

Essential actions on disability-inclusive health

Checklist

This checklist is a companion to UNICEF's [Guidance on including children with disabilities in humanitarian action: Health](#). It provides a package of essential actions required for all Country Offices (COs), UNICEF-led clusters and Area of Responsibility (AoR), Regional Offices (ROs), and Headquarter (HQ) Divisions to ensure disability-inclusive emergency preparedness and response when responding to humanitarian crises L1 to L3.

Actions throughout the checklist which are relevant for preparedness and coordination are indicated with different symbols:



PREPAREDNESS



COORDINATION



NEEDS ASSESSMENT AND ANALYSIS

By collecting data on children with disabilities, it is possible to identify them, assess their needs and monitor their access to humanitarian assistance.

Disaggregate data by disability when conducting needs assessments by inserting the [Washington Group Short Set of Questions \(WG-SS\)](#) or the [Child Functioning Survey Module \(CFSM\)](#) into data collection tools.

- ✓ Use disaggregated data to estimate the number of children with disabilities in the population as a baseline for monitoring access to health; and to understand how children with disabilities are impacted differently by the crisis.
- ✓ Report against selected programme indicators disaggregated by disability in line with the Core Commitments for Children ([CCCs](#)) [disability indicators and disaggregation guidance](#).*

Organize focus group discussions (FGDs) and key informant interviews (KIIs) with persons with disabilities to gather information on how the crisis is impacting children with disabilities, their access to services, and local perceptions of girls and boys with disabilities.

- ✓ OPDs can be an important support in reaching out to persons with disabilities to participate in FGDs and KIIs.
- ✓ Organize separate FGDs with women and girls with disabilities to identify the specific risks and barriers they face.
- ✓ Ensure that persons with different disabilities are included in these consultations and that consultations are [inclusive and child friendly](#).

* Internal document



Find and analyse the best available data on adults and children with disabilities within populations, from national emergency agencies, departments of health, social welfare, education, or other departments.

- ✓ OPDs and international and national NGOs working with persons with disabilities may have data on children with disabilities, particularly at the community level.
- ✓ In addition to data on children and adults with disabilities, map existing health services and programmes for children with disabilities, including specific services such as early intervention, rehabilitation services and assistive technology service providers, mental health, and psychosocial support services, and include in the [5Ws Mapping Matrix tool](#).

Include accessibility in criteria or standards used to assess health services and systems, including the selection of health facilities.

- ✓ Conduct an [accessibility assessment of existing health facilities](#) to identify ways of improving access. Consider collaborating with organizations of persons with disabilities (OPDs) in such assessments and engage persons with different types of disabilities.
- ✓ Assess health actors’ attitudes (stigma and prejudice) as well as knowledge on disability to determine their understanding of disability inclusion.
- ✓ Look at accessibility of health information and communication for persons with disabilities, e.g., different formats, languages, channels etc.



Share and use the needs assessments tools and disability data gathered under the above actions to influence UNICEF as well as inter-agency needs assessment and planning processes, such as [preparedness actions](#)*, [scenario-based contingency plans](#) and [Humanitarian Needs Overviews](#).



[Collect and share data](#) on persons with disabilities and other vulnerable groups in line with [data ethics](#) and protection principles.

- ✓ Build the capacity of data collection teams on the ethics of disability-inclusive data collection and communication with persons with different types of disabilities.
- ✓ Support the capacity of partners to protect the rights of persons with disabilities in relation to data ethics and protection.
- ✓ Ensure that persons with disabilities can give their informed consent and decide whether their personal data is collected, e.g., information must be accessible, more time might be required during data collection, and some persons with disabilities might want to ask a trusted person to support them in deciding.



HUMANITARIAN RESPONSE PLANNING/STRATEGIC PLANNING

[UNICEF response plans](#) are evidence-based, consistent with interagency planning and regularized into the CO workplan. Plans need to address coverage, quality and equity, which requires including all the affected population; particularly persons with disabilities, including children.



[Foster collaborations and partnerships](#) with agencies and organizations with expertise on [disability and accessibility](#), including OPDs.

- ✓ Where relevant, [invite OPDs](#)* and other disability actors to participate in sector/cluster coordination and technical working groups.



Support the establishment or reinforcement of a disability coordination mechanism, e.g., Disability Working Group, to promote [inter-sectoral and inter-agency coordination of disability inclusion](#).

- ✓ Nominate and resource a disability focal point and advocate for the Health Cluster to have a disability focal point or agency.
- ✓ Create links with other clusters for critical inter-sectoral and inter-agency actions to include children with disabilities.



Include components on disability-inclusive health service delivery in capacity strengthening of health workforce.

Ensure that issues related to children with disabilities have been included in health response planning, i.e., identify how the crisis impacts children with disabilities differently and describe the specific barriers they face to access assistance in:

- ✓ Resource mobilization, including the [Humanitarian Action for Children Appeal \(HAC\)](#).*
- ✓ Interagency planning, including the Humanitarian Response Plans (HRP).
- ✓ The IASC Emergency Response Preparedness & UNICEF Emergency Preparedness Planning (EPP).
- ✓ Revision of CO work plans in cases of a major scale-up of humanitarian response, including declared L2 or L3 emergencies.
- ✓ Planning in line with the extension (or exit) of any L2 or L3 emergency.
- ✓ [Humanitarian Programme Documents \(HPDs\)](#).*
- ✓ Emergency Supply and Logistics Strategy.
- ✓ Advocacy and Communications Strategies.

Describe the concrete measures to address these risks and remove barriers to improve access to health, reflecting a [twin-track approach](#).



RESOURCE MOBILIZATION

Forecast the costs associated with including persons with disabilities, including children, in all education programming under the Resource Mobilization Action Plan.

Incorporate dedicated [disability-inclusion funding](#) requirements for health programmes in flash appeals, the [HAC](#)* and donor proposals, including funding from private and public sectors, pooled funding mechanisms (such as CERF and CBF), as well as internal funding mechanisms that could be used to rapidly respond and scale-up disability-inclusive education programmes.

- ✓ Example of message to use when there is no available data: “In humanitarian crises, children with disabilities are at increased risk of illness and secondary conditions, and face barriers in accessing health services. Particular attention will be given to address the health needs of children who are most at risk, including children with disabilities, and to making all health interventions inclusive”.
- ✓ Budget for construction of modifying facilities to be accessible. Consider accessibility in both the establishment of temporary health facilities and the construction of infrastructure.
- ✓ Budget for making health-related information, communications and community engagement activities accessible, including for persons with hearing, visual and intellectual impairments.
- ✓ Allocate budget for capacity building of health staff and partners on disability inclusion.

Allocate [budget](#) to activities for ensuring disability-inclusion in health interventions, including costs for reasonable accommodation, provision of assistive technology, accessible communication and other support services and supplies.

- ✓ Without pre-existing data on children and adults with disabilities, estimate that [3 per cent of the population needs assistive technology](#).
 - In health supply planning, include products relevant to children with disabilities, such as assistive technology (e.g., crutches, white canes, wheelchairs), and supplies (e.g., potties, adolescent-sized diapers, medications, plastic mattress covers, [accessible latrine add-on](#), and grab rails).
 - The WHO list of priority products can inform the planning and procurement of assistive technology.
- ✓ Support children and young persons with disabilities and their caregivers to participate in health-response activities; support may include transport or allowances for caregivers to accompany children and young people.
- ✓ Protect the supply chain of medication, including mental health medication, medicines for epilepsy, or for certain neurodiverse disability (e.g., autism), insulin, or other specific medicines needed by children with disabilities.



IMPLEMENTATION AND MONITORING

Implementing humanitarian response plans that are inclusive of persons with disabilities requires on-going monitoring of access to assistance.

Implementation

Ensure that children with disabilities can access all health programmes by using a [twin-track approach](#) to address barriers to access. For example:

- ✓ Establish outreach mechanisms and collaborate with OPDs to identify and reach children with disabilities who may not be in school or are isolated in their homes.
- ✓ In vaccination campaigns and other public health messaging, depict children with disabilities together with other children and ensure that all messaging is accessible.
- ✓ Provide training on a rights-based approach to health service delivery, including mental health services (such as [WHO Quality Rights initiative](#)).
 - Train health workers on the rights of persons with disabilities, particularly on informed consent.

Capture information on access to health and barriers faced by children with disabilities in Situation Reports (SitReps) and dashboards.

Ensure that all [AAP mechanisms](#) are accessible for children with physical, sensory, intellectual and psychosocial disabilities

- ✓ Provide a variety of [child-friendly feedback mechanisms](#) such as hotlines, SMS feedback, group discussions etc.

Invite OPDs to trainings organised on health in emergencies to familiarize them with the humanitarian system, international response processes and tools, and support their participation in the humanitarian response.

Implement strategies that reduce disability-related stigma as a barrier to accessing health services.

- ✓ Involve persons with disabilities, including children and youth, in community engagement activities, including as volunteers and leaders, such as in community health outreach teams.
- ✓ Engage persons with disabilities in community health awareness campaigns and activities.

Implement strategies that reduce disability-related stigma.

- ✓ Involve persons with disabilities, including children and youth, in community engagement activities, including as volunteers and leaders.
- ✓ Support persons with disabilities to organize awareness campaigns and activities
- ✓ Establish peer-support groups or buddy systems of children with and without disabilities.

Ensure adequate expertise on the inclusion of children and adults with disabilities in humanitarian action.

- ✓ Identify, or organize where relevant, short training or briefs on the inclusion of children and adults with disabilities.
- ✓ Engage persons with disabilities to co-facilitate or participate in designing and delivering the training.
- ✓ Include in surge deployment requests dedicated positions on inclusive humanitarian response.

Monitoring

Align indicators in donor appeals (e.g., HAC), interagency plans (e.g., HRP), UNICEF plans, Results Assessment Module (RAM) within inSight, Programme Documents (PDs) and Small-Scale Funding Agreements with the CCCs disability indicators and disaggregation guidance ([CCCs indicators guidance](#)).*

Ensure monitoring systems, such as Humanitarian Performance Monitoring (HPM), field monitoring plan or Cluster Coordination Performance Monitoring (CCPM), include both disability-specific indicators and indicators disaggregated by disability, to monitor progress in addressing the needs of children with disabilities.

- ✓ Measure equal access through disaggregation of indicators by sex, age and disability. Use disability specific indicators to capture specific actions to address risk and barriers .
- ✓ Use the relevant [Washington Group Question set](#) to disaggregate data by disability.
- ✓ Include persons with disabilities as enumerators on data collection and monitoring teams.
- ✓ Examples of specific indicators:
 - Percentage of health facilities that are accessible to adults and children with disabilities.
 - Percentage of health workers who have received training on the rights of persons with disabilities, particularly on informed consent.

Review and adapt existing mechanisms like 5W mapping systems to collect relevant information on health services related to disability.

- ✓ Engage children with disabilities and their caregivers and OPDs in FGDs and KIIs to identify any barriers to accessing assistance and share information in sector and cluster coordination meetings and EMTs.



REPORTING AND EVALUATION

UNICEF and inter-agency reporting and evaluations are a key opportunity to evaluate the extent to which persons with disabilities contribute to and benefit from the response and identify learnings to improve future responses.

Engage OPDs in evaluations including in the identification of evaluation criteria, data collection, analysis and validation of findings, and formulation of recommendations and good practice.

Ensure that periodical SitReps and final humanitarian response evaluations reflect how children with disabilities have been reached and impacted.

- ✓ Include disability-inclusive humanitarian action in UNICEF End of Year Reporting and Strategic Monitoring Questions ([SP indicator H8.5*](#) and linked SMQs).
 - How many of the children reached by UNICEF-supported health services were children with disabilities?
 - Did the CO provide inclusive/accessible health and rehabilitation services and programmes to children with disabilities in humanitarian situations during the reporting year?
- ✓ Include disability-inclusive humanitarian achievements in the UNICEF reporting system, including [Results Assessment Modules \(RAM\)](#).*

Capture good inclusive humanitarian practices (what worked and why) and lessons learned and use the findings to provide recommendations for ongoing and future programmes.

Key terms

Accessibility: Persons with disabilities accessing, on an equal basis as others, the physical environment, transportation, information, and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and rural areas ([Article 9 CRPD](#)). Physical accessibility is the provision of buildings or parts of buildings for people, regardless of disability, age or gender, to be able to gain access to them, into them, to use them and exit from them. For more information:

www.accessibilitytoolkit.unicef.org

Universal design: The design of products, environments, programmes, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Does not exclude assistive devices for groups of persons with disabilities where needed ([Article 2 CRPD](#)).

Twin-track approach: A disability-inclusive humanitarian response should be designed and delivered in accordance with a twin-track approach. The response should include both actions to improve the accessibility of assistance, and actions targeted to persons with disabilities themselves, to enable access on an equal basis with others.