in all actions aimed to render visible the inequities and exclusion of children and adolescents with disabilities.

The promotion of social participation requires providing support to persons with disabilities organisations in capacity strengthening, involving them in training opportunities and training key institutional and family actors in the implementation of social policies, community-based rehabilitation programmes and skills to promote independent living and autonomy of children and adolescents with disabilities. UNICEF would be able to provide technical assistance to social organisations and organisations of persons with disabilities for their participation in the development of alternative reports to the Committee and, in general, promote the organisations’ communication and contact with international human rights organisations.

**Advocacy and communication**

UNICEF can contribute with countries to design and implement awareness-raising campaigns through communication tools developed by and addressed to children and adolescents with disabilities on issues regarding to their rights and the inequities they face in key areas such as health and education.
REFERENCES


Committee on the Rights of Persons with Disabilities, General comment No. 6 (2018) on equality and nondiscrimination, CRPD/C/GC/6, United Nations, 26 April 2018.


Economic Commission for Latin America and the Caribbean, Regional report on measuring disability: Overview of the disability measurement procedures in Latin America and the Caribbean, LC/L.3860(CE.13/3), ECLAC, Santiago of Chile, 24 July 2014.


Ferrer, Eneida, y Adriano Ferro, Estudio del Marco Legal, Políticas Públicas, Programas y Buenas Prácticas para Niños y Niñas con Discapacidad dentro de los Sectores de Educación y Salud en Panamá, Fondo de las Naciones Unidas para la Infancia Oficina Regional para América Latina y el Caribe, Panama City, 2012.
Fondo de las Naciones Unidas para la Infancia, Comisión Nacional Asesora para la Integración de las Personas con Discapacidad y Presidencia de la Nación Argentina, Convención sobre los Derechos de las Personas con Discapacidad (versión ilustrada), UNICEF y CONADIS, Buenos Aires, 2015.


Fondo de las Naciones Unidas para la Infancia, Centro de Coordinación para la Prevención de los Desastres Naturales en América Central y la Oficina de los Estados Unidos de Asistencia para Desastres en el Extranjero de USAID, Normas para la inclusión, protección y atención de las personas con discapacidad en las emergencias y desastres, ed. corregida, UNICEF, CEPREDENAC y USAID/OFDA, Panama City, 2019.

Fundo das Nações Unidas para a Infância e Fundação Altino Ventura, Garantindo direitos das famílias e das crianças com Síndrome Congênita do Zika vírus e outras deficiências, UNICEF Brasil e FAV, Recife, 2018.


Programmatic Guidance Notes for Country Offices on Children and Adolescents with Disabilities


Lumpkin, Garren, Legal Frameworks, policies, programmes and practices for children and adolescents with disabilities in Latin America and Caribbean: Strengthening capacities to mainstream disabilities in UNICEF programming, United Nations Children’s Fund Regional Office for Latin America and the Caribbean, Panama City, 2013.


Trucco, Daniela, y Heidi Ullman, Juventud: realidades y retos para un desarrollo con igualdad, Comisión Económica para América Latina y el Caribe, Santiago de Chile, September, 2015.


