UNICEF Fact Sheet

Children with Disabilities

August, 2022
Acknowledgements

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This fact sheet is a living document that will be updated and revised as more information become available on the situation of children with disabilities globally.

UNICEF colleagues and partners are invited to send feedback: Email: disabilities@unicef.org
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# Abbreviations

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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<td>COVID-19</td>
<td>coronavirus disease 2019</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>GBV</td>
<td>gender-based violence</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Surveys</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

All children have the right to the best possible start in life and throughout their childhood. Children with disabilities, being first and foremost children, have the same rights as any other children. However, as outlined in this fact sheet, children with disabilities face multiple obstacles to realizing these rights.

Discrimination and exclusion manifest from the start of a child’s life, with children with disabilities less likely to be registered at birth than other children due to stigma and negative stereotypes. Children with disabilities are also more likely to be institutionalized, which results in increased risk of neglect, abuse and exclusion from opportunities for participation. They are often not visible in development and humanitarian policies and programmes, which results in a significant proportion of children with disabilities being denied access to essential health, nutrition, education and early childhood development services, and to adequate water, sanitation and hygiene (WASH). This can be further amplified for girls and young women with disabilities, who experience discrimination and exclusion based on the intersection of gender, disability and other marginalized identities.

Like all children, children with disabilities are often not consulted for their views on the matters in their lives. They are also under-represented in initiatives to promote children’s participation and are often not included in research about their experiences.

During disasters, conflict and other emergencies, children with disabilities are often disproportionately impacted. They may be separated from support networks, in some contexts may be targeted for violence, and are significantly impacted by the breakdown of services and systems and by the creation of new barriers. Despite these impacts, children with disabilities, because of physical, communication or attitudinal barriers, continue to face obstacles to accessing humanitarian assistance.

The COVID-19 pandemic has highlighted how the exclusion of children with disabilities is even further exacerbated at times of emergency. The pandemic also highlights, however, the opportunity to build back better, for all children. This generation of children, including girls and boys with disabilities, will be the most greatly impacted by climate change; their risks of being displaced due to climate change are higher than for generations before. In spite of this, and despite being a force for change, they remain largely excluded from climate action.

The findings presented in this fact sheet indicate that the following investment is needed to ensure that the rights of children with disabilities are progressed, and that such children are fully included in current and future development and humanitarian action.

- Tackling the discrimination and exclusion that children and young persons with disabilities face requires a twin-track approach – where they are included within general development and humanitarian initiatives, and where action and targeted initiatives are implemented to enable their equal access. Providing reasonable adjustments and investing in assistive technology for children with disabilities can help to improve their health, development, well-being, educational outcomes and access to essential services.
- Changing negative attitudes and challenging the stigma towards children with disabilities can be achieved by applying social and behaviour change communication to address negative attitudes, beliefs and norms that lead to stigma and discrimination, while empowering persons with disabilities to demand and exercise their rights, and including them in decisions that affect their life.
- Adopting an intersectional approach to fulfilling the rights of children with disabilities is crucial. This means ensuring that systemic forms of discrimination are
tackled by taking into account the way in which disability intersects with age, gender, migration and other factors.

- Increasing efforts for the collection and use of data on children with disabilities, and including sex-disaggregated data, can help to strengthen inclusive policy and programme development.
- Developing equitable and inclusive child protection systems that prevent and respond to violations against children and youths with disabilities is essential to tackle their heightened risk of violence, exploitation, abuse and neglect.

Caregivers should be supported, and community-based support, services and systems should be strengthened to prevent the separation of children from their families, to end institutionalization, to strengthen family-based alternative care and to promote the right of children with disabilities to grow up in safe and nurturing family environments.

UNICEF promotes the rights of every child, and the driving focus behind our work is achieving results for all children. Protecting the rights of all children, including children with disabilities, has been an integral part of programming for UNICEF since the adoption of the Convention on the Rights of Persons with Disabilities (CRPD).1 Ensuring the inclusion of children with disabilities is central to UNICEF’s commitment to ensuring no one is left behind.

UNICEF’s goals for achieving the rights of children with disabilities focus on being an inclusive organization for all, developing leadership on the rights of children with disabilities, building capacity among staff and partners, and mainstreaming disability across all policies and programmes, both in development cooperation and humanitarian action.

The opportunity remains to enable a dramatic improvement in the quality of life and full potential of millions of children and families by investing in the elimination of barriers currently preventing their full inclusion and participation.

Purpose of the fact sheet

This fact sheet is aimed at policymakers, programmers and advocates working to include children with disabilities in international development and humanitarian action. It provides a snapshot of the situation of children with disabilities and the main barriers they face in their daily lives based on available evidence. It is recognized that the available evidence is at times limited, particularly from the global south and in relation to certain topics such as climate change. The fact sheet is therefore not intended as a comprehensive review, but rather is a starting point for understanding why investing in inclusive policies and programmes can make a difference in the lives of children with disabilities, their families and their communities.

In this fact sheet, children are defined according to the Convention on the Rights of the Child as people under the age of 18 years.2 This covers the period of early childhood and much of adolescence. In accordance with the CRPD, children with disabilities are children up to the age of 18 years who have “long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”3

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The key facts outlined here highlight some of the important evidence captured in more detail later in this fact sheet.

- There are nearly 240 million children living with disabilities worldwide – 1 in 10 of all children. Psychosocial difficulties affect the largest share of these children, across all ages.4
- Children with disabilities are more likely to be exposed to certain child protection violations, including different forms of violence.5
- Children with disabilities are 25 per cent less likely to attend early childhood education, 49 per cent more likely to have never attended school, 47 per cent more likely to be out of primary school, 33 per cent more likely to be out of lower secondary school and 27 per cent more likely to be out of upper secondary school.6 Children with disabilities face poorer health outcomes, can have a delayed development process, face a higher risk of getting communicable diseases and have lower chances to benefit from life-saving measures.7
- Children with disabilities experience higher rates of multidimensional poverty compared with children without disabilities. For children aged 2–4 years, 38 per cent of them with more than one functional difficulty experience three to five deprivations.

6 ‘Seen, Counted, Included’.
compared with only 12 per cent of children without functional difficulties.  

- Children with disabilities are 42 per cent more likely to be underweight (28 per cent, compared with 19 per cent of children without disabilities) and 34 per cent more likely to be stunted (43 per cent, compared with 30 per cent of children without disabilities).  

- Children with disabilities are 12 per cent less likely to have improved drinking water sources in their households, compared with children without disabilities, and 8 per cent less likely to have improved sanitation facilities in their households.  

- The data suggest that the institutionalization of children with disabilities continues in many countries and regions across high- and low-income countries. Globally, it is estimated that one in three children in institutions is a child with disabilities.

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8 ‘Seen, Counted, Included’.  
9 Ibid.  
10 Ibid.  
Stigma and discrimination

Attitudinal barriers faced by children with disabilities stem from ableism – the underlying system of values that results in stigma, discrimination and, ultimately, the exclusion of persons with disabilities from development and humanitarian action. Due to ableist assumptions, children with disabilities are considered to be in need of ‘fixing’, to be less able to contribute and participate, to be less worthy of attention and, in general, considered to have less inherent value than other children. For this reason, eliminating stigma and discrimination is a human rights imperative. A recent global study by UNICEF revealed that achieving systemic social and behaviour change requires time, investment, and integrated communication, programme and advocacy interventions. Understanding the beliefs and attitudes, characteristics, contexts and challenges of target populations is key to properly targeting and planning complex programmes to respond to the drivers of exclusion and stigma.  

GAPS IN EVIDENCE

While this fact sheet presents key data and evidence on the situation of children with disabilities, it is recognized that gaps in evidence remain in a number of key areas:

- The situation of children with disabilities in humanitarian emergencies, including on how children with disabilities are differently impacted, and their experience of accessing services
- Access to assistive technology, including patterns of access, levels of unmet need, barriers and facilitators, particularly in humanitarian and resource-poor settings
- The situation of children with disabilities who are on the move, including refugees, migrants, internally displaced children, and returnees. Evidence is lacking on the drivers of migration for children with disabilities and their households, and the specific forms of exclusion they may face
- More generally, data disaggregated by disability are lacking in both development and humanitarian contexts. Further, even where disaggregated data are available, they are rarely disaggregated by age, sex and other factors, which hinders an understanding of the diversity of experiences of children with disabilities, including boys, girls, adolescents and the youth.
International normative frameworks provide protection from all forms of discrimination and promote the full enjoyment of human rights of all people, including children with disabilities. The Convention on the Rights of the Child\(^\text{14}\) and the Convention on the Rights of Persons with Disabilities (CRPD)\(^\text{15}\) further clarify and mutually reinforce how these universal human rights are related to children with disabilities.

The Convention on the Rights of the Child was adopted in 1989 to promote, protect and fulfil the rights of all children, and is the most widely ratified human rights treaty. Although article 23 of the convention focuses specifically on the rights of children with disabilities, all the rights, guarantees and protection mechanisms established by the convention are applicable to children with disabilities. In addition, due to the principle of the indivisibility of human rights, all the rights guaranteed by the Convention on the Rights of the Child have to be read in conjunction with those enshrined by the CRPD.

The Committee on the Rights of Children has further expanded the interpretation of article 23, calling for the collection of disaggregated data and the allocation of budgets to the fulfilment of the rights of children with disabilities.\(^\text{16}\)

The CRPD was adopted in 2006 with the objective to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their dignity. The CRPD does not create any

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15 ‘Convention on the Rights of Persons with Disabilities’.
new human rights; rather, it was developed in the recognition that the human rights of persons with disabilities had been widely and severely violated throughout the world and that additional measures were needed. Adopted by most of the world’s governments, the convention reaffirms the universality of rights and introduces new obligations on states to overcome barriers. It also includes a specific article on children with disabilities, even though all the other rights in the convention are applicable to them.

The Committee on the Rights of Persons with Disabilities has further expanded the interpretation of the articles of the CRPD in its general comments, including on equal recognition before the law, accessibility, women and girls with disabilities, inclusive education, equality and non-discrimination, and the participation of persons with disabilities, including children with disabilities, in the implementation and monitoring of the convention.

- Article 2 of the Convention on the Rights of the Child requires states to respect and ensure the “… rights set forth in the present convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.” The Convention on the Rights of the Child also includes specific articles related to children with disabilities’ care and support.
- The CRPD, and all the human rights contained in it, is applicable to children and young persons with disabilities. Article 7 specifically obligates states to take actions to “ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.” Articles 3 and 6 recognize the multiple and intersectional discrimination certain groups of children with disabilities can face.
- Article 23 of the CRPD, on respect for the home and family, recognizes that children with disabilities have equal rights to family life and should not be separated from their family on the basis of their disability. When the immediate family cannot provide care, children with disabilities should be cared for within the wider family or in the community in a family setting. The article also notes the need for early and comprehensive information, services and support to children with disabilities and their families.
- All children, including children with disabilities, can be excluded when decisions are made about their lives. The CRPD has a specific article on equality before the law (article 12), and article 7 recognizes that “… in all actions concerning children with disabilities, the best interests of the child … be a primary consideration” (paragraph 2) and that “… their views [be] given due weight in accordance with their age and maturity” (paragraph 3). It also provides for disability and age-appropriate assistance to realize this right.
- Article 32 of the CRPD, on international cooperation, and article 11, on situations of risk and humanitarian emergencies, require that children with disabilities are not left behind in development gains and are protected from situations of risk during conflict, humanitarian emergencies and natural hazards.

20 Ibid., articles 3, 6 and 7.
21 Ibid., article 2.
22 Ibid., articles 11 and 32.
Multiple and intersectional discrimination

- Children with disabilities are not a homogenous group. They are diverse people who have different impairments, age, sex, gender identity, sexual orientation, ethnicity, race, religious and cultural beliefs, socio-economic background, geographical location, level of education and migration status. The impact of diverse identities (including gender, age and disability) varies across different cultural, socio-economic and political contexts. When multiple grounds for discrimination operate at the same time, children with disabilities can be exposed to intersectional discrimination. Girls with disabilities experience higher levels of discrimination than boys with disabilities and children without disabilities. Twenty-three per cent of girls with more than one functional difficulty aged 15–17 years reported having personally felt discriminated against or harassed within the previous 12 months on the basis of disability or other grounds for discrimination prohibited under international human rights law, compared with 14 per cent of girls without a functional difficulty, 13 per cent of boys with more than one such disability, and 12 per cent of boys without a functional difficulty.

- Girls with disabilities often experience double discrimination. This makes them less likely than either boys with disabilities or girls without disabilities to receive health care, get an education, access vocational training and find employment. They are also at higher risk of violence, sexual exploitation and abuse and are more likely to be subjected to gender-based violence (GBV).

- Many lesbian, gay, bisexual, transgender, queer, intersex, non-binary and gender-neutral young persons with disabilities are at risk of multiple and intersectional forms of discrimination, particularly in relation to access to employment, education and health care, hindering their full inclusion in community life.

Global development and humanitarian frameworks

Global development and humanitarian frameworks, including specific sectoral guidelines, address key measures to improve the lives of all persons with disabilities, including children, as follows.

- The 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) were adopted in 2015 and 193 countries have committed to implement this plan of action to end poverty, protect the planet and ensure global prosperity. Underpinned by human rights, the 2030 Agenda includes the overarching principle to “leave no one behind”, which means that all SDGs are applicable to all children, and particularly children with disabilities and other marginalized children and their families and communities.


24 ‘Seen, Counted, Included’.


• The Sendai Framework for Disaster Risk Reduction (2015–2030) works alongside the 2030 Agenda and is the road map to making communities safer and more resilient to disasters. The framework is inclusive of all persons with disabilities, including children and the youth.

• The World Humanitarian Summit in 2016 mobilized support for the Agenda for Humanity with its five major areas for change and a range of initiatives to transform humanitarian aid. One of the core responsibilities defined was “leaving no one behind,” ensuring that the needs and risks faced by the most marginalized people, such as children with disabilities, are included and prioritized in emergencies; another was the empowerment of protection of women and girls.

• The Charter on Inclusion of Persons with Disabilities in Humanitarian Action was endorsed during the World Humanitarian Summit and was signed by 32 countries and other actors (including the European Union, governments, United Nations agencies and civil society organizations). The charter has a specific action on children with disabilities, under non-discrimination.

• To operationalize the charter, the Inter-Agency Standing Committee launched the ‘Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action’ in 2019. These give the comprehensive guidance for the actions that all humanitarian actors must take to identify and respond to the needs and rights of persons with disabilities who are at risk of being left behind in humanitarian emergencies. They specifically emphasize the right of children with disabilities to be consulted in matters that concerns them, to the “… degree that their evolving capacities enable them to do so.”

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34 Ibid., p. 10.
COLLECTION OF DATA ON CHILDREN WITH DISABILITIES

Data are critical for eliminating discrimination against children with disabilities and for the acceleration of global efforts towards implementing the 2030 Agenda.

- Official estimates of the number of children and young persons with disabilities vary widely across countries, depending on the definitions and measures of disability used to identify these children. For example, data collection using narrow, medical definitions, questions using stigmatizing language, questions based on impairments or conditions, or questions offering only binary response options (yes/no) are likely to yield lower estimates than broader questions that focus on functioning.35
- Data-collection tools are available to produce statistics on children with disabilities.
  - The sets of questions from the Washington Group on Disability Statistics are recommended for disaggregating SDG indicators by disability.36 The group developed different modules for use in censuses and surveys, including the short set on functioning (WG-SS), the extended set on functioning (WG-ES) and, in


collaboration with UNICEF, the child functioning module. These sets of questions are used by many countries. The child functioning module covers children aged 2–17 years and assesses functional difficulties in different domains, including hearing, vision, communication, comprehension, learning, mobility and emotions. To better reflect the degree of functional difficulty, each area is assessed against a rating scale. The purpose is to estimate the proportion of children with functional difficulties. Such information can be used to disaggregate data on several indicators of well-being and to understand how children with disabilities are faring in comparison with children without disabilities.

- The UNICEF-supported Multiple Indicator Cluster Surveys (MICS) have integrated the Washington Group short set on functioning and the child functioning module into questionnaires, generating comparable data on the situation of children and adults with disabilities across several countries.

- Under the CRPD, disaggregation of data is mandatory, so that data should always be disaggregated by disability and other intersectional categories such as gender and age.

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40 MICS is the largest household survey programme providing data on children’s well-being worldwide. See <https://mics.unicef.org>, accessed 23 June 2022.


SDG 1 aims to end poverty in all its forms everywhere. The latest data show that one in five children lives in poverty – and it is widely known that the negative effects of poverty and deprivation in the early years can have a lifetime impact.43

- Poverty and disability are inextricably linked, and persons with disabilities, including children, are disproportionately represented in the poorest sections of society.44 Children who live in the poorest sections of society are also more susceptible to acquiring disability, due to several factors (e.g. poor housing conditions, malnutrition, hazardous child labour, limited access to education and lack of access to health care). Both the CRPD and the Convention on the Rights of the Child protect the rights of children with disabilities to an adequate standard of living.45

- Children with disabilities experience higher rates of multidimensional poverty compared with children without disabilities. Nearly two thirds (64 per cent) of children with one or more functional difficulties experience a moderate degree of multidimensional poverty, compared with 57 per cent of children without such difficulties. For children aged 2–4 years, 38 per cent with more than one functional difficulty experience three to five deprivations, compared with only 12 per cent of children without.46


46 ‘Seen, Counted, Included’.
Children with disabilities and their families are often caught in a cycle of poverty and exclusion, and are disproportionately more likely to fall below the poverty line. Disability in childhood is often associated with poverty, owing to disability-related extra costs, family break ups and unemployment following the onset of disability.47

The direct costs associated with having a disability are seldom considered in the measurement of how a minimum standard of living is calculated. These costs can include medical treatment, travel, rehabilitation, assistance with care, and opportunity costs, such as the income forgone when parents or family members give up or limit their employment to care for a child or children with disabilities.48

These additional costs are increased during emergencies and crises. For example, during the COVID-19 pandemic in 2020, costs for basic services, including health care and medication, increased significantly and had a particularly damaging effect on households with children with disabilities.49

Gender norms can further reinforce poverty. This can happen, for example, where girls become caregivers to their siblings rather than attend school, and where negative attitudes and stigmatization affect families who may have children with disabilities.50

Girls living in households that include children with disabilities are more likely to be out of school, at every level of education, than boys in such situations, and compared with girls not living with children with disabilities. Just over a third (35 per cent) of girls of upper-secondary school age.


who live in a household that has a child with a disability are not attending school, compared with 27 per cent of boys in a similar situation, and 28 per cent of girls who live in a household without a child with a disability.\footnote{‘Seen, Counted, Included’.


- Children with disabilities who live in rural and/or indigenous communities experience multiple disadvantages. Belonging to a marginalized group and living in remote locations can often mean little or no access to the services that could support their development, provide protection and proactively promote their participation in community life.\footnote{Betania, A-L., et al., ‘Compilation of Best Practices for Including Persons with Disabilities in all Aspects of Development Efforts’, working document in response to General Assembly Resolution A/65/186 and with the intention of facilitating the discussions leading up to the envisaged High-Level Meeting on disability and development at the 67th session of the General Assembly in 2012. Instituto Nacional de Salud Pública, Cuernavaca, 2010.}
SDG 2 calls for an end to hunger and for all people to have access to safe, nutritious and sufficient food all year round. Target 2.2 aims to end all forms of malnutrition by 2025. There is a strong interrelationship between nutrition and disability.

- Children with disabilities are 47 per cent more likely to be underweight (28 per cent, compared with 19 per cent of children without disabilities) and 34 per cent more likely to be stunted (43 per cent, compared with 30 per cent of children without disabilities). Globally, 42 per cent of children with more than one functional difficulty have been found to be underweight, compared with 19 per cent of children without any functional difficulties. Undernutrition can lead to poor health outcomes, with developmental milestones missed or delayed, avoidable secondary conditions acquired, stunting and wasting and, in extreme circumstances, death. This creates a cycle that increments children’s vulnerability. It can also have intergenerational effects, as poor nutrition can lead to suboptimal pelvic growth in girls, which can make future pregnancies and childbirth risky.

- Children with disabilities are less likely to benefit from school-based nutrition or food security programmes because they are


54 ‘Seen, Counted, Included’.


less likely to attend school than their peers without disabilities,57 including in emergency education settings.58

- Children with disabilities are disproportionately living in institutions such as orphanages, where nutrition programmes are often overlooked59 and where malnutrition is prevalent (including stunting, underweight and wasting).60
- In some cases, children with disabilities are at greater risk of being malnourished, as they may need to rely on others to support them with their daily needs such as eating.

- They may also have more frequent illnesses or difficulties absorbing nutrients,61 or physical problems in feeding.62
- Malnutrition can also result from stigma and discrimination towards children with disabilities and their families. For example, mothers may be pressured to not breastfeed their babies with disabilities, and denying food or providing less nutritious food than siblings without disabilities.63
- In humanitarian contexts, standard food rations and supplies are rarely adapted for children with disabilities, who may need a

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**FIGURE 3** Percentage of children aged 24 to 59 months who are underweight, stunted, wasted or overweight

<table>
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<tr>
<th></th>
<th>Underweight</th>
<th>Stunted</th>
<th>Wasted</th>
<th>Overweight</th>
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<tbody>
<tr>
<td>Children without functional difficulties</td>
<td>19</td>
<td>28</td>
<td>30</td>
<td>63</td>
</tr>
<tr>
<td>Children with one or more functional difficulties</td>
<td>43</td>
<td>43</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Children with more than one functional difficulty</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

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59 Groce, Nora, et al., ‘Malnutrition and Disability’.

60 DeLacey, Emily, et al., ‘Nutritional Status of Children Living within Institution-Based Care: A retrospective analysis with funnel plots and control charts for programme monitoring’, *BMJ Open*, vol. 11, issue 12, page e050371, doi: 10.1136/bmjopen-2021-050371.


62 ‘Seen, Counted, Included’.

modified food consistency such as smooth, pureed food that is easier to swallow, additional nutrients and adapted utensils.\textsuperscript{64} In this context, children with disabilities have been found to be particularly vulnerable to malnutrition, even within areas of chronic food insecurity and widespread malnutrition.\textsuperscript{66}

- Countries with high levels of malnutrition and nutrient deficiency often also report higher rates of disability and developmental delays.\textsuperscript{66} Malnutrition at a young age may lead to the development of disability, through insufficient micro/macronutrients, such as in rickets and blindness (xeropthalmia), through a high concentration of anti-nutrients or by increasing vulnerability to developmental delay.\textsuperscript{67}

- A major challenge is the availability of timely and reliable information on the nutritional situation of children with disabilities. Children with disabilities are often excluded from routine nutrition surveys because reliable measures of height or length may be difficult to obtain for certain disabilities such as cerebral palsy (due to fixed joint contractures and involuntary muscle spasms).


Assistive technology – including wheelchairs, prosthetics, glasses, hearing aids and screen-reading software – is instrumental for the development and participation of children with disabilities, by enabling their communication, mobility and self-care. Technology also allows each child to explore the worlds of family relationships, friendships, education, play and household tasks, enhancing their quality of life and that of their families. For the vast majority of children with disabilities, however, inadequate access to assistive technology, or none at all, excludes them.


from education, health and social services, resulting in lifelong consequences for their participation in civic life and employment.

- It is estimated that over 1 billion people around the world need some form of assistive technology, yet 90 per cent of these people do not have the assistive technology they need. In 2020 in low- and middle-income countries, there were an estimated 850 million people in need of glasses, 54 million in need of hearing aids, 60 million in need of wheelchairs and 35 million in need of prostheses.

- The rights of children with disabilities, as described in the Convention on the Rights of the Child and the CRPD, demand a systemic approach to the provision of access to assistive technology. In addition to environmental factors, such as the quality of streets for wheelchair users, and the cultural attitudes for people who need glasses or prostheses, obstacles to accessing assistive technology include a lack of awareness of the existence of certain technologies, stigmatization, an absence of public policies supporting local availability and affordability, a lack of assistive technology products with adequate size, type or quality, and insufficient personnel to provide referrals, fitting, training and repairs.

- While these challenges affect all persons with disabilities, they affect children more, while growing and needing much more frequent adjustments or replacements. This can be an enormous challenge for families from low- and middle-income countries, who generally cannot afford the expense of these assistive technologies.

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84 ‘World Report on Disability 2011’. 
**DIGITAL TECHNOLOGY**

- Digital technologies have allowed some children with disabilities to learn, play, communicate and access information in ways that would otherwise be impossible for them. However, inadequate device or interface designs, inaccessible digital content due to structure or language, insufficient training for teachers and students, a lack of awareness of or an unaffordability of digital technologies and

93 Scherer, et al., ‘Predictors of Assistive Technology Use’.
related assistive technology, all result in vast numbers of children with disabilities having no access to the digital world, while some have substantial restrictions in their access. Given how empowering digital technologies can be, when these are designed and deployed in a way that excludes children with disabilities, they amplify the inequity that exists between them and children without disabilities.

- There are shockingly few studies on the usage and effectiveness of digital technologies and related assistive technologies by children with disabilities. Given that children with disabilities are statistically the poorest among the poor, it is reasonable to expect, though, that their disadvantages will tend to be further accentuated through poverty. Studies identifying the barriers prevailing among the poor, such as inadequate internet connectivity, are likely to be relevant to children with disabilities.

- MICS data indicate that adolescents with disabilities report lower use of mobile phones, with 57 per cent of adolescents aged 15–17 years with one or more functional difficulties saying they have used a mobile phone during the previous three months, compared with 67 per cent of adolescents without functional difficulties. The same data show only a negligible difference for the use of computers (12 per cent of children without functional difficulties compared with 11 per cent of children with disabilities) and the use of the internet (20 per cent of children without and 18 per cent of children with).

**FIGURE 4** Percentage of adolescents aged 15 to 17 years who have used a computer, the internet or a mobile phone during the previous three months

- Adolescents without functional difficulties
- Adolescents with signs of anxiety or depression only
- Adolescents with one or more functional difficulties
- Adolescents with one or more severe functional difficulties, without signs of anxiety or depression
- Adolescents with more than one functional difficulty
- Adolescents with more than one severe functional difficulty

<table>
<thead>
<tr>
<th></th>
<th>Used a computer in the previous three months</th>
<th>Used the internet in the previous three months</th>
<th>Used a mobile telephone in the previous three months</th>
</tr>
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<tbody>
<tr>
<td>Adolescents without</td>
<td>12</td>
<td>18</td>
<td>57</td>
</tr>
<tr>
<td>functional difficulties</td>
<td>11</td>
<td>14</td>
<td>57</td>
</tr>
<tr>
<td>Adolescents with signs</td>
<td>10</td>
<td>10</td>
<td>61</td>
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<tr>
<td>of anxiety or</td>
<td></td>
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<tr>
<td>depression only</td>
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<tr>
<td>Adolescents with one</td>
<td>7</td>
<td>16</td>
<td>67</td>
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<tr>
<td>or more functional</td>
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<tr>
<td>Adolescents with one</td>
<td>8</td>
<td>13</td>
<td>54</td>
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<tr>
<td>or more severe</td>
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<tr>
<td>functional difficulties</td>
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<td>depression only</td>
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</tbody>
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Note: Numbers in parentheses are based on 50 to 249 unweighted observations.


97 Lynch, Singhal, and Francis, ‘EdTech for Learners with Disabilities in Primary School Settings in LMICs’.


99 ‘Two Thirds of the World’s School-Age Children Have no Internet Access at Home’.

100 ‘Seen, Counted, Included’. 
HEALTH

SDG 3 is a commitment to ensure healthy lives and promote well-being for all at all ages, including children and young persons with disabilities. While more evidence is needed to better understand the health situation of children with disabilities, the existing evidence increasingly shows that their access to health services is often limited, leading to health inequalities.

Access to general health care

- The Convention on the Rights of the Child (article 24) and the CRPD (article 25) protect the right of children with disabilities to access health care and to live healthy lives. Despite this, evidence shows that persons with disabilities are on average poorer than the general population in terms of access to health care and economic status. Furthermore, half of the population of persons with disabilities cannot afford health care, and they are 50 per cent more likely than others to experience catastrophic health expenditure. This will have a similar impact on children with disabilities.

- Children with disabilities face poorer health outcomes, can have a delayed developmental process, are at higher risk of communicable diseases and have lower chances to benefit from life-saving measures. The available evidence points to the fact that children with disabilities


103 ‘Disability Prevention Efforts and Disability Rights’.
Children with disabilities are more likely to report serious illnesses than children without disabilities.\textsuperscript{104} Children with disabilities are more likely to report episodes of diarrhoea, acute respiratory symptoms and fever than children without disabilities (e.g. 22 per cent of children with more than one functional difficulty reported an episode of diarrhoea in the past two weeks, compared with 9 per cent of children without functional difficulties).\textsuperscript{105} Some evidence also points to children with disabilities often not receiving basic treatment for common childhood illnesses, which can become a risk to their lives if not prevented or treated.\textsuperscript{106} 

- Attitudinal barriers, poverty, inadequately trained health-care professionals and physical inaccessibility were frequently reported to be some of the major barriers to health care access for children with disabilities in low- and middle-income sub-Saharan African countries.\textsuperscript{107} Other barriers include stigma.\textsuperscript{108} On the other hand, efforts to improve physical accessibility, public disability awareness, and professional and parental support were key facilitators.\textsuperscript{109} 

- In countries where overall immunization rates have significantly increased, children with disabilities are overrepresented among the group not benefiting from immunization programmes.\textsuperscript{110} For example, in 2014 in Cameroon, 12 per cent of children with disabilities aged 5–17 years had not been vaccinated, as opposed to only 7 per cent of children without disabilities in the age group.\textsuperscript{111} Immunization programmes not only protect children from vaccine-preventable diseases, but they are also an opportunity to deliver other life-saving measures, such as vitamin A supplementation, insecticide-treated nets for protection against malaria, and deworming – and they provide a platform to promote birth registration.\textsuperscript{112} 

- Children with disabilities may be excluded from immunization programmes due to them being incorrectly assumed not to be at risk, being hidden by stigma, and being affected by a lack of accessibility at vaccination facilities and health centres.\textsuperscript{113} 

- Rehabilitation optimizes functioning, prevents secondary complications and is beneficial for many children with disabilities, with far-reaching implications for participation in education, community activities and, in later years, work. There are strong indications, though, that children with and without disabilities do not have sufficient access to rehabilitation services within the health system, due to a scarce integration of rehabilitation in primary health care and a
• In the contexts of humanitarian emergency, conflict or natural disaster, children and young persons with disabilities are at a significantly higher risk of mental health concerns.\textsuperscript{115} Caregiving and child interaction during humanitarian situations are often worsened due to caregiver psychological stress and sometimes depression, which can have a negative impact on children's health and well-being.\textsuperscript{116}

• In epidemics and pandemics, children, including children with disabilities, are particularly impacted by the disease itself or by the disruptions to the environment that result. The effects of the COVID-19 pandemic, for example, while still to be fully understood, have disproportionally impacted negatively on children with disabilities, and will do so for potentially years to come. A Save the Children survey across multiple countries showed in 2020 that 89 per cent of the respondents had experienced a pandemic impact on their access to health care, medicine and medical supplies, and this was increased for children with chronic health conditions and disabilities.\textsuperscript{117} Furthermore, almost 96 per cent of the households with children with disabilities reported reduced access to health care, with almost 6 in 10 (59 per cent) unable to access regular health and rehabilitation services.\textsuperscript{118}

Mental health

• According to the World Health Organization (WHO), depression is one of the leading causes of illness and disability among adolescents, and suicide is the third-leading cause of death in people aged 15–19 years.\textsuperscript{119}

• According to WHO data, the global median of domestic general government mental health expenditure per capita in 2015 was US$141, making it less than 2 per cent of the overall health expenditure.\textsuperscript{120} Mental health expenditure is particularly meagre in low- and middle-income countries, where more than 80 per cent of these funds in 2016 went to long-term care institutes and psychiatric hospitals, places often associated with human rights violations.\textsuperscript{121} This inadequate allocation of resources undermines the availability, acceptability, accessibility and quality of mental health services or support.\textsuperscript{122}

Sexual and reproductive health

Sexual and reproductive health is a human right. It is an integral part of the right to health, and necessary for the enjoyment of many other human rights. The CRPD and the Convention on the Rights of the Child require governments to respect, protect and fulfil the sexual and reproductive health and rights of children and young persons with disabilities.


\textsuperscript{116} ‘Developmental Difficulties in Early Childhood’.

\textsuperscript{117} ‘Protect a Generation’, p. 8.

\textsuperscript{118} Ibid., p. 38.


\textsuperscript{121} Ibid., p. 27.

youth with disabilities. SDG 3 includes universal access to sexual and reproductive health and reproductive rights in its targets.123

- The prevalence of sexually transmitted infections among young persons with disabilities, including girls and young women with disabilities, is of concern. Some small-scale research from India and Rwanda, for example, highlights that children and young persons with disabilities have a similar or increased risk of contracting sexually transmitted infections compared with those without. It also points to girls with disabilities experiencing higher infection rates than boys with disabilities.124

- Compared with their peers, children and young persons with disabilities, particularly girls, face additional barriers to receiving sexual and reproductive health services, which can increase their risks of unwanted pregnancies, sexually transmitted infections and sexual violence. Exclusion from sexual and reproductive health services frequently means that adolescents with disabilities may engage in risky sexual behaviours, for example.125

- Adolescents with disabilities do not have equal access to sexual and reproductive health information and resources and are often discouraged by health professionals from being or becoming sexually active.

In extreme cases, expectant parents with disabilities have reported receiving unsolicited advice to abort their pregnancy, because of stigmatized misinformation, such as presuming that the child is unwanted.126

- Children and young persons with disabilities, particularly girls, face barriers to accessing HIV information and prevention services. Young persons with disabilities are the subject of incorrect assumptions that they are not sexually active or engaging in risky behaviours, and are therefore not invited to sexual education programmes.127 While the evidence is not conclusive, surveys in Cambodia using questions from the Washington Group on Disability Statistics show, for example, that half of children with disabilities are out of school, compared with only 1 in 14 children without disabilities. The out-of-school rates of adolescents with disabilities are four times higher than those of their peers in Maldives and, in Uganda, they are almost twice as high.128 Consequently, many children and adolescents with disabilities are excluded from school-based sexual and reproductive educational programmes.

- Young persons with disabilities are often not considered or consulted in the planning of interventions, long-term services and public information campaigns about sexual


and reproductive health.\textsuperscript{129} Their capacity is often undermined, and they are not seen as agents of change, which can increase their risk of sexual abuse.\textsuperscript{130} • Many states legally limit the ability of young people to make decisions about their own health. For women with disabilities, even those above the legal age, there are countries that restrict their legal capacity because of disability, and because of misconceptions about their perceived ability to decide about their own lives. This prevents many of them from making autonomous decisions about sexual and reproductive health-care services.\textsuperscript{131} 

**HIV/AIDS**

As a result of long-standing preventive measures, there has been progress in the prevention and treatment of HIV in the last few years. The impact of prevention efforts among adolescents, including young persons with disabilities, has not seen the same progress, however, and has been slow and varied.\textsuperscript{132} It is therefore important that young persons with disabilities and their families have equal access to treatments, sexual and reproductive health education, and measures for the prevention of mother-to-child transmission. • Research has shown that the factors that put children and adolescents more at risk of violence and sexual abuse are significantly increased when they have a disability. This can give children and adolescents with disabilities a higher risk of HIV infection.\textsuperscript{133, 134} In some countries, for example, girls and young women with disabilities, especially those with albinism, are at heightened risk of sexual violence, owing to the myth that sex with them can cure HIV/AIDS.\textsuperscript{135} • Parents with disabilities may experience multiple discrimination when testing positive for HIV, which can be reflected in the lack of support they receive. This can directly impact on their children’s future.\textsuperscript{136} • It is estimated that 4–5 per cent of children who have lost one or both parents to AIDS are children with disabilities.\textsuperscript{137} • HIV testing is lower among young persons with disabilities (both girls and boys) than

among the general population, and the literature points to young persons with disabilities being at a disproportionate risk of HIV. There is evidence demonstrating that adolescents with disabilities, and young girls in particular, face greater discrimination in accessing education and health services, which increases their risk of HIV infection. A comparative study in Eswatini found, for example, that young persons with disabilities had extremely limited information on HIV compared with their peers without disabilities, due to the inaccessibility of the information, with the information they did have access to often being inaccurate.

Early childhood development

Investing in the early years of childhood is increasingly proving to offer one of the highest economic returns on investment across both high- and low-income countries. The goal of early childhood development programmes is to ensure children’s healthy growth and development. They may target children, caregivers and families, plus the wider community, across the health, education and social protection sectors. Children with developmental disabilities are often excluded from these programmes, however, even though they have the greatest need for support.

For all children, the first years in life, particularly the first 1,000 days, are a critical window to shape brain development. Recent neuroscience research shows the importance of early brain development and the benefits of supporting parents and other caregivers to ensure that all children, including those with developmental delays and disabilities, achieve their full potential.

Children with disabilities receive less early stimulation and responsive care and have less exposure to children’s books and toys than children without disabilities. Just under a third (31 per cent) of children aged 24–59 months with two or more functional difficulties were engaged in four or more activities to provide early stimulation and responsive care, compared with 50 per cent of children with no functional difficulties. In children with one or more functional difficulties, 36 per cent were engaged in four or more activities to provide early stimulation and responsive care.

In addition to receiving lower levels of early stimulation and responsive care, children with disabilities are more likely to be inadequately supervised. Exactly a third of children aged 24–59 months with functional difficulties were left alone or under the supervision of another child younger than

138 ‘Sexual and Reproductive Health and Rights of Girls and Young Women with Disabilities’ (A/72/133); p. 10.
143 ‘Early Childhood Development and Disability’, p. 11.
144 ‘Early Childhood Development and Disability’.
146 ‘Seen, Counted, Included’.
10 years of age for more than one hour in the last week, compared with 23 per cent of children without functional difficulties.147

- Children with disabilities are also less likely to attend early childhood education programmes. Nineteen per cent of children aged 3–4 years with one or more functional difficulties were attending an early childhood education programme, compared with 27 per cent of children without functional difficulties. This disparity was more pronounced among girls.148

- Identifying children with developmental disabilities early and providing access to both general childhood interventions and targeted interventions will ensure these children have a better quality of life and improved social participation.149

- One systematic review in 2019 of early childhood intervention and early childhood development programmes showed that 61 per cent of service providers surveyed identified a lack of services for at-risk children and children with developmental delays, disabilities, or behavioural or mental health needs; and 47 per cent reported a lack of capacity to meet demand.150

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147 Ibid.
148 Ibid.
Children with disabilities have the right to education without discrimination, and based on equality of opportunity. Nevertheless, many children and young persons with disabilities remain excluded from education and learning opportunities, at all levels, and thus from their associated benefits: better jobs, social and economic security and opportunities for full participation in society. SDG 4 on education cannot be achieved without including children with disabilities, and SDG targets 4.5 and 4a explicitly focus on ensuring equal access to all levels of education and vocational training for children with disabilities.\textsuperscript{151} Realizing the right to education for children and young persons with disabilities is both an investment in the future and a requirement for inclusive sustainable development.

\textbf{Children with disabilities are more likely to be out of school than children without disabilities.} Out-of-school rates increase during secondary school and are higher among children with multiple disabilities, and highest among children with severe disabilities. At upper secondary level, 35 per cent of children with more than one functional difficulty are out of school, compared with 28 per cent of children without disabilities. At lower secondary level, these rates are 21 per cent compared with 16 per cent; and at primary school level, these rates are 19 per cent compared with 13 per cent. Children who have difficulties caring for themselves, communicating and hearing are most likely to have never attended school.\textsuperscript{152}

\textsuperscript{151} Disability is explicitly mentioned in SDG targets 4.5 and 4a with a focus on ensuring equal access to all levels of education and vocational training for persons with disabilities and building and upgrading education facilities that are disability sensitive and provide safe, non-violent, inclusive and effective learning environments for all. See: Institute for Statistics, ‘Quick Guide to Education Indicators for SDG 4’, United Nations Educational, Scientific and Cultural Organization, Montreal, 2018, \textless http://uis.unesco.org/sites/default/files/documents/quick-guide-education-indicators-sdg4-2018-en.pdf\textgreater , accessed 23 June 2022.

\textsuperscript{152} ‘Seen, Counted, Included’. 
In terms of learning outcomes, children with disabilities are substantially less likely to have foundational reading and numeracy skills than children without disabilities. Twenty per cent of children with one or more functional difficulties have foundational reading skills, compared with 32 per cent of children without functional difficulties. For foundational numeracy skills, these rates are 10 per cent and 17 per cent. Even fewer children possess both foundational reading and numeracy skills – only 7 per cent of children with functional difficulties, compared with 13 per cent of children without functional difficulties.153

Emergencies and displacement are situations where children often miss out on their education. Data show, for example, that the proportion of refugees enrolled in secondary education is more than two-thirds lower than the level for non-refugees.154 While further evidence on access to schooling for children with disabilities in the context of crisis and emergencies is needed, estimations suggest that children in general can miss out on three to four

153 Ibid.
years of schooling because of forced displacement, and it can be assumed that many of these will be girls and boys with disabilities. This not only deprives them of education, but also the nutrition, health and social services that are provided through access to education.

- The COVID-19 pandemic in 2020 saw a mass closure of schools and lessons moving to distance learning. This has had serious consequences for children with disabilities in particular. Children with disabilities and children of parents or caregivers with disabilities were less likely to have access to learning materials than children without disabilities or children of parents or caregivers without disabilities. Increasing access to education can also have positive impacts in other areas such as crime reduction, control of population growth, citizen participation and gender empowerment, which benefits all of society.

- The definition and assessment of disability vary considerably among countries, there is an absence of internationally comparable data, and the evidence of the impact of disability on key educational parameters such as school attendance is not systematic. Governments rarely possess the evidence needed to design appropriate policy adaptations and enhancements to improve the situation of children with disabilities.

- The 2020 Global Education Monitoring report shows that only 16 countries mention inclusive education in their general education laws. Furthermore, just 25 per cent have provision for education in segregated settings, especially in central and southern Asia, eastern and south-eastern Asia and Latin America and the Caribbean.

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159 Ibid.


The CRPD addresses several areas in support of a coherent approach to social protection for children with disabilities, including the right to independent living, being included in the community, and having access to an adequate standard of living and social protection.162

- There are gaps in inclusive poverty reduction programmes. Research suggests that social protection programmes do not meet the needs of persons with disabilities, including children with disabilities.163
- In 2013, 179 out of 183 countries had adopted social protection programmes for persons with disabilities. In 168 countries, disability schemes provided periodic cash benefits to persons with disabilities, while in another 11 countries there were only lump-sum benefits. In 81 countries, benefits mainly covered workers and their families in the formal economy and thus left out families of children with disabilities and persons with disabilities who did not have the opportunity to contribute to social insurance long enough to be eligible for benefits.164
- For families living in poverty and those with limited or no access to social protection, or to basic support services, having a child with a disability can bring additional stress and may result in rejection and violence, particularly where the child is physically dependent on others for daily activities or has reduced ability to recognize danger or...
to protect themselves. Different social protection schemes, such as conditional or unconditional cash transfer programmes, have been shown to benefit children, including children with disabilities.

- In humanitarian contexts, or protracted conflict situations, cash transfer programmes can have positive effects on families with children with disabilities. A study carried out in the Syrian Arab Republic found that cash transfer programmes targeting children with disabilities had a positive effect on the well-being of the children and their families, including an increase in the household’s investment in education and in the health of the children with disabilities.

- Households with a person with a disability can experience material hardship, including a lack of access to safe water and sanitation, and food insecurity, and are faced with extra costs due to disability-related expenses. Persons with disabilities are thus at higher risk of food insecurity and, in turn, poor nutrition. Additional expenses that many persons with disabilities and their families can incur include direct expenses such as medical treatment, travel, rehabilitation and assistance with care, and opportunity costs such as the income forgone when parents or family members give up or limit their employment to care for a child or children with disabilities. Despite the potentially greater impact that social transfer programmes can have for children with disabilities and their families, MICS 6 results from over 40 countries found that most households with children with functional difficulties did not have higher use of social transfer than those without.


169 Mont and Cuong, ‘Disability and Poverty in Vietnam’.

170 ‘Seen, Counted, Included’.
LIVELIHOODS AND WORK

Many young persons with disabilities can face a difficult period of upheaval and uncertainty as they transition from childhood into adulthood, primarily in the area of achieving successful employment and independent living. The rights of working-age young persons with disabilities are protected by the CRPD and SDG 8.171

- Young persons with disabilities are more likely to be unemployed and to live in poverty in adulthood than their peers without disabilities.172
- The lack of an enabling environment that supports youth development in all aspects, including education and health care, is a critical constraint to successful transition into adulthood. Inequities in and the inaccessibility of these systems for young persons with disabilities makes their transition even more difficult and barrier-prone than for their peers without disabilities.173
- An analysis of how young persons with disabilities experienced transitioning to tertiary education in Austria, Czechia, Ireland and Spain found a lack of financial support and service delivery measures.174

171 See <https://sdg-tracker.org/economic-growth>, accessed 23 June 2022, for SDG 8 indicators and targets, including target 8.5: “By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value”.


SDG 6 aims for everyone to have access to WASH, and evidence shows that this access is critical for participation in society, such as for students with disabilities to be able to take part in school, and for children's health and well-being. The right for children with disabilities to access to appropriate, affordable and clean WASH is protected in article 28 of the CRPD.

- About 11 per cent of the estimated 1 billion children and adults with disabilities worldwide do not have access to improved WASH services.175
- Compared with children without disabilities, children with disabilities are 26 per cent less likely to have improved sanitation facilities in their households, 12 per cent less likely to have improved drinking water sources in their households, 8 per cent less likely to have water and soap for handwashing in their household and 1.7 times more likely to have diarrhoea.176
- Inaccessible WASH facilities in schools create barriers for children with disabilities to attend school. This is particularly an issue for girls with disabilities, who must also manage menstrual hygiene in inaccessible facilities, something that can potentially undermine dignity, health and school attendance.177
- Even where policies for inclusive education for children with disabilities are strong, as for example in Malawi and Uganda, the provision of accessible WASH facilities in schools remains poor.178 Inaccessible water


176 ‘Seen, Counted, Included’.


and sanitation facilities in development and humanitarian contexts can lead to children and women with disabilities defecating in poorly lit and secluded areas, leading to increased risk of injuries, abuse and exploitation.\textsuperscript{179} Even when facilities are accessible, children with disabilities and caregivers may wait until dark to use toilets or fetch water due to negative attitudes from other WASH users.\textsuperscript{180}

- In some countries, to address the stigma and concerns of persons with disabilities in accessing WASH services, initiatives have been put in place to engage persons with disabilities, especially women and girls with disabilities, in the local communities – so that their voices and concerns can be included in design, planning, implementing and monitoring.\textsuperscript{181}

- In participatory research, for example, children frequently highlight the importance of a clean environment and hygienic toilets, and for children with disabilities, the issues of privacy and accessibility are paramount.\textsuperscript{182} Children with disabilities report trying to reduce their consumption to minimize the need to go to the toilet, with potentially harmful implications.\textsuperscript{183}


\textsuperscript{181} ‘Disability and Development Report’, p. 128.


• Caregivers have also reported challenges in coping with the hygiene and menstruation of their adolescent girls with disabilities in humanitarian contexts, including limited privacy in emergency shelters, posing concerns for their well-being and dignity.¹⁸⁴ Young girls with disabilities often cannot access information about menstruation, as it is not available in accessible formats.

• A 2019 systematic review of menstrual hygiene management requirements, its barriers and strategies for persons with disabilities found that menstruation challenges were a source of shame for girls and women with disabilities, with the consequences including social isolation and even forced sterilization.¹⁸⁵

• Adolescent girls with disabilities are more likely to miss out on social activities, school or work due to difficulties managing menstruation. Twenty-five per cent of girls with one or more functional difficulties did not participate in social activities, school or work due to their last menstruation, compared with 17 per cent of girls without functional difficulties.¹⁸⁶

• WASH supplies, especially for humanitarian response, may not take disability into consideration. They may not, for example, provide potties, commodes and adapted hygiene kits for children and adolescents with conditions of incontinence.¹⁸⁷


¹⁸⁶ ‘Seen, Counted, Included’.

Child protection is the prevention of and response to exploitation, abuse, neglect, harmful practices and violence against children. The need for child protection is universal – for all children everywhere, in all regions and settings. Children with disabilities have the same rights as other children to be protected from all forms of violence, abuse, exploitation and harmful practices, along with the right to access to quality, effective, inclusive and appropriate preventive support, redress and remedy.

The Convention on the Rights of the Child provides the right to protection against all forms of violence, abuse, neglect and exploitation to all children, including children with disabilities. The CRPD reinforces these rights of children with disabilities in terms of liberty and security, freedom from torture or cruel, inhuman or degrading treatment or punishment, freedom from exploitation, violence and abuse, and protection of integrity and the right to live independently and be included in the community.

- Lack of birth registration is one of the factors that places children with disabilities at higher risk. Children with functional difficulties are less likely to have their births registered, with 61 per cent of children aged 24–59 months with functional difficulties being registered, in contrast to 71 per cent of children without functional difficulties. Additionally, in contrast to children without functional difficulties, the likelihood that children with functional difficulties will be registered does not increase as they age.188

Violence and exploitation

- Global estimates in 2022 of violence against children with disabilities, based on a meta-analysis of 98 studies, found that children with disabilities are more than twice as likely as their peers without disabilities to experience violence, and they had a higher likelihood of all forms of violence. The findings also indicated that around one third
of children with disabilities are survivors of violence.  

- An analysis of MICS data from 42 countries suggests that children with disabilities are 32 per cent more likely than children without disabilities to experience severe physical punishment at home.

- The 2022 global estimates also found that children with psychosocial disabilities and children with intellectual disabilities were victimized more often than those with other forms of disability, across all types of violence and perpetrator, except for sexual violence and peer bullying.

- Together with the increased risk of being denied legal capacities, young persons with intellectual disabilities can face more difficulties in reporting violence and abuse and might not be heard or believed by the relevant authorities in the justice system.

- Children with disabilities may also be exposed to forms of physical violence such as forced sterilization and violence in the guise of treatment (for example, electroconvulsive treatment and electric shocks used as ‘aversion treatment’ to control children’s behaviour).


190 ‘Seen, Counted, Included’.


• The stigma and prejudice that remain common towards children with disabilities often result in parents and families hiding their children and denying them access to other children and the broader community, including schools and health-care facilities. In these cases, violence and abuse might be more difficult to identify and report.  

• Families and parents may be reluctant to report sexual abuse for fear of bringing more shame on an already stigmatized child and their family. For example, a study of violence against children with disabilities by the African Child Policy Forum showed that nearly all the young persons interviewed had been sexually abused at least one time, and most of them more than once, in their lifetime.  

• In some contexts, children with disabilities are at risk of social isolation, violence, abuse and death due to superstition and cultural practices. Many societies in sub-Saharan Africa have historically linked disability with witchcraft, or as evidence of retribution for a wrong committed by the individual or family member. In some contexts, urban practitioners of witchcraft use the body parts of persons with disabilities in rituals, potions or amulets. In Angola and the Democratic Republic of the Congo, there have been reports of children with disabilities being forced onto the streets because of witchcraft allegations. In some other contexts, children with disabilities face abuse linked to actions by organized religion to ‘cure’ them of disability, such as prayer camps in Ghana, where children and adults with disabilities are often beaten and chained to iron stakes.  

• Children with albinism are particularly targeted for ritual killings and, in the Africa region, persons with albinism are increasingly becoming the target of hate crimes, and their abductions and killings are particularly frequent. Girls with albinism often face a heightened risk of sexual harassment and violence, particularly in parts of Africa and Latin America, including due to the myths that sex with a person with albinism can cure HIV.  

194 ‘World Report on Violence Against Children’.  
195 ‘Promoting the Rights of Children with Disabilities’.  
198 Ibid.  
199 Ibid.  
200 Ibid.  
204 ‘Women and Children Impacted by Albinism’ (A/HRC/43/42).
bullying of children with albinism is reported in all regions, particularly in schools and in rural areas. Further, mothers of children with albinism are in some contexts accused of infidelity, witchcraft or of having a curse on them, resulting in isolation, expulsion from the community or abandonment by partners. Stigma and discrimination against children with albinism results in exclusion from education, and mental health and psychosocial consequences.

- Widespread anecdotal evidence suggests that children are sometimes deliberately harmed or injured to push them into earning money by begging. Once associated with the street, children with disabilities are increasingly vulnerable to a wide array of further rights violations, including violence, assault, victimization and child labour.

- Children with disabilities living in residential care institutions are at greater risk of violence, exploitation, abuse and neglect. Children with disabilities living in institutions are particularly at risk of trafficking, with girls being at particular risk of sexual exploitation. Some children who have physical and visual disabilities or serious visible birth defects or disfigurement are forced by traffickers to beg. In the most extreme cases, traffickers will intentionally disfigure children in order to exploit them through forced begging. Impoverished children with cognitive and psychosocial disabilities may be hired by criminal organizations to carry out activities related to drugs, extortion or violence, as they have few other options for survival and are seen as more vulnerable than adults.

- Bullying is a significant problem worldwide. Globally, children with disabilities are more likely to be victims of bullying than children without disabilities, which may result in psychological and emotional distress. Children with disabilities are more likely to engage in child labour than children without disabilities and are at higher risk of exposure to hazardous forms of labour.

Factors contributing to the risk of children with disabilities being involved in child labour include a lack of birth registration, making child labour protection harder to implement, and a lack of access to inclusive education, leaving children with disabilities out of school.

Some evidence suggests that “children with disabilities are more likely to engage in child labour than children without disabilities and are at higher risk of exposure to hazardous forms of labour.” Factors contributing to the risk of children with disabilities being involved in child labour include a lack of birth registration, making child labour protection harder to implement, and a lack of access to inclusive education, leaving children with disabilities out of school.

205 Ibid., paragraph 31.
206 Ibid., paragraph 19.
207 ‘Women and Children Impacted by Albinism’ (A/HRC/43/42).
209 ‘Seen, Counted, Included’, p. 08.
210 ‘Advocacy Brief: Child labour and disability’.
without disabilities. A review of 98 studies revealed that nearly 38 per cent of children with disabilities were bullied by peers, and nearly a quarter (23 per cent) experienced cyberbullying. Children with emotional, behavioural, intellectual or psychosocial disabilities are more at risk of bullying than those with other disabilities. Boys with disabilities are more likely to be subjected to physical bullying, while girls report higher rates of psychological bullying. Studies have found that children with albinism in particular across the world tend to develop low self-esteem, and mental health and psychosocial challenges, including anxiety and depression.

- Children with disabilities are at higher risk of experiencing online sexual abuse and exploitation, including involvement in child sexual abuse material. Contributing factors include a lack of the accessible and appropriate education (on sexual and reproductive health and rights, relationships, life skills and online safety) that could help to protect and empower children with disabilities online; experiences of isolation and exclusion, which push children with disabilities towards online environments to build relationships; and a lack of disability-inclusive or disability-specific online protection measures by decision makers.

### Gender-based violence

The Convention on the Rights of the Child and the CRPD call on all states to take measures to protect all children from violence, including protection for children with disabilities. Evidence from countries throughout the world reveals a pattern of disproportionate violence against children with disabilities, particularly against girls and young women.

- Violence against girls with disabilities includes gender-specific neglect, humiliation, concealment, abandonment and abuse, including sexual abuse and sexual exploitation, which increases during puberty. The available evidence highlights that girls with disabilities are at higher risk of GBV, sexual abuse, neglect, maltreatment and exploitation. Girls with disabilities are particularly vulnerable in humanitarian contexts and are at risk of sexual violence.

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217 ‘Violence and Bullying in Educational Settings’, p. 6.
218 Ibid., p. 87.
219 ‘Women and Children Impacted by Albinism’ (A/HRC/43/42); paragraph 35, p. 7
221 ‘General Comment No. 3 (2016), Article 6’.
and GBV or engaging in ‘survival sex’ with community members.

- Girls with disabilities often do not receive services, including health, justice, policing and social services – and prevention services against GBV are often not accessible to them.223

- Exposure to violence increases the risk of girls with disabilities being subjected to victimization, of accumulating violent experiences and of becoming part of violent relationships within the family later in life.224

- There is strong evidence from Africa, Asia, Europe, South America and North America that persons with disabilities overall are more likely to experience various forms of sexual violence, coercion and/or exploitation compared with their peers without disabilities.225 Adolescents with disabilities are disproportionately vulnerable to physical and sexual violence, and to child or forced marriage, and they are routinely denied access to justice or redress.226

- Female infants born with disabilities are more likely to die through ‘mercy killings’ than male infants with disabilities, and may never be legally registered, which makes them more vulnerable to violence and abuse.227

- For all the groups, the risk for girls and women are consistently higher, and the prevalence is higher in the younger groups of children and adolescents compared with adults.228

- Globally, girls with disabilities are up to three times more at risk of rape than girls without disabilities and are twice as likely to experience other forms of GBV, as well as often suffering more severe injuries and more prolonged abuse.229

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228 Braathen, Rohleder, and Azalde, ‘Sexual and Reproductive Health and Rights of Girls with Disabilities’.

The Convention on the Rights of the Child and the CRPD require governments to pay particular attention to ensure that effective and child- and gender-sensitive processes, procedures and effective remedies are available to children, including children with disabilities. This includes the ability of children with disabilities and their representatives to access independent complaints procedures and courts.230

• Protection and justice systems and reporting mechanisms commonly do not take account of the needs of children with disabilities. These children therefore experience difficulties in accessing help and, if they can access it, they rarely get access to effective justice or redress.231 Some young women with intellectual disabilities face additional challenges in recognizing abuse and communicating about it, and many are not then believed. The testimonies of children with disabilities may be regarded as too difficult to ascertain or as less reliable – especially those from children with intellectual disabilities.232
• The denial of legal capacity to young persons with disabilities not only violates their human rights but can exacerbate their vulnerability to GBV. Similarly, it can make it more difficult for them to report violence and abuse against them – and to be believed by relevant authorities.233


• Disproportionately high numbers of children and young men and women with disabilities are sent to juvenile/youth detention centres and prisons. Some estimates show that up to 25 per cent of all young people in such facilities have intellectual disabilities or mental health conditions. 234

• Age-appropriate reasonable adjustments and accessibility measures should be provided to children with disabilities at every stage when accessing the justice system. This may include physical access to courts and other buildings, support for children with psychosocial disabilities, assistance with communication and the reading of documents, and procedural adjustments for testimony. 235 Appropriate training should be provided to all justice actors (judges, lawyers, court officers, police, and correction and probation officers).

234 ‘World Report on Violence Against Children’.

Children with disabilities are more likely to experience separation from their families, to remain separated for longer and to be placed in residential care. Children with disabilities have the right to live with their family or in family-based care in the community, and governments are required by the CRPD and the Convention on the Rights of the Child to set up programmes for the deinstitutionalization of children with disabilities, placing them with their families, extended families or foster families.

There is strong evidence that children develop best when having supportive and strong relationships in a safe family environment, that deprivations of liberty are directly harmful to the mental and physical health of children, and that the risk of violence, neglect and abuse in institutions and orphanages is much higher than in family environments at home or in the community. Despite this, many children continue to be institutionalized.

Precise information about the number of children with disabilities living in residential institutions is not available, but the data point to the institutionalization of children with disabilities continuing in many countries and regions across high- and low-income countries.\textsuperscript{240} For example, in central and eastern Europe and the Commonwealth of Independent States, it is estimated that children with disabilities are up to 17 times more likely to live in residential institutions compared with their peers.\textsuperscript{241} Globally, it is estimated that one in three children in institutions is a child with disabilities.\textsuperscript{242} Children with disabilities are placed in institutions for a variety of reasons. Often, parents are encouraged and advised to do so by professionals who claim that institutions will provide the most effective care. Combined with a lack of community services to support children with disabilities and their families, many parents do not feel they have much choice other than to place their children in residential care. There are also children with disabilities who are abandoned because of the stigma, and discrimination still persistent in many communities.\textsuperscript{243} The lack of inclusive services for children with disabilities is a key factor leading to the overrepresentation of children with disabilities in institutional care settings.

Evidence shows that institutions are often characterized by living arrangements that are inherently harmful to children. These include, but are not limited to, separation and isolation from families and the wider community, forced cohabitation, depersonalization, lack of individual care and love, instability of caregiver relationships, lack of caregiver responsiveness, lack of self-determination, and fixed routines not...

\textsuperscript{240} Petrowski, Cappa, and Gross, ‘Estimating the Number of Children in Formal Alternative Care’.
\textsuperscript{241} ‘Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia’, p. 45.
\textsuperscript{242} ‘Global Study on Children Deprived of Liberty: Note by the secretary-general’ (A/74/136).
tailored to children’s needs and preferences. The most egregious and direct forms of deprivation of liberty include solitary confinement, physical restraints and forced medication. The conditions in institutions are often characterized by violence, sexual abuse and neglect, amounting to inhuman and degrading treatment.244 A study from the United Nations in 2005 revealed serious concerns over the conditions in many institutions, such as violence and neglect – including children being left for hours on urine-soaked mattresses, or being physically or medically restrained – residential care facilities being understaffed, and a lack of monitoring or independent scrutiny.245

- A 2019 study from the United Nations found that children with disabilities deprived of their liberty are at a heightened risk of violence, abuse and exploitation, which may amount to torture or other forms of ill treatment, including being restrained, shackled, secluded and/or beaten by staff as a form of control and/or punishment.246

Some children with disabilities in institutional care face nutritional deficiencies because of feeding difficulties, increased care burdens, insufficient resources to meet their needs and other reasons.247 The mortality rate for children with disabilities in institutional care is 100 times higher than for other children.248

- Children with disabilities in residential institutional care often do not access quality education, and many are provided with segregated special education.249 One study in Serbia showed that 60 per cent of children with disabilities living in institutions were not enrolled in schools. The higher the support needs the children had, the more likely it was that they were not attending school.250

- The most comprehensive study so far in Europe, on the outcomes for children with disabilities in specific institutions compared with children living in other social care institutions, found that, while children from social care institutions were more likely to leave the institutions and be returned to their biological families (32 per cent) or be adopted nationally (24 per cent), children with disabilities rarely left the institutions where they lived. Twenty eight per cent of children with disabilities under 3 years of age had died, compared with 0.29 per cent of children of the same age group living in other social-care institutions.251

- The costs for society in maintaining institutional residential care are more expensive than providing support at the community level and, for example, foster care. Data in 2012 from 13 countries in central and western Europe showed that institutional care was twice as expensive as foster care for young children with disabilities, and three times more expensive than foster care for young children without disabilities. This finding was independent of

244 ‘Global Study on Children Deprived of Liberty: Note by the secretary-general’ (A/74/136).
246 ‘Global Study on Children Deprived of Liberty: Note by the secretary-general’ (A/74/136).
the level of spending on the quality of care in each country.\textsuperscript{252}

- Some states have reported that children with disabilities have not benefited from deinstitutionalization processes at the same rate as other children without parental care. That is caused partly by challenges related to placing children with disabilities in family-and community-based care settings; such challenges may arise as a result of stigma, discrimination and limited options for community support and services.\textsuperscript{253}

- For many governments, foster families are an accepted and practised form of alternative care. Many foster families are reluctant to take on the care of a child with disability, because of the extra care they may need and the special requirements in their physical psychological well-being.\textsuperscript{254}

- Children with disabilities are also significantly overrepresented in detention in the context of the administration of justice. There is evidence from Europe and the United States of America that children with disabilities, particularly with intellectual disabilities, are overrepresented in juvenile detention facilities.\textsuperscript{255}

- While the number of children with disabilities detained in immigration detention is difficult to ascertain due to a lack of disaggregated data, there is some evidence that they may face a greater risk of prolonged detention. For example, according to Mexican law, a physical or mental impairment that makes a person unable to travel justifies the extension of migration-related detention beyond the base limit of 15 days. The concerns for children with disabilities in immigration detention include a lack of disability awareness and training for staff, and lack of adjustment or support for children with disabilities, leading to them facing greater barriers through the procedure. There are also reports of children needing mental health or psychosocial support being separated from their parents and placed in excessively harsh conditions, including forced medication, over-medication, restraint and threats.\textsuperscript{256}


\textsuperscript{254} General Comment No. 9 (2006)’.


\textsuperscript{256} ‘United Nations Global Study on Children Deprived of Liberty’; chapter 7, p. 191.
Article 11 of the CRPD calls on state parties to undertake all the necessary measures, including emergency preparedness and response plans, to ensure the protection and safety of children with disabilities during humanitarian emergency preparedness, response and recovery.

- In situations of crisis and emergency, children with disabilities, who are more likely than other children to experience discrimination and violence, face more difficulties in coping with a deterioration of the environment, are more affected by the disruption of health, education and other social services, and face additional barriers to accessing protection and aid.  

- The breakdown of systems and services can also leave children more susceptible to violence, and those with intellectual disabilities are more at risk of violence, sexual abuse and neglect.  

- In the aftermath of disasters, children with disabilities are more likely to become separated from their carers and are extremely vulnerable to violence, exploitation and sexual abuse.  

- Mainstream humanitarian interventions often fail to consider the specific situations of children with disabilities. For example, many emergency interventions for children, such as feeding programmes, vaccination campaigns and psychosocial support, are often provided in schools or temporary learning and child-friendly spaces, from which children with disabilities may be excluded.

257 ‘Assistive Technology for Children with Disabilities’.
259 “I See that it is Possible”.
which many children and young persons with disabilities are excluded. Stigma and fear might also lead to families isolating or hiding their children at home, and, due to lack of understanding of disability among humanitarian actors, children with disabilities often remain invisible, both in needs assessment and the design of interventions.

- The greater barriers to equal access to education faced by children with disabilities are exacerbated in a humanitarian context. These barriers include a lack of, or inaccessible, transportation, inaccessible educational facilities, and stigma and prejudice resulting in bullying and insecurity. As an example, a 2018 report by Syria Relief showed that four out of five children with disabilities living in the Syrian Arab Republic reported not having access to education.

- While only limited evidence is available, some studies and assessments conducted in the Syrian Arab Republic and other humanitarian contexts point to children with disabilities not having the same access to education and learning opportunities as their peers. Girls with disabilities may face additional barriers to accessing education in humanitarian contexts due to a lack of adequate sanitary pads available during menstruation, and inaccessible and unsafe toilets and washrooms in schools and temporary learning facilities.

- Armed conflicts affect all children in both direct and indirect ways. The direct effects are in the form of injuries from attack, artillery fire and landmine explosions, and psychological trauma or anxiety and depression derived from these injuries or from witnessing traumatic events. The indirect effects on children are through, for example, the breakdown of health services, which leaves many illnesses or injuries untreated, and food insecurity, which leads to malnutrition. Many children with disabilities will be more at risk of such consequences of conflict.

262 Ibid.
Under SDG 13, urgent action is needed to combat climate change and its impacts. The relationship between children and climate change is pivotal, given the young populations of many countries, children’s disproportionate vulnerability to the impacts of climate change, and their life expectancy. In addition, SDG target 1.5 sets the goal for states to build the resilience to climate change of the most vulnerable, thus including children with disabilities.

- Global warming and other increasing effects of climate change already have health and social consequences due to the disruption of water and ecosystems, rising ocean levels, inundation of coastal cities and small island nations, and increased mortality from heatwaves.266 Children, including those with disabilities, face heightened risks to the impacts of climate change through a diverse range of factors, including their susceptibility to waterborne and vector-borne diseases, the food and water shortages leading to increased childhood malnutrition, and disruption to attending school. The livelihoods of the poorest families in many countries are negatively impacted by climate change. Families in such situations may sell assets, undermining poverty alleviation and potentially resulting in the withdrawal of children from school. In the long term, climate change can impact on children’s potential employment and capacity to migrate and, in some cases in the immediate context, children may be forced into work and exploitation by families seeking to recover lost income.267

- While evidence on the impact of climate change on children with disabilities is still very limited, it is expected that they will be disproportionately impacted due to...
to existing inequalities. As persons with disabilities, including children, face higher levels of poverty, they are likely to be among those who experience the worst effects of climate change. With many persons with disabilities already facing barriers to accessing safe water for drinking, sanitation and hygiene, climate change is expected to exacerbate these vulnerabilities even further, with serious consequences, particularly for children.

- Up to 2015, over half a billion children, including children with disabilities, lived in zones of extremely high flood occurrence, and nearly 160 million lived in zones of high or extremely high drought severity. Children with disabilities are more at risk during these types of disaster and have less chance to evacuate.

- Persons with disabilities are more likely to struggle to access water points and toilets when land conditions become waterlogged, muddy or slippery due to climate events. Climate-proofing WASH infrastructure (e.g. raised platforms with steps to avoid floods) can make access more difficult.

- A key factor contributing to a heightened risk for children with disabilities is the lack of information and resources in accessible and child-friendly formats, which could impact their knowledge of and capacity to adapt to climate change. In the context of disasters, children and young persons with disabilities are more vulnerable if they are unable to access information about safe evacuation procedures or do not have the specific assistance when needed. For example, by having less access to education, where disaster risk reduction information is often provided, children and young persons with disabilities may have less chance to make informed decisions during disasters.

- To date, children and young persons with disabilities have had limited opportunities to participate in climate action. However, adolescent-led initiatives such as the climate strikes, which mobilized an estimated 1.5 million students in more than 2,000 cities worldwide in March 2019, show how important it is for children and young persons with disabilities to be able to use accessible technology and information to participate in social media platforms. These opportunities have catalytic effects in voicing opinions and providing insights on matters that affect these children and young people.


269 An estimated 11 per cent of persons with disabilities worldwide do not have access to improved WASH services. Pryor, Wesley, et al., ‘The Case for Investment in Accessible and Inclusive WASH’.


274 Ibid.

CHILDREN ON THE MOVE

Under SDG target 10.7, member states committed to facilitating safe migration and the mobility of people. Over recent years, migration has become an important policy focus as the lives of children have become severely disrupted during times of conflict, violence and natural disasters. Millions of children, including boys and girls with disabilities, have migrated across borders or been forcibly displaced in the last decade alone. The Convention on the Rights of the Child and the CRPD provide human rights protection for all children who are on the move.

- It is estimated that nearly half of the world’s refugees are under 18 years of age, but the available information about children with disabilities on the move remains very limited. 
- Persons with disabilities, including children, encounter barriers to accessing services in both camp and out-of-camp contexts, such as assistance and information not being presented in accessible formats, a lack of access to medical care and psychosocial support, and a limited availability of assistive technology.
- The asylum-seeking process is a cumbersome and challenging one for anyone, including children and young persons with disabilities. It may include collating specific documentation and participating in interviews, which can be difficult for children with disabilities and


their families, particularly for those with intellectual disabilities or who are deaf or have other hearing impairments. There is a lack of accessible facilities and of information in accessible formats to help them to understand proceedings.  

- There has been more limited literature describing disability as a ground for claiming asylum, and on the difficulties that persons with disabilities face in accessing the protections under the Refugee Convention. Some forms of harm are experienced disproportionately by persons with disabilities, including children, such as sexual exploitation, involuntary detention and higher exposure to torture or inhumane and degrading treatment in institutions and at home.  

- Discrimination within the migration and asylum laws of some states restricts or denies asylum or the issuance of a visa on the basis of disability.  

- There has been limited research on disability and statelessness, but one important risk factor for statelessness is the lack of birth registration, where, as covered earlier, children with disabilities are at higher risk of not being registered at birth.

279 European Disability Forum, ‘Migration and Refugees with Disabilities’.  
281 Crock, Ernst, and McCallum, ‘Where Disability and Displacement Intersect’.  