# UNICEF West and Central Africa Region – Technical Symposium on Inclusive Resilience Strategies for Children and Youths with Disabilities in Fragile Contexts

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## Executive Summary

From June 26 to 28, 2024, UNICEF's West and Central Africa Regional Office (WCARO) hosted a Technical Symposium, bringing together representatives from UNICEF Country Offices, individuals with disabilities, and experts in disability inclusion. This event aimed to develop inclusive resilience strategies for advancing the rights of children and youth with disabilities in fragile contexts.

Participants focused on identifying existing expertise, addressing challenges, and prioritizing interventions to enhance the identification of children and youth with disabilities, ensure their equitable access to inclusive services, and provide direct support for their participation. The Symposium also sought to establish a network of technical resources to leverage regional expertise and facilitate the effective implementation of the DIPAS regional action plan on disability inclusion.

This Technical Symposium was the first of its kind in the region and is one of the landmark outputs set by UNICEF WCARO in its recently developed regional action plan on disability inclusion (DIPAS). Participants met with the objectives **to identify existing expertise and innovation**, to unpack challenges and **identify priority interventions** to improve the identification of children and youths with disabilities, their equitable access to inclusive services, and prioritization of specific support to enable participation and inclusion. The Symposium was also aimed at **initiating an ecosystem of technical resources** to improve the use of existing expertise in the region and support the effective implementation of the DIPAS regional action plan.

In their opening remarks, UNICEF WCARO Deputy Regional Director (OIC), UNICEF Global Disability Lead, the President of the West Africa Federation of Organizations of Persons with Disabilities (WAFOD) and GIZ representative all stressed the urgency of addressing inequalities experienced by children with disabilities in the region. It is critical that we challenge the idea that "it is already difficult for all children in the region, let alone children with disabilities…". **Children with disabilities cannot wait for systems to be established and ready before they are included.** They have the right to be included *on an equal basis with others*, i.e. accessing right now the services, programmes, interventions that are available for all children in all sectors and contributing to shape how they should evolve tomorrow. While we now have much better data and capacity to act than before, responses are still spread across sectors and stakeholders, they are not yet implemented at scale. Speakers stressed the importance of learning from each other, of the active participation of Organizations of Persons with Disabilities (OPDs) and the opportunity of initiatives such as the Building Resilience in Sahel (BRS) programme (UNICEF, GIZ, WFP) to incentivize collaboration.

Three main questions emerged from the consultations held to develop the UNICEF DIPAS action plan:

1. How can we improve and scale up the **identification of children with disabilities**, particularly the most at risk, across sectors?
2. How do we ensure **equitable and inclusive access to the services** we support or deliver for children with disabilities alongside other children at risk of exclusion?
3. What kind or **prioritization and additional support** can be provided for children with disabilities and children living in households with persons with disabilities?

These served as strategic entry points to build the agenda of the Technical Symposium, with the following flow:

Taking stock of the **situation of children and youths with disabilities in the region** from the available body of evidence and listening to lived experiences from young women with disabilities (*Session 1 – Setting the scene*), participants exchanged about existing initiatives and good practices (*Session 2 – Mapping existing resources*).

In parallel sessions focused on *inclusive education*, *inclusive health and nutrition*, and *advancing the rights of adolescent girls with disabilities*, participants started identifying key challenges and possible solutions to **address discrimination in access to services** for children and youths with disabilities (*Session 3 – Access to services*). Among others, transforming perceptions about disability was highlighted as a game-changer and the importance of ensuring multisectoral and multistakeholder coordination was also stressed.

Removing barriers to accessing services on an equal basis with others is essential but not sufficient to ensure participation and inclusion, which also requires **support systems and services for to children with disabilities and their families** (*Session 4 – Access to support services and systems*). This was discussed with a focus on *access to assistive technology* (AT) and *access to cash transfer*. Discussions emphasized the urgency and possible strategies to accelerate access to AT as a precondition for inclusion. Cash transfer was identified as a concrete opportunity to relieve households of children with disabilities and prevent abandonment of children often considered as a financial burden. Additionally, access to Mental Health and Psychosocial Support (MHPSS) is crucial not only (a) to address psychological distress and bolster self-esteem among children with disabilities experiencing situations of exclusion, but also (2) to support children or their family members living with mental health conditions or psychosocial disabilities. At all levels, **identification of children and youths with disabilities** remains a prerequisite for their entry into the system and access to inclusive and support services, and different entry points and strategies related to the purpose of identification were discussed (*Session 5 – Identification)*.

Eventually, disability inclusion as a cross-sectoral issue requires **systematic integration across planning, budgeting, implementation and monitoring at community level**, as communities and local authorities are at the forefront when dealing with shocks and crises. Inclusiveness is core component of community resilience, and participants discussed strategies to ensure participatory, inclusive assessments, inclusive decision-making, developing capacities of local stakeholders and ensuring implementation of inclusive actions and accountability (*Session 6 – Inclusive community engagement and local governance*).

Across the three days, the diversity of participants actively participated to share their experiences. Organizations of Persons with Disabilities, such as the Niger and Senegalese umbrella federations of OPDs brought their experience of engagement in disability rights advocacy as well as collaboration with development and humanitarian actors to promote inclusive education, inclusive humanitarian action, access to assistive technology, policy reform, among others. As disability-focused INGOs, Humanity & Inclusion, CBM and Sightsavers shared a wide range of inclusive pilot initiatives, acknowledging the importance of wider partnerships to take these to scale. UNICEF Country Offices showcased initial practices supporting governments to reform policies and programmes, especially in the areas of inclusive education, inclusive social protection and inclusive community development.

As a first of its kind in the region and landmark action of UNICEF DIPAS regional action plan, the Technical Symposium marked a key step towards multi-stakeholder engagement on inclusion of children and youths with disabilities in West and Central Africa. Reviewing a range of initiatives

created a shared perspective that **disability inclusion not only is possible but is an opportunity for all and a key component of community resilience**. While it may be complex, resources exist and can be mobilized, regardless of the context: everything may not be possible in any context, but something is possible in every context that can truly contribute to advance the rights of children with disabilities.

Moving forward, mobilizing existing resources from the region must continue and concrete tracks were already identified, such as clinics to define disability-inclusive strategies in each country intervention of the multisectoral Building Resilience in Sahel (BRS) programme.

## 10 key messages from the Technical Symposium

1. Inclusion of children and youths with disabilities is **not a 'nice to have' but a 'must not miss'**, in line with UNICEF mission ("UNICEF is committed to ensuring special protection for the most disadvantaged children – victims of war, disasters, extreme poverty, all forms of violence and exploitation, and those with disabilities" ; "In everything it does, the most disadvantaged children and the countries in greatest need have priority") and the Agenda 2030 ("we pledge to leave no one behind" and "we will endeavor to reach the furthest behind first").
2. **Disability inclusion significantly contributes to communities' cohesion and resilience.**
3. In West and Central African countries where multiple crises constantly threaten development gains, **transforming communities' perceptions of disability can be a game changer in the daily lives of children with disabilities**. Fighting ignorance and negative traditional beliefs can save lives, in particular for children with disabilities who are still threatened by the practice of ritual crimes (such as children with albinism) and for children with disabilities who are more at risks of all forms of violence (such as but not limited to children with intellectual disabilities). In education for example, not everything is technical, but ensuring teachers, school children and parents have the right mindset and believe in the potential of every child is equally critical.
4. Access to Assistive Technology (AT) is a precondition for participation for many children, youths and adults with disabilities, and can save life in context of emergency and crisis, as AT for example is critical for some people to escape a conflict zone or access life-saving information. **Resources exist to address the paucity of access to AT in WCAR, and UNICEF has a unique added value in facilitating supply and raising community awareness.**
5. Considering high rates of poverty of households with disabilities, **targeted interventions providing in kind or cash support to families can have a life-saving effect**, preventing de-prioritization or abandonment of children with disabilities.
6. **Identification of children and youths with disabilities** determines their 'entry' into systems and identification tools, strategies and systems should be carefully defined depending on the objectives: data collection, case management or more advanced determination of a disability status linked to social protection benefits.
7. **Multisectoral and multistakeholder coordination is a must** to ensure the continuum of services including mainstream inclusive services and support services (transportation, AT, human assistance, rehabilitation, mental health and psychosocial support, social protection), to avoid duplication of resources (including a unique disability certification process) and to define pathways to work at scale.
8. Acknowledging the complex realities of West and Central Africa, **everything may not be possible in any context, but something is possible in every context that can truly contribute to advancing the rights of children with disabilities**. Resources and innovation exist that can be tapped to devise inclusive strategies that progressively reach children with disabilities at scale.
9. **Working in partnership with OPDs** is a core component of a rights-based approach to disability, and strongly supports the relevance, quality sustainability of interventions. It also requires investments to support representative organizations to develop their capacity to engage meaningfully, action beyond capital cities and diversity of constituencies represented, including youths with disabilities from all backgrounds.
10. **Attention should be paid from the onset to strategies that include the diversity of persons with disabilities**, including women, children, adolescents, youths with disabilities, and persons with disabilities from underrepresented groups, such as persons with psychosocial disabilities, intellectual disabilities, persons with albinism, persons with autism, persons with deafblindness. These persons with disabilities often receive less attention from mainstreamed services, their needs are less frequently addressed while they are also more likely to face heightened stigma, discrimination, and violence. Tailored strategies are needed to ensure that their needs are met and that all services/ programmes are inclusive.

## Opening remarks

*Moderated by Arpana Pandey, Education Specialist and Regional Disability Focal Point at UNICEF WCARO.*

**Karin Heissler**, Regional Advisor on Child Protection, opened the Technical Symposium with remarks on behalf of Jonathan Lewis, Deputy Regional Director of UNICEF West and Central Africa Regional Office (WCARO) warmly welcomed all participants to the Technical Symposium as the first ever event of this kind organized by UNICEF on disability inclusion in West and Central Africa. In the West and Central Africa region, children with disabilities are **41 million, and represent 15% of all children,** the highest proportion of children with disabilities compared with all UNICEF regions. The multiple discriminations that they face makes them one of the groups most at risk of seeing their human rights denied. This situation compels UNICEF to do more and better, and to accelerate efforts to leave no child behind.

She recalled that in 2022, UNICEF launched a Disability Inclusion Policy and Strategy (DIPAS) to accelerate our efforts towards disability inclusion, and recently developed a regional DIPAS action plan. As one of the landmark outputs of this plan, the Technical Symposium is a first important step to convene UNICEF country offices, technical partners and experts in disability inclusion, including representatives of persons with disabilities, to bring together our experiences and explore how we can collaborate and better respond to the situation of children with disabilities in the region. She invited participants to exchange solutions that challenge the idea that 'it is already difficult for all children, let alone children with disabilities'... Disability inclusion is not a "nice-to-have", that will be explored once systems are in place but must be a core component of our response from the beginning.

**Gopal Mitra**, Global Disability Lead at UNICEF Headquarters, highlighted the importance of such an event in the West and Central Africa region. While the situation faced by all children and young people in the region is challenging, children and young people with disabilities cannot wait any longer. We now have much better data, better capacity than before, which must be activated to advance their rights. There are responses that work, yet they are currently spread across sectors and stakeholders. Therefore, we need a collective effort to bring together the responses that will help us to take disability inclusion to scale. What we learn here in a region impacted by multiple crises, can also be applicable for other regions of the world. With the launch of the Disability Inclusion Policy and Strategy (DIPAS), UNICEF took an important step forward and will follow-up on its transformative effect, as the Executive board has requested UNICEF to report annually on progress done on disability inclusion.

**Yatma Fall,** President of the West African Federation of Organizations of Persons with Disabilities (WAFOD), welcomed the initiative of this Technical Symposium by UNICEF. He stressed the importance of the inclusion and participation of persons with disabilities as a precondition for development of societies and communities in West and Central Africa, recalling that disability is a component of human diversity. He also applauded the participatory process through which UNICEF WCARO developed its regional action plan on DIPAS, in consultation with Organizations of Persons with Disabilities (OPDs) from West and Central Africa. This supports the disability rights movement motto of 'nothing about us without us' because everything concerns persons with disabilities.

**Susanne Steiner,** GIZ, highlighted the Sahel Resilience Partnership (SRP), which enables different stakeholders to cooperate together, including UNICEF, WFP and GIZ, and the importance of learning together on how to make these collaborative approaches inclusive of persons with disabilities. She mentioned the importance of non-discrimination and accessibility of services as key principles across all GIZ interventions and funding, acknowledging that progress must be made, and inviting all participants to learn from each other and be constructively critical of each other.

## Objectives

Following the opening remarks, the objectives and agenda for the Technical Symposium were introduced by Priscille Geiser, DIPAS Consultant at UNICEF WCARO. Acknowledging the multiple crises affecting West and Central Africa, the Technical Symposium aims at accelerating the reflection and mobilization of resources and expertise to **clarify what it takes to ensure the inclusion and participation of children with disabilities on an equal basis with others at scale in fragile contexts,** under the overarching theme of disability-inclusive resilience strategies.

Resilience is understood here as the ability of individuals, households, communities, cities, institutions, systems and societies to prevent, resist, absorb, adapt, respond and recover positively, efficiently and effectively when faced with a wide range of risks, while maintaining an acceptable level of functioning without compromising long-term prospects for sustainable development, peace and security, human rights and well-being for all[1]. Inclusive resilience and a rights-based approach to disability both have in common a focus on abilities, what individuals and communities can do for themselves and how they can strengthen their capacities, rather than focusing on their vulnerability to disaster or their needs in an emergency. Disability inclusion as a component of social cohesion reinforces the resilience of communities. Inclusive resilience strategies require particular attention to the most at risk children, including children and youths with disabilities.

Three main questions emerged from the DIPAS consultation process: (1) How can we improve and scale up the **identification of children with disabilities**, particularly the most at risk, across sectors? (2) How do we ensure **equitable and inclusive access to the services** we support or deliver for children with disabilities alongside other children at risk of exclusion? And (3) What kind or **prioritization and additional support** can be provided for children with disabilities and children living in households with persons with disabilities? These questions served as a compass to set the objectives of the Technical Symposium as follows:

1. **Identify existing strategies and technical interventions that work** to identify, ensure access to services and prioritization of children with disabilities in responses to protracted crises
2. **Discuss opportunities and priorities** for UNICEF and partners to enhance disability-inclusive, cross-sectoral, shock-responsive approaches in West and Central Africa.
3. **Create opportunities for exchanges to initiate the building of an ecosystem of technical resources** for disability inclusion (including NGOs, OPDs, UN) in the region.

[1] UN Common Guidance on Helping Build Resilient Societies.

## Participants

UNICEF WCARO decided to convene a range of stakeholders from UNICEF, disability-inclusion INGOs (CBM, Humanity & Inclusion, Sightsavers), strategic financial and technical partners (GIZ, WFP) as well as persons with disabilities and their representative organizations (OPDs, representatives of parents and youths with disabilities). The nine UNICEF Country Offices (COs) included some of the country offices who are already active in disability-inclusive interventions through dedicated interventions, namely the five countries of the Building Resilience in Sahel (BRS) programme (Burkina Faso, Chad, Mali, Mauritania, Niger), Sierra Leone and who implement projects with dedicated disability funding (7% set aside) and the Central African Republic, implementing an inclusive education intervention with dedicated funding from the Government of Norway (HAC).

Link to the detailed list of participants.

## Technical Symposium agenda

The detailed agenda of each session is available upon request.

**Overview:**

**Day 1 (26th June 2024)**

- Opening remarks
- Session 1 – Situation of children and youths with disabilities in West and Central Africa
- Session 2 – Mapping of existing initiatives to promote disability inclusion in the region
- Session 3 – Ensuring equitable access to inclusive services for children with disabilities

**Day 2 (27th June 2024)**

- Session 4 – Ensuring access to support services and systems for children and youths with disabilities – a focus on access to Assistive Technology and access to cash transfer
- Session 5 – Challenges and opportunities to ensure the identification of children and youths with disabilities

**Day 3 (28th June 2024)**

- Session 6 – Inclusive community engagement and inclusive local governance
- Conclusions and way forward
- Working session for UNICEF Country Offices who are part of the Building Resilience in Sahel (BRS) Programme on entry points for disability inclusion in country programming.

## Session 1 – Situation of Children and Youths with Disabilities in West and Central Africa

*Moderated by Priscille Geiser, Disability Inclusion Consultant at UNICEF WCARO*

*Link to presentations for Session 1*

### Voices from young women with disabilities from Mali and Senegal

To open the first session, Fily Sidibe, a young woman with albinism from Mali and Christine Marie Marguerite Corréa, a young woman with a physical disability from Senegal shared their lived experiences of what it means to be a young woman with a disability in the region.

**Fily Sidibe** (Mali Association of Persons with Albinism) spoke of the impact of negative beliefs, prejudice and ignorance around albinism leading to bullying, discrimination and threatening the lives of persons with albinism. In Mali, at times of elections, children with albinism are at heightened risk of disappearance as they are believed to attract luck or superpowers to win over enemies, and parliamentarians or public authorities call on ritual crimes. She also explained how going to school, she was beaten up for not performing and bullied by other children, but also how her situation improved and how her grades shot up when she was able to sit at the front of the class to see the board.

**Christine Marie Marguerite Corréa** (Youth Committee of the Senegalese Association of Physically Disabled) spoke about the many difficulties that she faced to access education, transportation or health services. She explained how through her education years, she was sometimes asked to attend a class on the fifth floor, and how with more positive attitudes simple steps such as shifting her classroom to the ground floor made access to education possible. These difficulties worsened during the Covid-19 pandemic as she could not leave the house, unlike other students.

Looking forward, both young women flagged the importance of more awareness about disability and of a more positive vision of persons with disabilities, to combat prejudice and ignorance (for example, explaining what is albinism). Rights-based approaches are essential as disability rights are human rights. “We are just as much a part of society with the same rights as anybody else”. Working at the level of laws and implementation decrees is crucial to ensure this impact the lives of persons with disabilities.

Fily and Christine also called UNICEF and partners to adopt ambitious strategies to include persons with disabilities, as the work lying ahead is enormous, in particular to ensure access to education. They praised the great work done by INGOs which still needs to be amplified. They called on stakeholders to invest in education, training, including support persons at school, entrepreneurship training to support children with disabilities and help them be agents of change. Answering questions on what helped them to overcome challenges, they mentioned the importance of support from their families, their own willingness to be considered equal to others, the determination to fight and make their space and be heard in society.

## Evidence on children with disabilities and policy efforts on disability inclusion in the region

**41.1 million** children with disabilities live in West and Central Africa, of the estimated 240 million children with disabilities worldwide. This represents **15% of all children in WCAR**, and is the highest proportion of all UNICEF regions[2]. In some countries, prevalence is even higher, e.g. 27% in CAR, 24% in Chad, or 20% in Sierra Leone (children with all types of functional difficulties aged 2 to 17 years, including significant rates of children who experience anxiety and depression). Evidence is scarce, yet available data[3] suggests that compared with children without disabilities, children with disabilities in West & Central Africa are more likely:

- To be underweight
- To be stunted
- To be out of school
- To experience severe physical punishment by caregivers
- To live in households without access to basic water and sanitation
- To experience significant stigma and discrimination due to negative beliefs and resulting in multiple forms of abuse, violence, abandonment or infanticide.

**Children and adults with disabilities are among the most affected by conflicts and disasters**, as they face barriers to flee impacted areas and are left behind by their families. Those who manage to flee lose accessible housing, assistive devices and means of livelihoods. In inaccessible resettlements, they struggle to access aid, WASH facilities and disability-specific services such as rehabilitation or dedicated MHPSS. Persons with disabilities often experience direct physical and/or psychological impacts from crises, sometimes causing new impairments or functional difficulties. Available data shows that persons with disabilities do not benefit equally from humanitarian assistance, for example a study from Humanity & Inclusion[4] shows

[2] UNICEF global report Seen, Counted, Included (2021).

[33] Data from MICS6 surveys, cited in UNICEF global report Seen, Counted, Included (2021) and UNICEF WCARO regional report In Pursuit of Education for All (2022).

[44] Etude des barrières d’accès des personnes handicapées à l’assistance humanitaire dans les communes de Sakoira, Gabi et Chetimari, Niger, Humanity & Inclusion, 2021.

that in Niger, only 18.6% of persons with disabilities accessed livelihoods, cash or nonfood items (NFI) distributions, and also revealed that one third of heads of households are persons with disabilities.

**Children and youths with disabilities are not a homogenous group and their experiences are extremely diverse**. Some groups, in particular children with albinism, children with autism, children with intellectual disabilities, children with psychosocial disabilities and children with deafblindness face even higher denial of their human rights and are at heightened risk of being institutionalized and of experiencing various forms of violence. Women and girls with disabilities experience multiple and intersecting forms of discrimination, leading to higher inequalities and risks of abuse including sexual abuse. Young people with disabilities experience the combined discrimination related to age and disability and are often denied the capacity to participate in decision-making. These factors get combined with other identity factors that lead to further risk of discrimination and exclusion: children and youths with disabilities in displacement, from ethnic minorities, in rural vs urban areas, living in areas affected by climate change.

Responding to this situation, countries in the region have made **commitments under international treaties and processes**, including:

- Convention on the Rights of Child (CRC): ratified by all 24 countries of the West and Central Africa region[5]
- **Convention on the Rights of Persons with Disabilities (CRPD):** ratified by all 24 countries of the West and Central Africa region; 14 countries submitted their initial State report to the CRPD Committee and 5 countries (Gabon, Niger, Senegal, Togo and Mauritania) went through the reporting cycle, while Benin, Burkina Faso and Ghana are up for review in August 2024.
- Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled: 8 countries ratified and 7 countries signed the Marrakesh Treaty
- Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities (not yet into force): only ratified by 3 countries and signed by 5 countries
- Global Disability Summit commitments: 4 governments (Ghana, Guinea, Cameroon and Sierra Leone) made commitments at the GDS 2022.

**Data and evidence on the situation of children and adults with disabilities is largely insufficient, outdated, or unreliable** (using methodologies that lead to significant underestimation). The lack of a harmonized approach in terms of definitions, concepts and statistical methodologies makes it difficult to produce data on persons with disabilities comparable at national, regional, and international levels. Indeed, prevalence of disability in the 9 countries participating in the Technical Symposium[6] varies from 0,99% in Chad to 5.19% in Senegal. However, 16 countries in WCAR now use the Washington Group Short Set (WGSS)[7] of

[5] Benin, Burkina Faso, Cabo Verde, Cameroon, Chad, Central African Republic, Congo, Democratic Republic of Congo, Cote d'Ivoire, Equatorial Guinea, The Gambia, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome & Principe, Senegal, Sierra Leone, Togo.

[6] Burkina Faso, Chad, Central African Republic, Mali, Mauritania, Niger, Sao Tome & Principe, Senegal and Sierra Leone.

[7] Benin, Chad, Nigeria, DRC, CAR, Gambia, Ghana, Guinea-Bissau, Sao Tome & Principe, Sierra Leone and Togo used the Child Functioning Module as part of their MICS6 survey and Cameroon as part of their ongoing MICS7; Senegal included the Short Set in their census 2013; Mali and Mauritania included the Short Set in their Demographic and Health Survey (respectively 2018 and 2019-21); Liberia included the Short Set in their Core Welfare Indicators

questions in either their national census or surveys and there is a positive trend towards using these more.

**All countries have a disability legislation in place** or in process (see table below), yet disability laws often do not fully align with the CRPD (some pre-date the ratification of the CRPD), including the use of derogatory terminology, discriminatory provisions, failing to address barriers faced by persons with disabilities across all areas of life. Legal frameworks often do not explicitly prohibit discrimination on the basis of disability and do not define reasonable accommodation. Definitions of disability dwell on a medical model and fail to recognize barriers in the environment, or when aligned with the CRPD, it coexists with other definitions. Most countries have set a dedicated disability unit. Several countries have a coordination mechanism in place, yet evidence suggests these are not fully functional.

At the sub-regional level, a **plan on disability inclusion for 2022-2030 was recently adopted by ECOWAS** (June 2024), which shows interest and momentum to strengthen disability inclusion in the region. The plan entails three main priorities: (1) inclusion of disability in all ECOWAS work, (2) bringing laws, policies and institutions into line with the CRPD and (3) building regional partnerships to mobilize resources on inclusion.

| Country | Disability legislation |
|---|---|
| **Burkina Faso** | Loi n° 012-2010/AN du 1er avril 2010, portant protection et promotion des droits des personnes handicapées |
| **CAR** | Loi N°00.007 du 20 déc. 2000 portant statut, protection et promotion de la personne handicapée |
| **Chad** | Loi 007/PR/2007 sur la protection des personnes handicapées |
| **Mali** | Loi n°2018-027 du 12 juin 2018 relative aux droits des personnes vivant avec un handicap |
| **Mauritania** | Law No. 2006-043 on the Protection and Promotion of Persons with Disabilities |
| **Niger** | Loi n°2019-062 10 déc 2019, déterminant les principes fondamentaux relatifs à l'insertion des personnes handicapées |
| **Sao Tome & P.** | Drafting of the Regulation of the National Policy for People with Disabilities in progress |
| **Senegal** | Loi d'orientation sociale du 16 mai 2010 |
| **Sierra Leone** | Persons with Disability Act 2011 (under revision) |

**Disability inclusion in sectoral laws and policies is lagging behind,** with variations across sectors. Disability is poorly or not included in the sectors of health, employment, WASH, or humanitarian response. **Education** is comparatively more advanced, and several countries made commitments to improve the education of children with disabilities by introducing national policies or strategies to build an equitable and inclusive education system. Strong commitments at policy level in Ghana, Sierra Leone, Nigeria and Cabo Verde, although technical and financial capacity to enforce strategies remain a challenge. Where they exist, **social protection** schemes usually fail to address disability-related expenses. Conditions to access contributory social insurance programmes, such as being in formal employment, de facto exclude persons with disabilities. Some targeted social assistance schemes may exist, but are often time-bound, under-resourced and their implementation may be fraught with unfairness. However, there is a recent positive trend of growing commitment from governments to address the impact of multiple

Questionnaire Survey (CWIQ) 2010. In addition, the Gambia also included the Short Set into their Labour Force Survey; Nigeria and Mauritania in their latest census; Ghana into their Study on Global Ageing and Adult Health (SAGE) 2014; Togo into their Survey on Transition to Active Life (Enquete sur la Transition vers la Vie Active, ETVA 2012).

and protracted crises by developing their social protection systems, which provides unique opportunities to mainstream disability.

**Cross-sectoral coordination mechanisms are weak or inexistent.** Community-Based Rehabilitation (CBR)/ CBID strategies aim at facilitating access to services for persons with disabilities, yet geographical coverage is often partial, dependent on INGO funding, and rely on limited technical and financial capacities. The implementation of inclusive sectoral policies is also limited or inconsistent, as provisions of national sector plans are not always fully operationalized at the decentralized level or lack coherence across levels.

## UNICEF West and Central Africa response through the DIPAS regional action plan

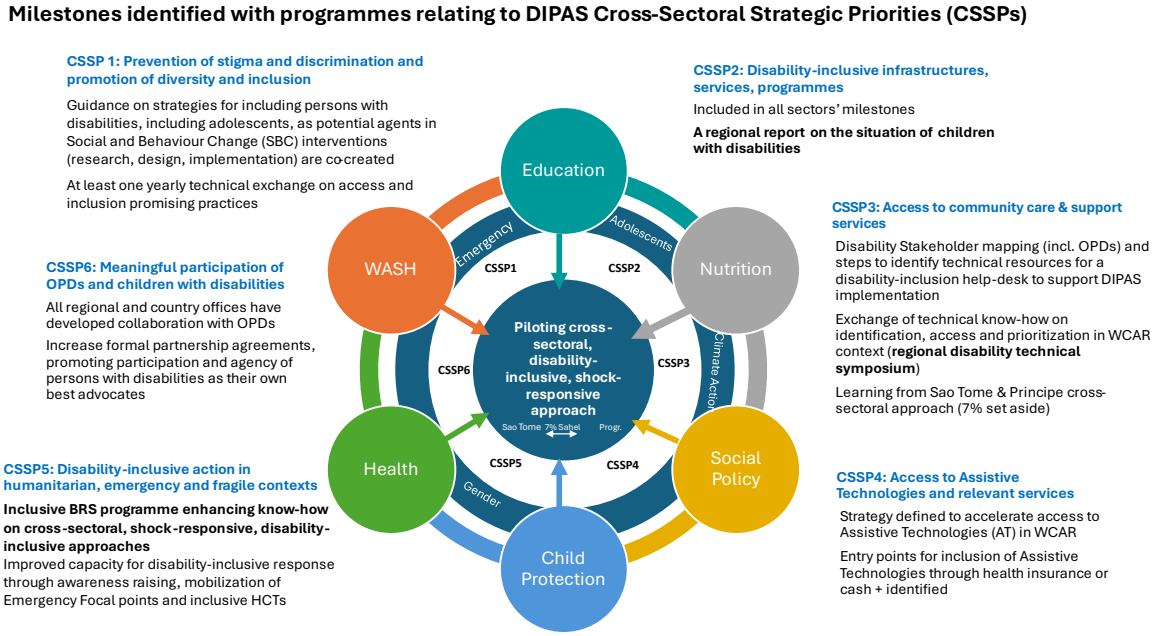
In 2022, UNICEF adopted its first global Disability Inclusion Policy and Strategy (DIPAS), with the vision that all children, including those with disabilities, are supported across the life cycle, to realize their rights and achieve full and effective participation. Through DIPAS, UNICEF commits to mobilize both programmes and operations, and emphasizes six cross-sectoral strategic priorities that are critical to advance disability inclusion as a cross-cutting issue.

Through a participatory process which started at the end of 2023, UNICEF West and Central Africa Regional Office (WCARO) developed its own DIPAS regional action plan, adapted to the realities of the region, and reflecting the perspectives of UNICEF colleagues as well as organizations of persons with disabilities. UNICEF WCARO established its own baseline against the seven global commitments set by the DIPAS (see table below).

| DIPAS commitment (global) | Baseline 2023 for UNICEF WCAR | Target 2025 for UNICEF WCAR |
|---|---|---|
| By 2025, UNICEF will **increase, by at least 2 per cent, its organizational expenditure on disability inclusion** across programmes and operations, in development and humanitarian action, to progressively achieve a target of 10 per cent of total expenditure by 2030. | 3.21% | 5.21% |
| By 2025, UNICEF will progressively **increase the number of employees with disabilities by at least 2 per cent** across all offices, to reach 7 per cent representation by 2030. | 1.5% | 3.5% |
| By 2025, **all UNICEF regional offices will have at least one dedicated full-time disability specialist** for programmes and operations, to coordinate and support disability inclusion. | 0 | 1 |
| By 2025, **75 per cent of UNICEF staff will undergo training** on disability inclusion. | 12 employees | 75% of staff |
| UNICEF will generate **evidence from data insights** and research through dedicated capacity on disability inclusion, to guide programme design and investments. | No regional cross-sectoral report (1 report on education) | 1 |
| UNICEF will **systematically mainstream disability inclusion**, specifically of children with disabilities, **into media communications and advocacy**. | 3 Country Offices report systematic efforts (DIPAS survey) | All 24 COs |
| By December 2023, UNICEF regional and headquarters Divisional Directors will develop divisional/**regional action plans on DIPAS.** | 0 | 1 |

While the DIPAS regional action plan will be validated and launched by the end of 2024, a snapshot of its programmatic strategy was presented to introduce UNICEF regional priorities to advance disability inclusion, with a focus on cross-sectoral work. Across the three days, participants were invited to identify and record examples of good practices, innovations, learning that could contribute to enact and advance disability inclusion, mapping these across the various areas of the DIPAS action plan. The diagram below was used as a key framework.

Diagram: excerpt of UNICEF WCARO DIPAS theory of change:




## Session 2 – Mapping of initiatives advancing disability inclusion in West and Central Africa

*Moderated by Silène Almeras Martino, Coordinator of the Building Resilience in Sahel (BRS) programme at UNICEF WCARO*

Experiences and innovations were presented by participants in a rotating World Café mode.

Examples of initiatives and strategies in the region are listed in Annex.

## Session 3 – Ensuring equitable access to inclusive services for children and youths with disabilities in West and Central Africa

*Moderated by Priscille Geiser, Disability Inclusion Consultant at UNICEF WCARO*

*Link to presentations used for Session 3 - introduction*

Children with disabilities are not all vulnerable but are disproportionately represented amongst the most vulnerable children in WCAR. Ensuring they are not left behind requires **approaches that acknowledge, identify and respond to disability-related discrimination[8] and actively promote inclusion, including through the provision of reasonable accommodation[9]**. Disability is not an attribute of the person but is a restriction of participation due to the negative interaction between persons with impairment and barriers and lack of support in the environment. Consequently, the dimensions of a comprehensive response to ensure inclusion of persons with disabilities across sectors must include a combination of three key components: (1) removing barriers, (2) providing support to individuals and (3) ensuring meaningful engagement of persons with disabilities through OPDs.

**Removing barriers**: There are preconditions for inclusion that will help all sectors to become inclusive, such as accessibility, awareness-raising, non-discrimination and affirmative action. Ensuring accessibility of the environment requires the adoption and enforcement of standards covering the built environment, transportation, information and communication. Raising awareness is essential to challenge and overcome negative beliefs towards persons with disabilities, and for some groups such as persons with albinism, this can be life-saving. Ensuring non-discrimination implies the provision of reasonable accommodation by all public and private entities providing services to the public. In order to leave no one behind and reach the furthest behind first, all sectors should pay attention and make deliberate efforts to removing barriers that discriminate children and youths with disabilities to access on an equal basis with others.

**Providing individual support:** In order to fully participate in their communities and exercise all their rights, persons with disabilities often require support to facilitate their participation and have control over their own lives. For many persons with disabilities, access to support is a basic precondition for participating in society and living with dignity, which enables them to have better control over their own lives. Without them, many would not be able to communicate, get out of bed, bathe, eat, go to school, got to work, feel comfortable with other people or participate in community activities and public life. Individual support needs evolve across the life cycle and diverse layers of identities, and people have different support requirements in various life

[8] Disability-based discrimination is defined by the CRPD as any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

[9] Reasonable accommodation is defined as the necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. For example, Christine Corréa mentioned that her classroom was shifted to the ground floor, which represented a realistic, relevant adaptation of no or limited cost for the school to enable her to learn with other students (Session 1).

domains. The type and extent of support required by individuals depends on the barriers in their environment, their functional difficulties, and the level of participation they seek.

**Meaningful participation of persons with disabilities:** As representatives of persons with disabilities, Organizations of Persons with Disabilities (OPDs) play a critical role in ensuring that responses are relevant to persons with disabilities and based on their priorities. Creating the conditions for meaningful participation of OPDs may require investment in developing their capacity to engage, with attention to participation of the diversity of persons with disabilities including underrepresented groups.

When States provide support to individuals (such as assistive technology, habilitation and rehabilitation, mental health and psychosocial support, support services, social protection) *and* remove barriers (through ensuring accessibility, non-discrimination and raising awareness), then a virtual circle of inclusion is created. Community mainstream services, infrastructure and information generates more engagement, more awareness, more accessibility, more support, which brings about more opportunities and confidence for persons with disabilities and their families to participate. Both removing barriers and providing individual support will always be needed, but the less government removes barriers, the more individual support will be needed.

With only seven years left to achieve the SDGs, participants then split into three parallel sessions to review existing practices and discuss the priority interventions to ensure that children and youths with disabilities are not left behind, and how to do more, at scale.

## 3 a. Inclusive Education

*Moderated by Arpana Pandey, Education Specialist and Regional Disability Focal Point at UNICEF WCARO and Haritz Goya Lujambio, Education Specialist at UNICEF WCARO*

*Presenters for Session 3a also included Noaga Sawadogo, member of the Association of Persons with Albinism of Burkina Faso (ABPA), school teacher and father of three children with albinism; Clarisse Mogueldé Remadji, administrative director of the Comité de Bourses pour Enfants Handicapés et Enfants Nécessiteux (COBEHN) in Chad and a woman with a physical disability; Sandrine Bohan-Jacquot, Inclusive Education Technical Advisor at Humanity & Inclusion; Nafisa Baboo, Global Inclusive Education expert, CBM (excused).*

*Link to presentation used for Session 3a and link to education resources*

**Key facts and figures:**

- 57 million children, adolescents and youth are barred from attending school in West and Central Africa, representing almost a quarter of the 236 million children out of school worldwide. In Burkina Faso, Chad, Mali and Niger, more than half of all children and adolescents do not have access to education. Over the school year 2021-22, the number of closed schools increased by 66% in the Central Sahel region alone (affecting an estimated 5 million children)[10].

[10] UNICEF WCARO, 2022 and Education Under Attack, Sep 2022

- Data from MICS in the region shows that **children with disabilities are unable to access early childhood education at the same level as their peers, are more likely to be out-of-school and to experience gaps in foundational reading skills**[11].
- **Gaps in school attendance between children with and without functional difficulties grow at primary level and more drastically at lower secondary level** (with 33% for children with no functional difficulties, compared with 25% for children with any functional difficulties and multiple functional difficulties)[12].
- **17%** of the 72 million children who are out of school because of emergency and crises are children with disabilities[13].
- Between 2014 and 2018, less than 2% of all international aid was directed toward individuals with disabilities and less than 0.5% targeted disability inclusion[14]. The education sector only receives 2,9 % of global humanitarian financing while the UN objective is of 4 %.

**Key challenges discussed**

- **Stigma, prejudice, negative attitudes from communities**: teachers, parents, other children do not believe in the potential of children with disabilities to learn.
- **Accessibility issues**: Schools infrastructures including WASH, transportation services to school are not accessible; teaching materials are not accessible to all; in times of crisis, damage to infrastructures, including roads, transportation services and hospitals further deteriorates access;
- **Shortage of specialized skills and lack of complementary support services**: distance to centers or specialized classrooms teaching Braille, Sign Language; limited access to assistive technologies, tailored MHPSS and rehabilitation; lack of access to transportation; during crises, assistive devices such as wheelchairs or hearing aids can get lost or be damaged.
- **Shortage of teachers, gaps in teacher training, pressure on teachers:** Teachers are not trained in inclusive education, not all teachers can realistically be trained in inclusive education at an advanced level; teachers must overcome enormous obstacles, including damaged facilities, insufficient teaching materials, intermittent school closures, and adapt to remote and hybrid classes; in displacement and refugee contexts, teachers face specific challenges related to overcrowded classrooms, diverse learning needs, languages and educational pathways and, in many cases, high level of distress amongst children living in humanitarian contexts not mentioning their own (teacher) potential level of distress.
- **Lack of data**: insufficient evidence on access to school / out-of-school children with disabilities, acquisition of foundational learning skills, extra costs of access to education for families of children with disabilities
- **Lack of financial resources**: lack of opportunities in the public sector for children with visual and hearing impairments (ex: Chad); lack of financial support to education overall and to specialized resources for children with disabilities; financial constraints in times of crisis often disrupt the payment of teachers' salaries, which has an impact on their motivation and retention; rigid financing models can limit the capacity to reallocate resources rapidly, or to adapt teaching programmes to address new needs.

[11] In Pursuit of Education for All in West and Central Africa, UNICEF WCARO, 2022.
[12] Ibid.
[13] Crisis-affected children and adolescents in need of education support: New global estimates and thematic deep dives, Education Cannot Wait, 2023.
[14] Global disability financing in the context of Covid-19, Development Initiatives, 2022.

**Opportunities and priorities to improve access to education for children and youths with disabilities in fragile contexts**

**Awareness-raising** can be a game-changer impacting the daily life of children with disabilities, when teachers, parents and other children start to have positive attitudes. Attitudes of children at school are influenced by what they hear from parents at home, such as fears that the presence of a child with a disability will slow down the learning of other children (for which there is no evidence anywhere). Ensuring participation of children with disabilities should be a focus, including through community participation and awareness. Individual examples show how students can thrive thanks to the support of a schoolmate (personal experience from Fily Sidibé). Raising awareness of teachers when introducing the Child Functioning Module - Teacher Version had a positive effect on their attitude towards students with disabilities, for example when they realized that some children where not lazy or careless but simply could not hear or see well (HI) or had difficulties to concentrate or remember because of distress or anxiety. Encouraging children with disabilities to volunteer for leadership roles such as class representative is also a way to promote capacities and visible participation (ABPA, Burkina Faso). Understanding barriers and facilitators including community attitudes is an important precondition for working on improving the demand for access to education (UNICEF CAR).

**Training teachers and other resource persons:** Common training is essential for all teachers focusing on the basics of disability inclusion. Realistically, more advanced training can be focused on volunteering inclusive education teachers or resource persons with a specific role, for example to support teachers to adapt training curriculum. Identifying key resource people will be different in each context – if not one in each school, at least one in each commune. Training a specialist in inclusive education tasked with training all other teachers was planned in Niger, working in 6 communes, with 10 teachers in each commune trained in inclusion of children with visual and hearing impairments (Together for Inclusion project (TOFI), FNPH). Unfortunately, as OPDs were sidelined, government reverted to Braille training for two weeks only, with poor outcomes in Braille learning. Another example is in Mali where MHPSS modules were included in teacher training to address the needs of many children affected by conflicts, but also foster broader inclusion by focusing on positive pedagogy, creating the conditions for supporting self-esteem among all children, and strategies to start to tackle learning difficulties.

There is a need for expertise on specific skills that are part of an inclusive education, initially this expertise may be located in a specialized school, with the idea to share and open it more widely. Specialized schools should not be places for segregated teaching, but resources that shift to transition classrooms, where teachers and children can acquire skills that they impart more widely across the mainstream system (UNICEF CAR). Support to teachers is critical and several modalities can be used: older persons from the community, apprentice teachers, mobile teachers with specialized skills (HI). The challenge is to ensure sufficient resources and find the right way to spread these, for example mutualizing one support person for ten children with disabilities enrolled in various levels was challenging so solutions are being explored to train and mobilize resource persons (UNICEF Senegal).

In situations of crises, the role of community members becomes even more important, for example identifying a person who speaks Sign Language was a first solution to build a first non-formal education programme for deaf children and also connect Deaf children with each other through remote video on tablets to break isolation (HI, Chad). Sometimes children with

disabilities can do a double shift attending 4 hours of mainstream schools and additional support training in the afternoon. Other examples include mobile teachers, who teach groups of children with disabilities in a locality, follow-up with families in case of absence, progressively train other teachers (HI).

**More and more flexible funding**: Continuous advocacy is needed to demand more investment in inclusive education, including specific funds to meet the needs of learners with disabilities while enhancing overall quality of education for all. It is important to ensure that humanitarian and development efforts are guided by flexibility and coherence, to avoid interruptions in the provision of inclusive education and to maximize the long-term sustainability of education outcomes (HI). Investing in training and support for teachers and education staff in times of crisis is essential, for example ECW has an objective to reach 10% of children with disabilities of all the children targeted by their programmes.

**Multisectoral coordination**: Strengthening collaboration across sectors beyond education is critical, so that all children and youth with disabilities can access the support they need to attend and learn. In times of crisis, the demand for addressing children's associated needs increases, and schools can become platforms facilitating access to food, protection (HI). Working closely between Education and Social and Behavior Change (SBC) is critical to work on community awareness and increase the demand for access to education from parents of children with disabilities (UNICEF CAR).

## 3 b. Inclusive Health and Nutrition

*Moderated by Amal Ben Ameur, Nutrition Specialist at UNICEF WCARO and Cheikh Seck, Director of Sightsavers in Senegal*

*Presenters for Session 3b also included: Amalie Quevodo, Sexual and Reproductive Health Specialist at Sightsavers, Rachida Ouameur, Regional Advisor on Emergency and Protection Focal Point, Natalia Mufel, Programme Specialist at UNICEF HQ, Fred Kagwire, Health Specialist at UNICEF Uganda.*

*Link to presentations used in Session 3b and link to resources on Session 3b*

**Key facts and figures:**

- Globally, children with disabilities are **25% more likely to be stunted** and **34% more likely to be stunted** than children without disabilities. They are also **24% less likely to receive early stimulation and responsive care**[15].
- A systematic review of the association between malnutrition and childhood disability in low- and middle-income countries shows that children with disabilities are **3 times more likely to be underweight, 2 times more likely to be stunted and 2 times more likely to be wasted**[16].
- Children with disabilities are **26% more likely to experience acute respiratory infection** compared to children without disabilities. Children with multiple disabilities in the poorest

[15] UNICEF DIPAS.

[16] Kuper, h., Hume-Nixon, M. The association between malnutrition and childhood disability in low and middle income countries: a systematic review and meta analysis of observational studies, 2018.

wealth quintile have **lower basic vaccination coverage** (34%) compared to the average child without disabilities (58%)[17].

- People with disabilities have **more than double the risk of developing conditions** such as diabetes, stroke or depression. Inaccessible health facilities are **up to six times more hindering for people with disabilities** compared to people without disabilities. People with Down Syndrome **die 20 years younger**, on average, than the general population. Mortality rates for people with a learning disability are **six times higher** than the general population[18].

Persons with disabilities have the same rights to health, including sexual and reproductive health, as any other person (CRPD Articles 25, 23), however they face huge inequalities (see figures above), caused by inaccessible health infrastructure and communication, stigma and discrimination within families, communities and the health sector or a disproportionate financial burden to access services and products.

**Persons with disabilities – and especially women and girls – are subject to practices such as forced or coerced sterilization, contraception and abortion**, including linked to the belief that persons with disabilities will inevitably give birth to children with disabilities and the mistaken assumption that they will not be able to care for their children well enough. In Nigeria, Sightsavers worked on **inclusive family planning** through a consortium project, compiling SBC, accessibility audits of 23 healthcare facilities and priority renovations, an advocacy strategy with OPDs and disability inclusion and health equity training for 1,500 service providers. Through the WISH project in 8 countries of West Africa, Sightsavers provided technical assistance to MSI Reproductive Choices, produced a training kit for SRHR on disability inclusion, including informed consent and safeguarding, piloted in Nigeria. This was completed with capacity building of consortium partners and a National Policy Dialogue on Health Equity for Persons with Disabilities with the Nigerian Federal Ministry of Health and WHO.

**Participatory approaches to assess and promote disability inclusion within health** were also developed by Sightsavers using the Disability-Inclusive ScoreCard (DISC), and piloted in Senegal. Using multi-stakeholder, collaborative approaches was useful in building the ownership of proposed solutions by service providers, building their awareness and improving collaboration between OPDs, services and officials.

UNICEF has developed resources on disability-inclusive nutrition and health (see Annex) and some are being updated and adapted, for example UNICEF in Palestine is currently working on the **adaptation of the Community Infant and Young Child Feeding Package to ensure that provisions for addressing feeding difficulties are incorporated**. It helps workers to recognize the risk of malnourishment for children with disabilities and suggests solutions to common feeding difficulties (such as for children who have difficulty controlling their head or body, children with persistent difficulty chewing or swallowing, and children with difficulty self-feeding).

In Lesotho, UNICEF used **early identification of developmental delay and linked this with nutrition screening**, with referral to health centers organized as needed for access appropriate services (early identification, baseline and follow-up of progress). The model was tested in 55 sites and is now incorporated into the government system.

In Nepal, UNICEF has been working to promote micronutrients to prevent disabilities, detect risks in nutrition screenings and build capacities. **Combining nutrition and cash transfer**, a Child

[17] Missing Billion report (2022)
[18] WHO Global Report on Health Equity for Persons with Disabilities (2022)

Nutrition Grant has been created targeting mother's group through the Nepal Nutritional Plan, combining also with a food security and nutrition programme targeting indigenous persons with disabilities and school feeding (in partnership with WFP).

Disability inclusion is part of WFP ambitions, but interventions are still at an early stage. WFP uses the Washington Group questions to identify persons with disabilities and ensures that when households are identified, food distribution is done at home to reduce the need for persons with disabilities to travel to the distribution site. Cash transfer is done particularly with youths with disabilities. In Guinea Bissau, WFP works on nutrition in health centers since 2020 (HI, MoE and WFP) to target children with disabilities, also **incentivizing access to school through access to food** at the school canteens, take-away food rations. WFP also supports food gardens at school whereby children with disabilities alongside other children learn to grow a vegetable garden.

UNICEF Uganda presented experiences of **mainstreaming interventions for disability in a childhood into the health sector**, combining detection, intervention and working at community level to create a demand for integrated services. The capacity building component targeted master trainers and was cascaded with district trainers who in turn train health workers, teachers, para social workers, community health workers and others. The identification and screening component uses the Malawi Development Assessment Tool (MDAT) and integrates vision and hearing screening into MNCH, uses community-based interventions for developmental screening done in immunizations clinics and with community health workers (using a simplified MDAT). Developmental support interventions happen at community level, with caregiver skills training sessions over 9 weeks, a Motor Development Support module, and raising the demand through community mobilization, connecting with disability grants and income generation activities.

**Discussion and recommendations:**

Participants discussed the importance of adopting a twin track approach combining inclusion in mainstream health and nutrition interventions and outreach and support through disability-targeted programmes, also working in partnership with people with disabilities and OPDs (with attention to diversity, underrepresented groups and persons with disabilities most at risk of exclusion). They stressed the importance of early detection of developmental delays and risks of impairments and the role of health and nutrition services.

**Interventions to remove barriers for equal access to health and nutrition** include for example: creating guidance on disability inclusion in food distribution programmes; identifying a specific budget line and monitoring indicators to promote disability inclusion and work through existing mainstream health and nutrition programmes; awareness to include disability into the national health sector plan of governments; working with community health workers to strengthen identification across existing systems; assessing and improving accessibility of health infrastructure and information (Sightsavers) and developing a light 'score card' type mechanism to ensure equal access to health and nutrition centers ; in-service training for professionals but also pre-service training (midwife schools, training of community health workers, etc.) can help systematize disability-inclusive health approaches paying specific attention to all types of functional difficulties.

**Targeted interventions to ensure direct support to children with disabilities and their families** may include: provision of direct support for families and include nutrition into ECD

services; access to assistive products; prioritization of families of children with disabilities in social protection and food supplementation programmes; functional rehabilitation to develop motor skills of children who experienced malnutrition (HI) as well as psychosocial stimulation of children experiencing malnutrition and Mental Health and Psychosocial Support (MHPSS) to tackle potential psychological difficulties of parents/families to "invest" in the relationship with their child with disabilities.

**Examples of multisectoral packages of interventions** (or opportunities for future interventions) were discussed: in Mauritania, the BRS program creates diagnostic opportunities in the first 1000 days of life, in which early detection could be integrated; school feeding programmes and school gardens could be made inclusive in collaboration with WFP.

**Examples of adaptations to low-resource contexts** were mentioned, such as the adaptation of tools, as health workers workload is very high: in Uganda the MDAT (which takes about 40 min to administer and is used to appreciate developmental stages and the potential risks of developmental delays for children below 5) was adapted into a shorter version which took 10-20 min by community health workers and the use of tablets also helped to save time; low-cost local solutions and communities are creative in adapting international accessibility standards that are sometimes expensive to local realities (WASH, HI).

### 3 c. Advancing the rights of adolescent girls with disabilities

*Moderated by Shelly Abdool, Adolescents Regional Advisor at UNICEF WCARO*

*Link to the presentations used in Session 3c and link to resources on adolescent girls*

The group discussed barriers faced by adolescent girls with disabilities, and highlighted the diversity of experiences, with varying barriers according to the type of disability, as well as age and gender. Five levers of inclusion were identified as core priorities for impactful programming, including:

- **Family as the first lever of inclusion**, the importance of investing in parents and family members as the first support network, as well as awareness raising in the broader community to combat stigma
- **A comprehensive package of accessible services designed with and for adolescent girls with disability as the second lever of inclusion**, covering specific sectors such as sexual and reproductive health, education, menstrual hygiene management, civil registration and access to justice/legal capacity, participation and decision-making, social protection, economic empowerment, leadership of girls with disabilities, and the response to violence against women and girls with disabilities
- **Building networks of girls and allies as the third lever of inclusion**, for example by investing in existing support structures ("cellules d'écoute" or other forms of psychosocial support interventions, safe spaces dedicated to girls) to make them more inclusive or creating such structures for girls if they do not exist; and by supporting women and girls with disabilities to engage in advocacy and monitoring of their rights.
- **Transforming the legal and policy framework as the fourth level of inclusion,** including by challenging the fact that gender policies are insensitive to the issue of disability and age.
- **Improving data as the fifth lever,** through tools such as the Washington Group short set, but going beyond to identify qualitative evidence that can be used by everyone, including women and girls with disabilities themselves.

As next step, participants decided to form a discussion group that will continue this exchange beyond the symposium and will be extended to more young women.

## Session 4 – Ensuring access to support services and systems for children and youths with disabilities

*Introduced by Priscille Geiser, Disability Inclusion Consultant at UNICEF WCARO*

*Links to presentations used for Session 4*

For many persons with disabilities, **access to support is a basic precondition for participating in society and living with dignity**, which enables them to have better control over their own lives. Without these, many would not be able to communicate, get out of bed, bathe, eat, go to school, got to work, or participate in community activities and public life. Since the adoption of the CRPD, there has been a growing attention to accessibility and mainstreaming disability – removing barriers– but much less to ensuring support services for inclusion.

This is particularly the case in low- and middle-income countries (LMICs), where formal community support services for persons with disabilities are underdeveloped or just non-existent, and persons with disabilities rely mostly or solely on their families and communities to get the support they need. This increases the likelihood of children and adults with disabilities to live in poverty, experience abandonment, violence and neglect. The lack of community support services can also make persons with disabilities overly dependent on family members, which impacts the social and economic opportunities of both the individual with disabilities and their families, with significant gender implications.

For this session, a focus was placed on two types of support services and interventions that can make a significant difference in the lives of children and youths with disabilities and their families: access to assistive technology and cash transfers.

### 4 a. Access to Assistive Technology

*Moderated by Gopal Mitra, Global Disability Lead at UNICEF Headquarters*

*Presenters for this session included Henri Bonnin, Senior Programme Manager at AT Scale; Sonia Preite, Education Specialist and Disability Focal Point at UNICEF Senegal; Issa Barrage, Global Lead on Inclusive Humanitarian Action at HI; and Siddo Oumarou, Technical Resource Person from the Niger Federation of OPDs (FNPH).*

*Link to presentations used for session 4a and link to resources on AT*

**Key facts and figures:**

- Today, **an estimated 2.5 billion people around the world need some form of assistive technology**. With the world's population increasing and the ageing of the population, this number is set to grow, potentially reaching 3.5 billion by 2050.
- While in high-income countries, 9 out of 10 people have access to the assistive technology they need, in low- and middle-income countries, this is the case for **only 1 in 10 people** (AT Scale).
- AT in Africa is characterized by weak governance, inadequate domestic funding, limited procurement systems, shortage of skilled personnel, insufficient service provision, research gaps and lack of preparedness and response plans for access to AT in emergencies (WHO).
- WHO developed a Framework for Improving Access to AT in the WHO African Region adopted in 2021. Other stakeholders active on AT in Africa include: AT Scale, Clinton Health

Access Initiative (CHAI), Global Disability Innovation Hub (GDI Hub), CBM, Humanity & Inclusion, Sightsavers, the African Community on Assistive technology (ACAT), the African Federation of Rehabilitation Professionals (FATO), the African Organization for the Development of Centres for Persons with Disabilities (OADCPH), based in Togo.

**Access to Assistive Technologies is a precondition for participation for many persons with disabilities.** Making services accessible is critical but not sufficient if children with disabilities cannot reach the service, access communication, see the school board, etc. Access to AT is also a matter of dignity: without a wheelchair, some people have to crawl to move around. AT is cross-sectoral: AT for learning, for employment, through health. In humanitarian contexts, AT have a life-saving function (fleeing conflict zones, accessing critical information). Strengthening access AT requires not only consideration for products/ assistive devices but the ecosystem of services that are also required, including assessment, prescription, fitting, training to use and maintenance. UNICEF has been playing a unique role in shaping the AT market and bringing down costs to 10% of the market price for example for hearing aids. UNICEF Supply catalogue offers access to a range of AT (hearing, vision, incontinence…) and should be used to facilitate access in low- and middle-income countries, where less than 10% of the people who need it have access to AT.

**AT Scale** recalled the importance of identifying needs at an early age, the critical role of AT to as cross-sectoral interventions that contribute significantly to the Sustainable Development Goals (SDGs) and are essential for education, health and poverty reduction, access to employment. Innovation and investment in new technologies is critical and has a significant positive impact economically: a study conducted by AT Scale demonstrated that one dollar invested in assistive technology generates a return on investment of nine dollars.

As a global partnership operating in 28 countries, AT Scale works with governments and various partners on 3 main components: (1) improving legal frameworks to facilitating access to AT in compliance with the CRPD, including the review of social protection systems; (2) global public goods to shape the market and improve AT visibility; and (3) advocacy to improve the understanding around the importance of AT and generate adequate and sustainable funding. Donors and partners who are part of the Executive Board include UNICEF, WHO, the EU, the governments of Australia and the United Arab Emirates.

**In Senegal**, UNICEF has been working with AT Scale through a tripartite cooperation with the government and WHO to lay the foundation for improving access to AT, which is very limited at regional level. UNICEF's role will be to ensure screening at school level and to support the purchase of AT for children with visual and mobility impairments. The Social and Behavior Change (SBC) section will play a crucial role in raising awareness against stigma and mobilizing the support of communities to support identification. OPDs will play a key role through their direct access and in-depth knowledge of local communities, but also to set inspiring examples for children. Training will be organized for school staff on the first level of screening for children at school, with the objective of strengthening referral to health services.

**During shocks and humanitarian crises**, most systems are disrupted and persons with disabilities often lose their assistive devices as well as support from their social networks. Standardized humanitarian responses to situations of displacement often don't consider the diversity of persons with disabilities. Addressing this, Humanity & Inclusion (HI) influences Rapid Response Mechanisms by deploying specialists during the first assessments after a shock. These

specialists pre-identify people in need of assistive devices, and distribution is organized. On site, Inclusion Focal Points, who are members of the IDP or host communities pre-identified and supported by HI, identify persons with disabilities in need of AT. Local Inclusion Committees established in crisis-prone areas also serve as a mechanism to prioritize these needs. HI also works through a referral system, raising awareness among other humanitarian actors who identify persons with disabilities in need of AT among their beneficiaries. A monitoring system ensures the continued delivery and follow-up of AT needs including maintenance and repair as communities continue to move.

**The Nigerien Federation of Persons with Disabilities (FNPH)**, in collaboration with Education Cannot Wait, Inclusion International and the International Disability Alliance (IDA), has been implementing a project on access to education for children with disabilities in emergencies, including identification of barriers that hinder access to education in emergency situations. Fostering access to AT requires considering local solutions that are adapted to diverse realities: for example, using a wheelchair is almost impossible in rural areas of Niger, but locally made tricycles are more adapted for rough terrains. Increasingly, local solutions are being considered as alternatives, such as accessible beds, which also supports local producers. During COVID-19, as radio programmes were produced for distant learning, FNPH worked to produce key lessons in video formats using local sign languages, and these were loaded on basic but robust tablets with a solar charging system. These benefitted 150 children in 4 communes with a cost of 60,000 XOF per device, but producing these on a larger scale would further reduce the cost.

## 4 b. Access to cash transfer

*Moderated by Sara Rose Abdoulaye, Social Policy Specialist at UNICEF WCARO*

*Presenters for this session included Alexandre Cote, Social Policy and Disability Inclusion Specialist at UNICEF HQ, Siddo Oumarou, Technical Resource Person from the Niger Federation of OPDs (FNPH); Valentina Prosperi, Chief of Social Policy at UNICEF Mauritania.*

*Link to presentations used for session 4b and link to resources on cash transfer*

**Cash transfers and persons with disabilities in Africa**

Social protection includes social assistance programs, such as cash or in-kind transfers. It also includes social insurance, such as health insurance and social security, as well as labor market interventions. In the West and Central Africa region (WCAR), the main focus is on social assistance and insurance. The social protection system encompasses all these programmes, as well as related social services.

**Inclusive social protection systems** concern everyone, regardless of age, background or living conditions and also take into account the life cycle as needs change. UNICEF aims for comprehensive, adequate and sustainable social protection, covering all the risks to which a person may be exposed, varying according to specific needs. It is important to provide additional support to marginalized groups to make things more equitable. Inclusiveness means that all beneficiaries of these programmes participate in the dialogue (workers' organizations, civil society, women, persons with disabilities, children, the elderly, etc.). In WCAR, **cash transfer social protection programmes mainly target the poorest households, but UNICEF's approach is based on the coverage of all people at high risk**, taking into account household members, their specific expenses and the challenges they face. UNICEF's approach is twofold:

on the one hand, to ensure the inclusion of persons with disabilities in existing programmes by integrating them and adapting programmes to their needs; on the other hand, to develop programmes that are disability targeted.

**The basic approach to cash transfers targets poor families, not persons with disabilities themselves.** In Ghana, Malawi and Ethiopia, household with constrained capacities are targeted, including households with many children, with persons with disabilities and older persons. In contrast, in Kenya, a disability allowance exists for families with persons with disabilities who cannot work, as a disability-specific scheme, yet still intended for families: if the person with a disability is not the head of the family, s/he does not have access to it. Adaptations are possible, for example through raising the income threshold to give the cash transfer to the family if there is a person with a disability. In Zambia, the cash transfer system for poor families includes a double amount if there is a person formally recognized as a person with a disability with a certificate.

**Individual support schemes** also exist in Africa, such as disability pensions linked to social security, and the disability allowance for people recognized as unable to work in South Africa. In Namibia, the Universal Disability Allowance is granted regardless of employment status, recognizing the additional costs associated with disability. There are also allowances specifically for children with disabilities, but sometimes, disability allowances only concern adults and not necessarily the elderly or children. In Senegal, a hybrid approach has been adopted, with both a support for poor families, and a similar amount that persons with disabilities who own the disability card and earn less than 50,000 XOF per month are entitled to, cumulating with the family support.

**Participatory development of an inclusive social safety net, with the active engagement of organizations of persons with disabilities in Niger**

Initially, a study was conducted by the Nigerien Federation of Persons with Disabilities (FNPH) on Niger's social protection policy, to assess the inclusion and protection of persons with disabilities. Three funding mechanisms were planned, including (1) setting aside 1% of Niger's GDP for social protection (yet from 2011 to 2022, this fund was never created and no budget was allocated); (2) mobilizing national solidarity through Zakat and tithing (yet no funding has been secured through this mechanism); and (3) seeking donor support. On the latter, external funds have been provided, in particular by the Prime Minister's Office through social safety nets, however, it was not possible to determine the share of this funding that benefitted persons with disabilities.

Following this analysis, a unit dedicated to solidarity and social needs was set up and donors financing social safety nets were approached. With UNICEF, a study was carried out to propose a system of inclusive social safety nets to support people with disabilities, including technical aids and disability-related costs. With the financial support of UNICEF, 3,550 people with disabilities were supported. In collaboration with the social safety nets and the new department created at the level of the Prime Minister's Office, a project was designed, identifying potential priority groups for support, prioritizing children with disabilities to support their access to education, as well as girls and women for income-generating activities. A complementary project to establish an Equal Opportunity Card (planned since 1993 but never implemented) has also been identified, with the idea to identify the potential beneficiaries of this card at the same time as those of the social safety nets.

Steering committees, led by the two government structures (the social safety nets at the level of the Prime Minister's office and the directorate in charge of disability issues), the FNPH and UNICEF, have been set up to ensure the smooth running of the project. The project also includes knowledge generation, with studies to be carried out by the FNPH on disability-related extra costs, and by UNICEF on pre- and post-allocation surveys of cash transfers with the social safety nets of the Prime Minister's Office. An additional study on carers will be carried out by the Federation and UNICEF to enrich the project. The project has been on hold since the coup in 2023.

**Inclusive cash transfers targeting people with disabilities in Mauritania**

With the COVID-19 pandemic, Mauritania took advantage of a shock to initiate a process of channeling social protection for persons with disabilities, in collaboration with the government. Resources have been mobilized and a collaboration has been established between UNICEF and the Ministry of Social Affairs, Children and Family (MASEF). The Ministry's list of persons with disabilities has been shared with the State's cash transfer programs which enabled to reach 10,000 persons with disabilities. Since then, persons with disabilities are part of the populations eligible for social transfers from State programmes. This project was carried out in partnership with the Ministry responsible for social protection and the State programmes responsible for social transfers. UNICEF has also facilitated the distribution of disability cards, which gives access to a range of rights and services, including health insurance, and an income-generating activities component.

During plenary discussions, participants highlighted that **access to cash transfer to compensate for the extra costs faced by children with disabilities and their families can be life-saving and a critical element of child protection**: although more needs to be documented, HI for example reports cases of disappearances for youths with albinism as they were considered a financial burden for their families, and cases of girls with disabilities being married at a very young age so that extra costs related to health expenditures would fall on their husband's family (Study on Burkina Faso, Niger, Mali on girls access to education).

Other points discussed during group work included:

- The importance of income generating activities to complement cash transfer, and the need to learn how to make these inclusive.
- Getting money contributes to the feeling of self-worth and dignity for persons with disabilities, once the person is no longer a financial burden for their family but contributes to the household income.
- Cash transfers should be multisectoral and not done in isolation, but connected to education, health insurance, AT, IGA, transportations, etc. Coordination can be done at the level of Social Protection, with representation of different Ministries.
- OPDs can play a critical role in supporting social protection coordination at the central and decentralized levels.

## Session 5 – Challenges and opportunities with the identification of children and youths with disabilities

*Moderated by Alex Cote, Social Policy and Disability Inclusion Specialist at UNICEF Headquarters*

*Presenters for this session included Valentina Prosperi, Chief of Social Policy at UNICEF Mauritania; Mona Korsgard, Social Policy Specialist at UNICEF Sierra Leone and Yatma Fall, President of the West African Federation of Organizations of Persons with Disabilities (WAFOD).*

*Link to presentations used for session 5 and link to resources on disability identification*

Identifying persons with disabilities is necessary for different reasons:

1. **Identify children working age adults and older persons with disabilities** … and their needs and the barriers they face: How many people have a disability? What are their characteristics? Where do they live?
2. **Prioritize persons with disabilities because they are most marginalized, and face risks** and if not prioritized will likely be left behind: What are the gaps in poverty, employment, education, access to services, etc. for diverse groups of persons with disabilities (considering age, gender, location)?
3. **Address progressively disability-specific issues by removing barriers and providing support**: What kind of human assistance, assistive devices, home adaptation (…) do people need for basic survival and to overcome the existing barriers to their participation education and employment?

Tools and methods for identifying persons with disabilities will vary depending on the purpose of identification, including situation analysis, the design of programs and policies, inclusive delivery of services, monitoring and evaluation. Sources of data include censuses, general surveys (Labor Force Survey, Household Income and Expenditures Survey, Demographic and Health Survey), disability surveys, administrative data and disability assessment.

**15%?** There is not necessarily an absolute number of persons with disabilities that inform all policies but there are different estimates of the number of people experiencing different levels of disability, barriers and support needs which can be addressed by combination of different policies (non-discrimination, inclusive education and health, social protection). World-wide, it is estimated that 2-4% of the population experience severe disability which may lead to high support needs (and who usually are targeted for disability-specific social protection support). The global estimate of 15% includes these 2-4% and adds persons with significant disability who would require some support, assistive products and inclusive environment for daily activities.

**Identification in routine census and surveys, baseline, evaluation disability survey**

Examples include the use of the Washington Group Short Set of questions into large surveys and data collection processes to disaggregate data by disability – analysis in process for the BRS Programme baseline.

It is important to consider the **types of functional limitations** of the population of persons with disabilities. In WCAR, first analyses of MICS data shows very high prevalence of signs of anxiety and signs of depression among children. While this calls for attention to the overlap between disability and mental health, as well as the provision of MHPSS, it is important to identify patterns

of exclusion for children who experience other types of functional difficulties such as seeing, hearing, self-care.

**Identification in service planning and delivery**

**In Mauritania**, UNICEF supported the inclusion of persons with disabilities into the government social registry (see above), which is now being used by UNICEF and WFP for targeting. The existence of a dedicated information management system for people with disabilities, and its interoperability with the social registry, has facilitated better inclusion of persons with disability in national social protection schemes. Integrating the dimension of disability in the Social Registry has also enhanced visibility to disability issues at the national level.

**Disability assessment and certification**

In **Sierra Leone**, UNICEF is collaborating with the government on the disability assessment process. As part of the Medium-Term National Development Plan (MTNDP) 2024-2030, the government acknowledges that persons with disabilities are among the most disadvantaged populations and has established strategic objectives to address this issue. Key targets include a 20% increase in the number of persons with disabilities benefiting from social protection systems, such as cash transfers, by 2030. The plan also aims to ensure the full implementation of the Disability Act and to enhance capacity building and resource allocation within the disability sector.

The current system, described in the Persons with Disability Act 2011, is heavily focused on medical assessment of impairments, requires a letter from a doctor and approval by a Medical Board and is very difficult to access. In parallel to the revision of the Disability Act, the process started with an initial national consultation on disability assessment and certification mechanism, and multistakeholder workshops to develop proposal for a mechanism and tools. Three work tracks are ongoing to (1) Pilot the local level component in two district; (2) Development of the national Disability MIS and (3) work on the Disability determination criteria and definition of the basic package and possible evolutions. This will lead to a formal proposal of a mechanism for integration into the Law. The pilots are done in partnership with HI, and define the various roles and responsibilities across the different levels of decentralization in the country – seeking subsidiarity and trying to balance accessibility, reliability and comprehensiveness.

Points discussed by the group included:

- **Creating expectations** through identifying persons with disabilities: a risk was flagged that identifying and asking people's time to answer questions without ensuring that this leads to benefits can be problematic. This was nuanced by the fact that 'being on the list' can be a preparedness measure (not leading to a benefit but to being included in case of evacuation). It is also important to consider that systems evolve when they are under pressure from citizens. Environments become accessible because they are confronted with the demand from persons with disabilities who want to be included.
- **Data and statistics support the work to promote inclusion of persons with disabilities but should not be a precondition for action**. The first objective should always be that everyone is included, not to disaggregate for monitoring programme outcomes. Disaggregation of data by disability is important, but is a means to the wider goal of leaving no one behind.
- The first question to ensure that persons with disabilities can be identified and access social protection benefits, for example those attached to the disability card, is to **ensure**

**that the process is accessible**. This starts with knowing about the benefits, accepting to be assessed, accessing the form including paying transportation to get to the concerned office, being able to provide the required documentation (including birth certificate, medical certificate, ...).

- **To benefit from inclusive services, no one should be asked to provide a disability card**: inclusive education is a right for all children. For financial benefits or concessions, it becomes necessary for the State to establish a threshold to define who is entitled and who is not (for example to free transportation).
- Learning from ongoing experiences include the importance of including all concerned stakeholders in the process of defining the social protection mechanisms and benefits, to build understanding and trust in the reliability of the system, so that different ministries agree and use the same and a unique certification process to deliver their respective benefits (e.g. free transportation, access to AT...).
- **Local authorities can make use of the disability card to determine local benefits**, such as making deals with local transportation companies for free transportation or discounted rates.

**Learning from the Equal Opportunity Card in Senegal**

*Key points from an interview of Yatma Fall, President of the West African Federation of OPDs (WAFOD) by Alexandre Cote, Social Policy Specialist at UNICEF Headquarters*

Since 2015, Senegal embarked in the process of establishing an Equal Opportunity Card as a mechanism for ensuring access to disability-related benefits for persons with disabilities. The card is a provision from the disability law (Loi d'Orientation Sociale) of 2010, but we had to wait for 5 years for the process to start. The Federation searched for a name, considered the word 'yamalé' in Wolof but it still had a negative connotation, therefore they went for equal opportunity in line with what we expected to gain in society. In 2015, the President of Senegal launched the process upon invitation of the Federation of OPDs (FESAPH). The card has two main functions: identification of individuals with disabilities (including to inform public policy and programming) and facilitating access to basic social services (transportation, housing, health, education).

After 9 years, only 72,000 cards were issued, for a population of persons with disabilities estimated at 2 million persons with disabilities. There are issues with the system for delivering the card, which is inefficient, but also with the effective access to the expected benefits associated with the card. The latter is explained by poor engagement of other ministries beyond Social Affairs to really facilitate access to benefits related to education, health, transportation. Only two benefits are effective as of now: access to cash transfer (bourse de sécurité familiale) secured by 34,000 persons with disabilities, and medical coverage (couverture sanitaire) secured by 25,000 persons with disabilities.

A debate was raised regarding the conditions for access to cash transfer, and whether this should be means-tested or unconditional for all persons with disabilities. OPDs continue to advocate for all persons with disabilities to benefit from cash transfer in recognition of extra costs generated by disability, and also call for all card beneficiaries to be included in the Social Registry (Registre National Unique). In Senegal, poor households benefit from health coverage (mutuelles de santé), up to 10 family members. Equal benefits are granted to Equal Opportunity Card holders, yet in this case the coverage is for the head of household (this creates issues for persons with disabilities who are heads of households). Another difficulty is that the package of services covered through health coverage does not cover some of the specific needs of persons with disabilities considered too expensive.

At the local level, the national federation of OPDs and Sightsavers raised awareness with local authorities, recalling the provisions of the law which mandates them to act on this matter. A few municipalities have started to cover for health coverage, free transportation for card holders (for Dakar only, as the deal was made with a company that only operates in Dakar). OPDs called for a Presidential Council (Conseil Présidentiel) to create a space for intersectoral discussions.

Three lessons are the critical importance of (1) engaging from an early stage all ministries that will be mobilized at some point to deliver benefits associated with the card, building trust and ownership beyond the Ministry of Social Affairs; (2) costing the benefits planned in the Law to anticipate how much and who will pay; and (3) identifying persons with disabilities to facilitate access to emergency response (e.g. during the COVID-19 pandemic).

## Session 6 – Inclusive community engagement and inclusive local governance

*Moderated by Silène Martino Almeras, Coordinator of the Building Resilience in Sahel programme, UNICEF WCARO, and Priscille Geiser, Disability Inclusion Consultant at UNICEF WCARO*

*Link to presentations used for Session 6 and link to resources on Session 6*

This plenary session focused on addressing disability inclusion through community engagement and local governance strategies. The Building Resilience in Sahel (BRS) programme has been designed with a dedicated outcome focused on local governance: "Outcome 2: Improving local governance, strengthening the culture of inclusive social dialogue, community ownership and engagement in local development and humanitarian response processes." In many African countries, decentralization is progressing fast and this provides unique opportunities to strengthen access to basic social services where they are fragile, in particular in rural areas. The region is also affected by shocks, and local authorities are often the first to respond to crises. UNICEF has defined 16 minimal norms to ensure the quality community engagement (see details in presentation), and these are implemented through 4 key steps:

1. Contact with communities, including building capacities of local stakeholders
2. Assessing the local situation, through a local participatory assessment
3. Participatory, multi-stakeholder planning and budgeting
4. Implementation of local actions, monitoring and accountability

UNICEF has begun to include persons with disabilities into village committees in Niger, currently reaching 948 villages. This includes facilitating inclusive community dialogue sessions and allowing participation in accountability mechanisms. However, these efforts are still in the early stages, and the challenges faced by persons with disabilities remain poorly understood. Local stakeholders often have limited knowledge of disability rights. Civil society organizations, including INGOs and OPDs, highlighted the solutions, challenges, and opportunities across these four steps during a panel discussion.

**How to strengthen capacities of local stakeholders on disability inclusion?**

In Niger, the national federation of OPDs conducted a **study on participation of the contribution of local authorities to advance participation of persons with disabilities** (FNPH) which showed progress over the past years. Projects are implemented that facilitate exchanges between local authorities and OPDs (FNPH, CBM) and also include a component of identification and referral of children with disabilities in need of rehabilitation. Successful practices also include **connecting women with disabilities with feminist organizations and youths with disabilities with youth groups** (FNPH), although this was put on hold following the political coup.

HI works through identifying local **Inclusion Focal Points**, who are persons with disabilities or family members from within the community. They are strengthened on their understanding of disability, identification of persons with disabilities, resource persons in the community and identification barriers and facilitators to their access to services and community participation. HI trains Inclusion Focal Points on this as well as advocacy and the development of **Local Inclusion Committees** (mobilizing the identified community resource persons). Some Local Inclusion Committees involve mayors.

In Togo, CBM worked through decentralizations at village and ward level to strengthen capacities at each level on disability inclusion and participation of persons with disabilities during decision-making processes. This requires ensuring accessibility of the decision-making venues and access to transportation for persons with disabilities. CBM also **trains and facilitates the creation of OPDs where they don't exist**, as an investment to build sustainable representation capacities at the local level. CBM has also developed a CBID curriculum at three levels (basic, intermediary and university) as with persons with disabilities systematically as co-trainers.

FNPH insisted on the importance of strengthening the capacities of OPDs and ensuring participation of underrepresented groups of persons with disabilities, as exemplified through the IDA Bridge CRPD-SDGs training initiative, which is a real investment in building the capacity of a diverse and more representative disability rights movement. This includes proactive efforts to include persons with intellectual disabilities, psychosocial disabilities.

**How to ensure that the risks, needs and priorities of persons with disabilities are reflected in local plans and budgets?**

In Niger, workshops were organized in each commune to map existing services and audit them for accessibility, particularly in the health sector. Recommendations from audits required some actions from communes (e.g. Tiberi). CBM and FNPH organized training of elected officials on disability inclusion, then bring them to analyze gaps of existing plans by themselves, which is much more powerful than OPDs telling them what to do. This generates champions of disability inclusion who can amplify the work (e.g. of Doso). Assessing together, finding gaps together and identifying solutions together.

**How to ensure concerted, participatory, inclusive planning and budgeting?**

In Senegal, Sightsavers developed a strategy for Inclusive Local Development, with participatory disability-sensitive budgeting as a flagship. Ward level forums are organized as a first step to exchange about barriers and prioritizing challenges to address. This requires advocacy to secure commitment from mayors and local authorities. Sightsavers used **tools to measure the level of influence of OPDs, and the level of inclusiveness of local policies and plans**. This was done in collaboration with the International Observatory of Local Governance. Facilitators were trained, including interested elected officials, and supported each commune and ward council throughout the process. Results from this pilot in 5 communes, with positive outcomes in 4 communes: 5 to 6% of the municipal budget has been allocated to disability. A competition for the **prize for the most inclusive community** created positive emulation amongst participating communes.

HI conducts **barrier and facilitators studies** as multisectoral surveys addressed to persons with disabilities directly (with the Washington Group questions as entry point). Analyses help to understand particular discriminations faced by different groups, considering age, gender, disability. They also help to identify what helps to ensure access to services. The study also questions INGOs, UN and other stakeholders on disability inclusiveness of their response. These studies are complemented by sectoral barriers and facilitators assessment (education, employment, etc.).

CBM works with existing strategies who have their own local assessment strategies and supports them to include disability. Community mapping is done with participation of all commune stakeholders (including traditional healers).

**What are the challenges on disability-inclusive local development approaches?**

- **Securing Mayor Commitments:** Gaining commitments from mayors is crucial for Sightsavers' inclusive local development approach, which includes signing a charter.
- **Linking Local and National OPDs:** Establishing connections between local and national Organizations of Persons with Disabilities (OPDs) is complex. In crisis situations, local OPDs require support, but national federations based in capital cities do not always represent the voices of those affected by humanitarian crises (CBM).
- **Lack of Coordination:** There is insufficient coordination among disability-focused stakeholders, hindering complementary efforts.
- **Inadequate Services and Financing:** While studies identify needs, the services required to meet those needs are often nonexistent. Financing is insufficient to ensure access to support services, such as assistive technology. Municipalities face limitations in addressing priorities set by persons with disabilities due to financial constraints and limited decentralization (HI, CBM).
- **Capacity of Local OPDs:** Local OPDs often have low capacity, necessitating significant investment in technical training and governance improvement. Exposure visits can provide valuable perspectives from other contexts (CBM).
- **Lack of Diversity within OPDs:** Some OPDs lack diversity and may overlook the needs of individuals with specific functional difficulties, such as those with autism or intellectual and psychosocial disabilities, among other underrepresented groups.
- **Pilot Projects Without Scaling:** Many projects are implemented as pilots with minimal costs, but they often do not progress to scale.

**How to strengthen what exists in our contexts to ensure inclusive community engagement and inclusive local governance at scale? (Group work)**

- In **development contexts where decentralization is ineffective**, consulting with persons with disabilities and Organizations of Persons with Disabilities (OPDs) is essential and requires investment to create the conditions for meaningful participation. This includes investment in accessible communication and a thorough mapping and analysis of the situation. Establishing a network of communes can help facilitate scalable solutions. It's also crucial to evaluate the pilot phase before scaling up, ensuring alignment with the objectives of disability legislation.
- **In humanitarian contexts,** the challenges are significant as municipalities often become non-functional. However, crises also present opportunities to adopt more inclusive approaches. Preparedness is vital for fostering inclusivity, resilience, and readiness within communities. This includes identifying leaders who can advocate for access for all during times of crisis.
- In **development contexts with effective decentralization**, it is essential to create a critical mass of trained Organizations of Persons with Disabilities (OPDs) to scale up and support meaningful engagement. Identifying opportunities, such as national programs that enhance local governance—like PACASEN in Senegal, which helps local authorities meet specific criteria—can be beneficial. Collaborating with the Ministry of Planning and Finance to

integrate disability inclusion into standard templates for district development plans in Sierra Leone is another key strategy. Additionally, linking existing projects, such as initiatives promoting child-friendly local communities, can help address limited financial resources. However, constrained fiscal resources at the central level remain a significant challenge.

## Conclusions and next steps

### Proposed next steps

1. Produce a **Technical Symposium report**, co-created with participants and including useful resources and links for the implementation of the DIPAS Regional Action Plan
2. Organize **follow-up thematic webinars**, in particular on:
    a. inclusive education (beyond primary education),
    b. adolescent girls with disabilities linking with gender,
    c. access to financial support (including to fighting child begging and poverty)
    d. assistive technologies, including colleagues from Supply
    e. WASH and emergency (as the parallel session was not possible)
3. **Coordinate participation of organizations in common platforms** where we intervene for common advocacy (African Disability Pre-Summit in Sep. 2024, Global Disability Summit in April 2025, ECOWAS disability inclusion action plan)
4. Create a chat (e.g. on Teams) to **keep sharing experiences** and pursue discussions, sustain the discussion group
5. Establish **an ecosystem of technical resources** and collaborate in particular for inclusive programming
6. Integrate the elements discussed into the **programming of the Building Resilience in Sahel (BRS)** programme
7. Organize a **2nd Technical Symposium** in a year, following the Global Disability Summit, to take note of the progress made.

### Closing remarks

**Antje Tonn from GIZ** thanked UNICEF and all participants for their engagement and the opportunity to learn. She flagged the importance of the Global Disability Summit (GDS) of April 2025 which aims to rally commitments from States on disability inclusion. In the road towards the GDS, the Regional Africa pre-Summit in September 2024 in Nairobi to mobilize African stakeholders. Learning from the region is key and can inspire other regions as well, and would be worth sharing at the GDS. “We can do something everywhere” is a key message to convey, together with the positive, constructive approach demonstrated through the Symposium.

**Noaga Sawadogo,** *member of the Association of Persons with Albinism of Burkina Faso (ABPA)* thanked UNICEF on behalf of representatives of persons with disabilities, for a fruitful event, for the quality of preparation, and for the work it does implementing programmes on the ground for school-age children and children with disabilities in particular. As a teacher, I see the benefits of this. He also thanks all participants for their active engagement. The Symposium created expectations, now the challenge is to mobilize resources to ensure UNICEF motto comes to life ‘for every child.’

**Gopal Mitra,** *UNICEF Global Disability Lead*, described the recent days as rich and inspiring, filled with diverse experiences, concrete examples, and passionate commitment. He emphasized that to scale up a critical mass of practical solutions, data, and technical expertise is needed, and

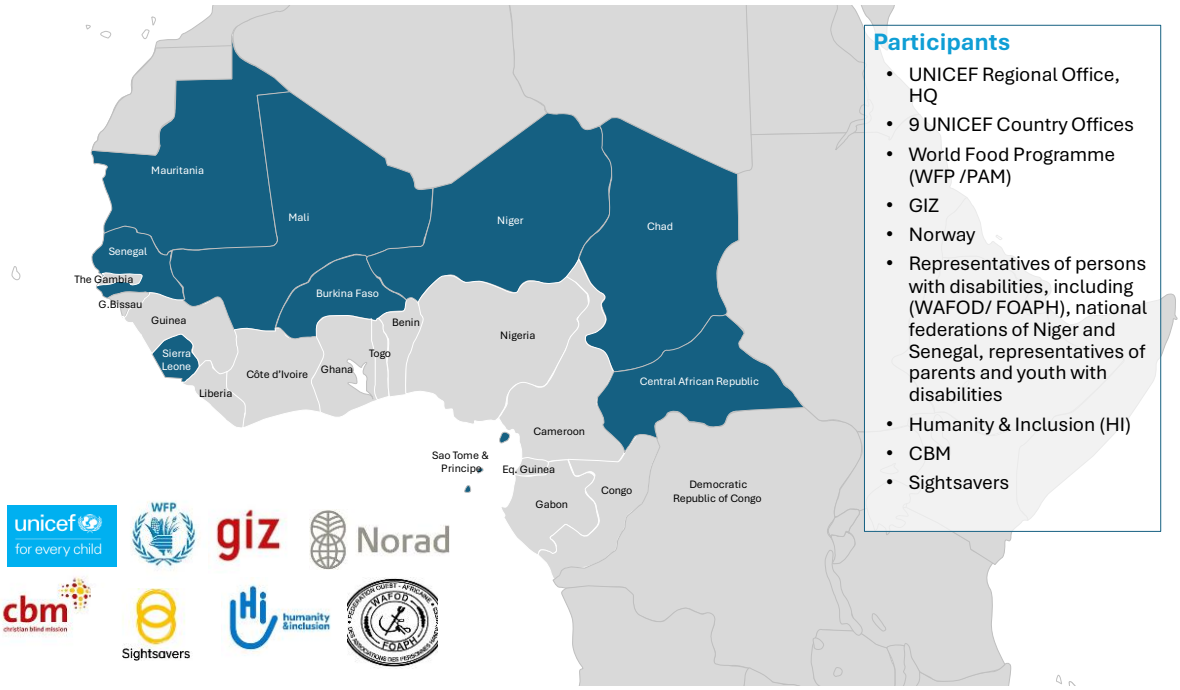
that the symposium enabled participants to gain valuable insights in these areas, affirming that while challenges exist, progress is possible. He also highlighted the need for another symposium to take stock of the progress and especially after the Global Disability Sumit.

Special thanks were extended to the organizers and technical contributors (Arpana Pandey , Priscille Geiser, Silène Martino, Alexandre Cote) and to the support staff (interpreters, logistics) who helped manage the event. The Symposium concluded with participants forming a "net of commitments," sharing individual actions they plan to take post-workshop.

# Annexes

## A - List of participants

Link to the list of participants




## B - Examples of initiatives and strategies for disability inclusion in the region

11. **UNICEF WCARO**: Building Resilience in Sahel (BRS) Programme –at a glance
12. **UNICEF Global**: Disability Inclusion Policy and Strategy (DIPAS) – in different languages and formats
13. **UNICEF WCARO**: DIPAS Regional Action Plan (under finalization)
14. **CBM**: Community-Based Inclusive Development (CBID) report 2023
15. **Humanity & Inclusion**:
16. **Sightsavers**
17. **WAFOD**
18. **FNPH**
19. **FESAPH**
20. **WFP**
21. **GIZ**

## C- List of disability inclusion resources by theme

*The language of the document is indicated by EN for English and FR for French.*

**Data and statistics**

- EN : Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, UNICEF (2021)
- EN: In Pursuit of Education for All in West and Central Africa, UNICEF WCARO, 2022.
- FR: En quête d'une éducation pour tous en Afrique de l'Ouest et du Centre, UNICEF, 2022
- EN : UN DESA Flagship Report on Disability, 2018.
- EN : WHO, UNICEF, Global Report on Children with Developmental Disabilities. From the margins to the mainstream, September 2023

**Education:**

- EN: In Pursuit of Education for All in West and Central Africa, UNICEF WCARO, 2022.
- FR: En quête d'une éducation pour tous en Afrique de l'Ouest et du Centre, UNICEF, 2022
- EN: Conceptual framework for inclusive education, UNESCO, IIEP
- EN: Methodological Guidelines for Education Sector Analysis – Volume 3, Global Partnership for Education
- EN: Always included: Uninterrupted Education for children with disabilities before, during and after a crisis, Humanity & Inclusion (2023) – advocacy report including recommendations to ensure continuity of learning, teaching and financing.
- FR : Inclure en toutes circonstances : Une éducation sans interruption pour les enfants handicapés avant, pendant et après une crise, Humanité & Inclusion (2023)
- EN : Education, Girl, Disability : An Equation to Solve – Ensuring access to education for girls with disability in the Sahel - Factsheet, Humanity & Inclusion (2021)
- FR: Education, fille, handicap: une équation à résoudre - Garantir le droit à l'éducation des filles handicapées au Sahel – Factsheet, Humanité & Inclusion (2021)
- EN: Policy brief: Promoting inclusive education for girls and boys with disabilities in West and Central Africa, Sightsavers (2020)
- FR: Être une fille et handicapée en Afrique de l'Ouest : la situation éducative en question: livret de synthèse - Mali - Niger - Burkina Faso, Humanité & Inclusion (2020)
- EN : Disability data in schools in emergency and protracted crises, resources webpage, Humanity & Inclusion – includes the Child Functioning Module – Teacher Version
- FR: Données sur le handicap dans les écoles en contexte d'urgence et de crise prolongée, page web de ressources, Humanité & Inclusion – inclut le Module de Fonctionnement de l'Enfant – Version Enseignant
- EN : Quentin Wodon, Chata Male, Claudio Montenegro and Ada Nayihouba. The Price of Exclusion: Disability and Education – The Challenge of Inclusive Education in Sub-Saharan Africa. December 2018
- FR: Etude de barrières et de facilitateurs à l'accès à l'éducation pour les enfants en situation de handicap en RCA, UNICEF 2023

**Inclusive Health and Nutrition**

- EN: Casebolt, M. T. (2020, June). Barriers to Reproductive Health Services for Women with Disability in Low and Middle-income Countries: A review of the literature.

- EN: WHO Global report on health equity for persons with disabilities, Dec 2022.
- EN: Practical Guide - Inclusion of children and young people with disabilities in routine general health care, UNICEF, 2022
- EN: Feeding and Disability Resource Bank, USAID – a web-based, open-access repository of resources to address feeding difficulties and disability inclusion in nutrition programs.
- EN: Essential actions on disability-inclusive nutrition, UNICEF Disability Inclusive Humanitarian Toolkit

**Adolescent girls with disabilities**

- FR: Etre une fille et handicapée en Afrique de l'Ouest : la situation éducative en question, 2020 (Humanité & Inclusion)
- EN: Pearce, E., Paik, K., Robles, O.J, Adolescent girls with disabilities in humanitarian settings, in Bergharn Journal, 2016.
- EN: Casebolt, M. T. (2020, June). Barriers to Reproductive Health Services for Women with Disability in Low and Middle-income Countries: A review of the literature. Sexual and Reproductive Healthcare, 24, 100485.
- Gender and disability intersectionality in practice: Women and girls with disabilities addressing discrimination and violence in Africa, Humanity & Inclusion, 2018

**Access to Assistive Technology (AT)**

- EN: Framework for Improving Access to Assistive Technology in the WHO African Region, WHO, 2021
- EN: Global Report on Assistive Technology (GReAT), WHO, UNICEF, 2022
- EN: UNICEF, WHO, Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation
- EN, FR: WHO Priority Assistive Product List (APL) is a model list of essential products published in 2016.
- EN: UNICEF Assistive Product and Inclusive Supplies – resource webpage
- EN: Product List: Assistive Technology and other relevant product for children and persons with disabilities in emergency, UNICEF Supply
- EN: Manual for public procurement of assistive products, accessories, spare parts, and related services, WHO and UNICEF, 2021

**Disability inclusive cash transfer**

- EN: Disability-inclusive cash assistance lessons learned, CBM 2021
- EN : The challenge of coordination and inclusion: use of social registries and broader social protection information systems for capturing multiple vulnerabilities in West Africa, UNICEF and WFP, Nov. 2023

**Disability identification and certification**

- EN: Disability identification, assessment, and determination in social protection systems: barriers to access and gateways to support – online webinar, socialprotection.org

- EN: Sammon, E., Carraro, L., Cote, A., Zevenbergen, S., Holmes, R., How Targeting Mechanisms Can Identify People With Disabilities for Inclusion in Social Protection Programmes, 2021
- EN: Disability card in Burkina Faso, the key to desilusion, press article

**Inclusive community engagement, inclusive local governance**

- EN: Policy Paper - Inclusive Local Development (HI)
- EN: Guide to Inclusive Local Development (Sightsavers)
- EN: Report on Community-Based Inclusive Development (CBID) 2023 (CBM)
- EN: Mainstreaming Disability-Inclusive Disaster Risk Reduction in Community Development (CBM)
- EN: Disability-inclusive early warning systems in Cameroon and Niger (CBM)
- EN: Guide for the increased political and civic participation of women with disabilities in Cameroon (Sightsavers)
- FR : Document Cadre – Développement Local Inclusif (HI)
- FR : Guide du Développement Local Inclusif (Sightsavers)
- FR : Guide sur le budget participative sensible au handicap au Sénégal (Sightsavers)
- FR : Rapport sur le Développement Inclusif à Base Communautaire (DBIC) 2023 (CBM)
- FR: Mainstreaming Disability-Inclusive Disaster Risk Reduction in Community Development (CBM)
- FR : Systèmes d'alerte précoce intégrant le handicap au Cameroun et au Niger (CBM)