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 child protection services; 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 to access WASH.
- Ensure that children with different disabilities and ages 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 with disabilities, map existing services and programmes for children with disabilities such as inclusive education, social protection systems and rehabilitation and assistive technology service providers and include this data in the 5Ws Mapping Matrix tool.

Include **accessibility** in assessment criteria or standards used to select child-friendly spaces and other emergency-related buildings and facilities.

- Conduct an accessibility assessment of existing buildings and facilities to identify ways of improving access. Consider collaborating with OPDs in such assessments and engage persons with different types of disabilities.

**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](https://www.unicef.org/inter-agency-assessment-partnership) and planning processes, such as [preparedness actions](https://www.unicef.org/inter-agency-assessment-partnership#preparingforcrises), scenario-based contingency plans and [Humanitarian Needs Overviews](https://www.unicef.org/inter-agency-assessment-partnership).

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### 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](https://www.unicef.org/inter-agency-assessment-partnership) 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](https://www.unicef.org/inter-agency-assessment-partnership#interagency) of disability inclusion.

- Nominate and resource a UNICEF disability focal point and advocate for the child protection coordination group 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.
Ensure that child protection issues related to children with disabilities have been included in the planning of response and strategic processes, i.e., identify how the crisis impacts children with disabilities differently and describe the specific barriers and risks they face.

- Inter-agency planning, including the Humanitarian Response Plans (HRP), e.g., Part 3: Sectoral Objectives and Responses.
- Revision of CO work plans in case 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)* in line with CCCs.

Describe the concrete measures to address such protection risks and remove barriers to improve access to assistance, reflecting a twin-track approach.

RESOURCE MOBILIZATION

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

Incorporate dedicated disability-inclusion resources and funding requirements for child protection 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: “Children with disabilities, estimated to make up 10 per cent of the affected population, face heightened and specific risks and require dedicated resources in order to be equitably included in the response”.

Allocate budget for actions to ensure children with disabilities are included in the child protection response, including costs for reasonable accommodation, provision of assistive technology, accessible communication and other support services and supplies.

- Consider accessibility in both the establishment of temporary facilities and the construction of new infrastructure. In the absence of detailed assessments, assume that 15 per cent of the target population may require accessible facilities and/or communications.
- Example: Without pre-existing data on children and adults with disabilities, estimate that 3 per cent of the population needs assistive devices.
- In child protection supply planning, include products relevant to children with disabilities, such as assistive devices (e.g., crutches, wheelchairs, white canes, prosthetics) and other products (e.g., grab rails, specialized toys, adapted utensils etc.) and source such products locally where possible.
- Support children with disabilities and their caregivers to participate in child protection activities; this may include transport assistance or allowances for caregivers to accompany and support children with disabilities during activities.
- Make information, communications and community engagement activities accessible, including for people with hearing, visual and intellectual impairments.
- Include budget for capacity building of staff and partners on disability inclusion.
- Provide sufficient budget for improving the collection of disability-disaggregated data.
Implementing humanitarian response plans that are inclusive of persons with disabilities requires on-going monitoring of access to assistance.

## Implementation

### Assess systems used to identify children at risk, such as Child Protection Information Management System (CPIMS), refugee registration, national systems (e.g., through schools and health centres) and community outreach mechanisms, and determine whether they are inclusive of children with disabilities (e.g. that they disaggregate data by disability).

### Ensure that persons with disabilities, including children, can access all protection programmes and services by using a twin-track approach to address barriers to access. For example:

- Ensure that persons with disabilities, including children, can access all protection programmes and services by using a twin-track approach to address barriers to access. For example:
- Establish outreach mechanisms and collaborate with OPDs to reach children with disabilities who may not be in school or are isolated in their homes.
- Strengthen family capacity to care for the child with disability, e.g., nurturing and care, interaction and stimulation, and adapting food and feeding techniques as necessary.
- Identify strategies to reduce stress for families that have a child with a disability, e.g., through case management, streamlining referrals for shelter assessment, access to child-friendly spaces, or establishing community-based respite support.
- Include children and young persons with disabilities in activities that help build their resilience. Foster leadership and strengthen peer networks, including between children with and without disabilities.

### Invite OPDs to trainings organised on child protection in emergencies to familiarize them with the humanitarian system, child protection programming and tools, and support their participation in the humanitarian response.

### Capture information on access to protection services and the 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, as well as their caregivers.

- Example: Provide a variety of child-friendly feedback mechanisms such as hotlines, SMS feedback, group discussions etc.

### Ensure children with disabilities feature in Advocacy and Communications Strategies and Plans.

- Include images and stories of children with different types of disabilities in internal and external communication; portraying children as active contributors and included in activities with other children.

### 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 on the rights of children with disabilities and their capacities and potential.
- 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.

- Identify, or organize where relevant, short training or briefs for child protection actors on the inclusion of children with disabilities and support to their caregivers.
- Engage persons with disabilities to co-facilitate or participate in designing and delivering the training.
- Include in surge deployment requests dedicated positions on inclusive child protection in emergencies.

Create referral pathways through inter-sectoral connections to effectively identify and respond to the needs of households with children with disabilities. For example:

- With mental health and psychosocial support services (MHPSS), to refer children with psychosocial disabilities or those in need of psychosocial support.
- With gender-based violence (GBV) service providers, to address the heightened risk of GBV for children with disabilities.
- With education actors, to support identification of children with disabilities who are at risk.

**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](https)). |

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 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:
  - Number of girls/boys with disabilities with safe access to sustained and structured psychosocial support activities.
  - Number of caregivers of children with disabilities participating in structured and sustained positive parenting programmes.

Review and adapt existing mechanisms like 5W mapping systems to collect relevant information on protection 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.

Support the capacity of partners to protect the rights of persons with disabilities in relation to data ethics and protection.

- Ensure that children and young persons with disabilities can give their informed consent/assent on 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.
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 actions in UNICEF End of Year Reporting and Strategic Monitoring Questions:
  - Of the children who received UNICEF-supported nutrition services during the reporting year, how many were children with disabilities?
  - Did the CO provide inclusive/accessible nutrition services and programmes to children with disabilities in humanitarian situations during the reporting year?
  - Did UNICEF support the inclusion of disability considerations in Nutrition frontline worker trainings to address the needs of children with disabilities and their families?

- 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](http://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.