**CRPD Draft General Comment on Article 11**

**(Situations of Risk and Humanitarian Emergencies)**

UNICEF inputs

# Children with disabilities disproportionately affected and experiencing particular disadvantages in situations of risk

It is estimated that there are 240 million children with disabilities around the world, representing one in ten children[[1]](#footnote-1). However, while national surveys and censuses provide estimates of children living in households, they do not consider children who do not live in a household, who may represent a significant proportion in countries experiencing humanitarian emergencies[[2]](#footnote-2). Further, humanitarian emergencies often involve the creation of new barriers, a disruption in health services and creation of new impairments as well as exacerbation of existing impairments. It is therefore expected that in humanitarian emergencies, the number of children with disabilities exceeds 10% of the population under 18.

Children with disabilities are disproportionately impacted by situations of risk and humanitarian emergencies, facing heightened risk of rights abuses. This heightened risk is directly linked to pre-existing patterns of discrimination and exclusion, exacerbated by the way that humanitarian assistance is designed and delivered. Children with disabilities face heightened risk of violence, exploitation and abuse; are more affected by the disruption of health, education and other social services; and face barriers to accessing protection and assistance. In emergencies, the destruction of infrastructure can create physical barriers that reduce access to education and services and can prevent children from being evacuated to safety[[3]](#footnote-3). During armed conflict, deteriorating services; inflation and rising costs (that may decrease the value of financial assistance for persons with disabilities); combined with deteriorating transport, further reduce access to services[[4]](#footnote-4). Further, children with and without disabilities may acquire new and/ or secondary impairments during humanitarian emergencies and displacement[[5]](#footnote-5) as a result of injuries arising out of the emergency and a breakdown in health service delivery.

Global estimates in 2022 of violence against children with disabilities, based on a meta-analysis of 98 studies, found that children with disabilities are more than twice as likely as their peers without disabilities to experience violence, and they had a higher likelihood of all forms of violence.[[6]](#footnote-6) Globally, girls with disabilities are up to three times more at risk of rape than girls without disabilities and are twice as likely to experience other forms of gender based violence (GBV), as well as often suffering more severe injuries and more prolonged abuse.[[7]](#footnote-7) In emergencies, risks of violence, exploitation, abuse and neglect are even further heightened, particularly for girls and for children with intellectual disabilities[[8]](#footnote-8). Heightened risk in emergencies is created by a number of factors, including separation from care providers or family in disasters and situations of forced displacement[[9]](#footnote-9); disruption of support services for children and their families/ households; closure of schools and exclusion from education in emergencies; as well as loss of protective peer and social support networks. All of these factors increase isolation of children with disabilities and increase pressure on families and caregivers. However, despite facing heightened risk of violence, exploitation and abuse, children with disabilities continue to face barriers to accessing child protection interventions in emergencies. Child friendly spaces are often physically inaccessible and child protection staff are often not trained on inclusive interventions, including on accessible communication.

Children with disabilities who are living in institutions face particular risk of human rights abuses in emergencies and are often left out of humanitarian interventions. Globally, it is estimated that one in three children in institutions is a child with disabilities.[[10]](#footnote-10) Evidence shows that institutions are often characterized by living arrangements that are inherently harmful to children; and the mortality rate for children with disabilities in institutional care is 100 times higher than for other children.[[11]](#footnote-11) In emergencies, children with disabilities who are living in institutions are at even more extreme risk of abuse and neglect as staff may flee and regular mechanisms that can serve as monitoring (such as external visitors) may be disrupted. This situation places children with disabilities at risk of neglect and increases their invisibility and subsequent risk. In recent situations of armed conflict, there have been examples of children living in institutions being moved within or across borders without adequate identification, documentation and coordination with national child protection authorities, hindering their prospect for family reunification in the future and putting them at heightened risk of trafficking and other forms of abuse.

In some contexts, children with disabilities may also be at heightened risk of being left behind when communities flee. While evidence is very limited, some evidence exists of families or caregivers being overwhelmed by the violence, stress or costs of armed conflict and abandoning children and adults with disabilities[[12]](#footnote-12). A lack of access to assistive technology and inaccessible evacuation procedures and information also creates substantial obstacles to children and young people fleeing in the event of a disaster or armed conflict.

Globally, children with disabilities face high levels of exclusion from education. Only 10% of children with more than one functional difficulty attend early childhood education (compared to 27% of children with no functional difficulty); while 24% of children with more than one functional difficulty are out of primary school (compared to 13% of children with no functional difficulty). These disparities are amplified for girls with disabilities[[13]](#footnote-13). While only limited data is available, evidence indicates that levels of exclusion are even higher in humanitarian contexts, due to increased pressure on education systems and households, and the creation of additional barriers. Additional barriers in humanitarian contexts may include larger class sizes and lack of trained teachers (including in situations where trained teachers flee to safer areas); physical obstacles such as destroyed infrastructure and disruption of transport systems; a loss of support services that children with disabilities may require to participate in school; and increased safety risks that impact decisions of families to send children to school, especially for girls. For example, some studies and assessments conducted in the Syrian Arab Republic and other humanitarian contexts point to children with disabilities not having the same access to education and learning opportunities as their peers; and girls with disabilities may face additional barriers to accessing education in humanitarian contexts due to a lack of adequate sanitary pads available during menstruation, and inaccessible and unsafe toilets and washrooms in schools and temporary learning facilities[[14]](#footnote-14). A 2013 study in Iraq found that only 16 per cent of displaced children with disabilities living in camps and 10 per cent living in urban areas were attending schools[[15]](#footnote-15).

Limited access to education has additional impacts on children with disabilities, beyond denial of their right to education. A range of essential humanitarian interventions are commonly delivered to children through schools, thus further heightening exclusion and risk for children with disabilities who are out of school. For example, nutrition interventions (such as school feeding), psychosocial support, vaccinations, explosive ordnance risk education, child protection, sexual and gender based violence prevention, and emergency preparedness interventions are often delivered through schools or temporary learning and child-friendly spaces, from which many children and young persons with disabilities are excluded. School settings are also vital for the creation of protective peer networks, which are often disrupted in humanitarian contexts, and for building of peer networks between children from displaced and host communities in refugee and IDP settings. Exclusion from such opportunities further exacerbates isolation of children with disabilities, heightening their risk of violence, exploitation and abuse.

In humanitarian contexts, access to Water, Sanitation and Hygiene (WASH) services and facilities is a particular concern for children with disabilities. Globally, children with disabilities are 26% less likely (compared to children without disabilities) to have improved sanitation facilities in their households; and 12% less likely to have improved drinking water sources in their households.[[16]](#footnote-16) In humanitarian contexts, children with disabilities face additional obstacles as they often rely on facilities that are rapidly constructed in the event of a crisis, especially in sudden onset emergencies, and communal facilities, especially for children living in camp or other communal settings and for children who are on the move. Further, WASH supplies for humanitarian response may not take disability into consideration. They may not, for example, provide potties, commodes and adapted hygiene kits for children and adolescents with conditions of incontinence.[[17]](#footnote-17)

Globally, children with disabilities are 47 per cent more likely to be underweight and 34 per cent more likely to be stunted compared to children without disabilities.[[18]](#footnote-18) In humanitarian situations, children with disabilities are at heightened risk of malnutrition because their particular requirements are often not taken into account. In situations of food insecurity, where nutrition in emergency interventions are delivered as part of a humanitarian response, caregivers of children with disabilities may not have the adequate guidance they require to care for their child’s specific nutritional needs; or households may not have access to specific foods and utensils they require. Often, measurement methods for identifying children with chronic and acute malnutrition might overlook the needs of children with disabilities or not be adapted to their physical requirements.

For many children with disabilities, assistive technology is a key enabler of access, participation and realization of rights. While data currently does not exist on access to assistive technology in emergency contexts, evidence demonstrates that children affected by humanitarian emergencies face complex obstacles to access assistive devices and support services. Humanitarian crises place pressures on existing systems for AT provision, including a growing population with AT needs, an exodus of local professionals and experts, and access restrictions. In this context, assistive devices are typically delivered by NGOs, at small scale, with mobility impairments being the most represented provision and provision of other devices being very limited. Devices are often donated without considering their appropriateness to the context or user and without providing the necessary fitting and maintenance services[[19]](#footnote-19). Further, provision is often narrowly focused on those who acquire impairments as a direct result of the crisis, thereby excluding those that have never had access or who have lost their assistive products during the crisis. This is despite the fact that some studies indicating that over two-thirds of those attending rehabilitation services in humanitarian settings had impairments unrelated to the crisis. Where national systems for AT provision are functioning, people who cross borders or who live in non-government-controlled areas may not have access due to administrative obstacles; and for populations who are living in camps, access can be hindered by movement restrictions or by being located far from service centers. Challenges to AT access in humanitarian contexts are further exacerbated by the nature of AT devices- the viability of cost-effective, fast, large-scale procurement is reduced by the broad range of assistive products to meet different needs, with no minimum standards for their manufacture and design. AT provided in humanitarian settings is therefore often substandard and not suitable for the specific context. Assistive products are also expensive compared with many other humanitarian products and few low-tech, low-cost assistive products have been developed that are affordably scalable in crisis contexts. Further, for children with limb amputation prostheses needs to be replaced every 6-12 months due to their growing body and bones. A ten-year old child with a lower limb amputation, for example, is likely to need 25 prostheses in the course of his or her life. Finally, assistive products have ongoing costs that are rarely included in emergency response budgets, including costs associated with repair, upkeep, and replacement; and may also require modification, adaptation and refitting over time, especially for children.

Refugee and internally displaced children with disabilities are among the most hidden and excluded in situations of risk and humanitarian emergencies[[20]](#footnote-20). In countries of asylum, refugee children may face barriers to accessing national systems for assistive technology, inclusive education and support services, due to language barriers and administrative/ legal obstacles related to a lack of nationality. Xenophobia compounded by disability- related discrimination may hinder the development of protection peer and social networks, while refugee and internally displaced children and young people with disabilities may also be excluded from local and national OPD networks, thus limiting their voice in advocacy and decision- making processes.

One key factor exacerbating exclusion of children with disabilities from humanitarian responses is their lack of visibility and participation in data collection, planning and monitoring processes. While significant progress has been made, needs assessment and monitoring processes still often do not routinely disaggregate data by disability or collect information on barriers faced by persons with disabilities. Complaints and feedback mechanisms, and processes for engagement with affected populations are often not in child friendly formats and accessible, particularly to children with visual, hearing or intellectual disabilities. Further, in many settings, children with disabilities are excluded from opportunities for participation in community engagement processes due to these processes not being accessible and inclusive and due to stigma, which might lead to families isolating or hiding their children at home.[[21]](#footnote-21)

The challenges outlined above are compounded by the limited capacity of humanitarian actors to design, deliver and monitor an inclusive response. While guidance exists, in many settings, humanitarian actors do not have the practical skills and applied knowledge to deliver a fully inclusive response. Humanitarian budgets often do not explicitly reflect disability inclusion, including requirements for accessibility and reasonable accommodation. Further, despite a broader localization agenda, local OPDs are often not engaged as actors in the response due to a lack of information, inaccessible partnership modalities and limited resourcing. Due to a focus in many responses (driven often by donor requirements) on reaching the highest number of people possible, a focus on reaching the furthest behind first is often lost.

# Normative frameworks

It is essential to recognize that protection of the rights of persons affected by situations of risk and humanitarian emergencies requires their explicit consideration in all mechanisms to promote and monitor implementation of the CRPD, in relation to all Articles and not limited to Article 11. Persons with disabilities affected by humanitarian emergencies face additional obstacles to realizing their rights afforded under the CRPD, including right to education, health, independent living in the community and freedom from violence, exploitation and abuse. Situations of risk and humanitarian emergencies should therefore be considered a cross cutting priority across all efforts to promote the rights of persons with disabilities. Children with disabilities who are affected by humanitarian emergencies, for example, may be excluded both from development initiatives to promote access to education and from humanitarian action to promote access to education in emergencies. Addressing such compounding forms of exclusion requires a whole of system approach, across the humanitarian, development, peace and security nexus.

Implementation of Article 11 of the CRPD must be informed by and in line with the Convention on the Rights of the Child (CRC), including in relation to respect for the evolving capacities of children; the best interests of the child; the right of children to be heard and participate in matters that affect them; and the right of children to freedom from violence, exploitation and abuse. Efforts to monitor and promote the rights of children with disabilities impacted by situations of risk and humanitarian emergencies will be strengthened through increased coordination between CRPD and CRC mechanisms.

Adoption of Security Council Resolution 2475 (SCR2475) in 2019 was a pivotal moment for protection of the rights of children with disabilities in situations of risk and humanitarian emergencies. Article 4 underlines “the benefit of providing sustainable, timely, appropriate, inclusive and accessible assistance to civilians with disabilities affected by armed conflict, including reintegration, rehabilitation and psychosocial support, to ensure that their specific needs are effectively addressed, in particular those of women and children with disabilities”. Efforts to promote implementation of CRPD article 11 must consider these obligations for states parties under SCR2475, which will require the development and delivery of child friendly and accessible assistance to children with disabilities affected by armed conflict.

The UN Security Council has identified six grave violations affecting children in situations of armed conflict[[22]](#footnote-22), all of which impact children with disabilities: killing and maiming of children; recruitment or use of children as soldiers; sexual violence against children; abduction of children; attacks against schools and hospitals; and denial of humanitarian access for children. To date, children with disabilities have been largely invisible in mechanisms for monitoring and reporting against the grave violations, and implementation of CRPD article 11 will be strengthened by addressing this invisibility. It needs to be recognized that children with disabilities are both more at risk of a number of grave violations, and face barriers to accessing support services for children affected by these violations. For example, girls with disabilities are at heightened risk of sexual violence, while also facing barriers to accessing GBV prevention and response services. In order to better monitor and address grave violations against children with disabilities in situations of armed conflict it is essential that monitoring and reporting mechanisms are disaggregated by disability and that more investment is made in making assistance to children affected by grave violations accessible and inclusive.

# The work of UNICEF

At a global level, UNICEF co-chairs (together with IDA and CBM-Global) the Reference Group on Inclusion of Children with Disabilities in Humanitarian Action[[23]](#footnote-23), which brings together over 300 OPDs, NGOs and UN entities to strengthen inclusion of persons with disabilities in humanitarian action. UNICEF also co-chaired the IASC Task Team that led the development of IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action[[24]](#footnote-24). Since 2018, UNICEF has led interagency efforts, supported up to 2022 by FCDO, to strengthen disability inclusion in Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs), which has resulted in substantial progress, including publication of guidance[[25]](#footnote-25).

The core policy on humanitarian action for UNICEF and partners, the Core Commitments to Children in Humanitarian Action (CCCs)[[26]](#footnote-26) present an action plan for implementation of the CRC in humanitarian contexts. The CCCs set out specific commitments to inclusion of children with disabilities, in addition to integrating disability inclusion in a number of other sectoral commitments. Specific commitments include those for inclusive needs assessments, planning andmonitoring; inclusive and safe access to information and services; and participation by children with disabilities in the design of programmes and in the decisions that affect their lives. Implementation of the CCCs is supporting by a series of UNICEF guidance documents on inclusion of children with disabilities in humanitarian action[[27]](#footnote-27) with concrete recommendations for the development of disability-inclusive programming in the areas of education, child protection, health/HIV, nutrition, and water, sanitation and hygiene. UNICEF has also recently finalized toolkit of practical resources to support implementation of the guidance notes. UNICEF currently employs two staff positions at global level working specifically on disability inclusive humanitarian action.

In 2021, 55 per cent of UNICEF country offices with a Humanitarian Action for Children Appeal – 36 country offices – systematically included children with disabilities in their response efforts. Additionally, 21 country offices without appeals systematically included children with disabilities in their humanitarian responses[[28]](#footnote-28). Examples of UNICEF work at country level include:

Child protection

* In 2021, a total of 69,787 children with disabilities received explosive weapons-related risk education through UNICEF-supported programmes in 2021, including in the **Syrian Arab Republic**, where UNICEF continued to support safe access for the most disadvantaged adolescents and youth, to skills development opportunities and social cohesion activities. Through UNICEF-supported adolescent-friendly spaces, 3,231 adolescents and youth with disabilities in Syria were reached by multi-service platforms and mobile teams, and 15,137 children with disabilities received explosive weapons-related risk education[[29]](#footnote-29).
* In **Burkina Faso**, UNICEF supported the roll-out of revised case management strategy and tools for child protection services, both in humanitarian and development contexts. In 2021 this enabled delivery of services to 778 children with disabilities, of which 329 were girls.
* In **Syria,** UNICEFpartnered with UNRWA to provide specialized child protection case management services to 250 Palestinian children, including children with physical disabilities, who also benefited from subsequent referral to disability services for their learning and development needs.
* In **Mozambique**, UNICEF provided community-based mental health and psychosocial support, including recreational activities in emergency settings. Through MHPSS interventions, 21,660 children (10,346 girls, 1,012 children with disabilities), have been registered in the case management system for family and individual support including referral to other services.
* In **Madagascar**, UNICEF has provided MHPSS interventions in emergency situations, including for children with disabilities and trained child protection actors, including justice actors, on the protection of children victims and children in conflict with the law.

Education

* In **South Sudan**, UNICEF provided education services for children in humanitarian situations, especially girls, children with disabilities, internally displaced people and refugees in Upper Nile, Unity, Warrap, Abyei, Jonglei, Lakes and Western Equatoria states. UNICEF supported continuity of learning in natural disasters and conflict affected areas by constructing and rehabilitating 90 temporary learning spaces (TLS) and equipping them with disability friendly and gender-disaggregated WASH facilities. Cumulatively 803 TLS were constructed from 2019-2022, and 8, 114 teachers in the hard-to-reach locations received incentives.
* In **Somalia**, the UNdaunted programme provides girls with disabilities who face barriers to education due to their gender, disability and ongoing emergencies, an Accelerated Basic Education model, designed to offer eight years of primary-level schooling in just four years. The programme also outfits schools with ramps and accessible toilets, trains teachers so they understand the specific needs of students with disabilities and provides financial support to students in the form of scholarships and a food ration program. It has also distributed 12,000 learning kits, 34 wheelchairs, sports kits, and personal hygiene products to students in Burao.
* In **Mozambique**, UNICEF procured assistive devices and trained staff in the Inclusive Education Resource Centres (CREI) in Nampula and Cabo Delgado which will provide technical backstopping for inclusive schools in the two provinces.
* In **Kenya**, UNICEF has provided children with disabilities in Dadaab Refugee Camp with dignity, education, and recreational kits, and access to services. UNICEF ensures that both refugee and host communities receive quality education by improving infrastructure in primary and secondary schools. Currently, only 67 per cent of teachers are trained and only 9 per cent are trained in special needs education. 10 out of 28 local schools have capacity to support children with sign language and Braille skills. This increases the risk of learners with disabilities dropping out of school. UNICEF addresses this by providing psychosocial support and mentorship, disability friendly learning materials to all learners, transportation to learning facilities and purchase of non-food items, support to caregivers (e.g., income generating activities) and strengthening capacity of teachers to support children with disabilities.

WASH

* In **Fiji,** UNICEF partnered with the Pacific Disability Forum to survey 300 persons with disabilities about WASH accessibility and conducted 35 WASH accessibility audits in schools and public places designated as evacuation centres. 6 WASH facilities were improved to provide accessibility for persons with disabilities, particularly in evacuations.

Access to health and assistive technology

* In **Myanmar**, supported by UNICEF, emergency health kits and first aid kits for clinics, outreach health care services benefited IDPs and host community members, including 368 persons with disabilities. As part of the cash grant programme, UNICEF is scaling up screening processes to identify children and adults with disabilities and establishing an online Disability Management Information System (DMIS) that can be used by partners to facilitate data storage and planning of interventions. In 2023, UNICEF will also pilot new systems to provide access to assistive technology and medical interventions and roll out training on disability inclusion for frontline workers.
* In **Ethiopia**, UNICEF has provided comprehensive menstrual health and hygiene services during emergency response in refugee and IDP settings, with an inclusive approach for children and persons with disabilities.
* In **Uganda**, UNICEF engaged over 250,000 people in Risk Communication & Community Engagement, including persons with disabilities, refugees, street children and cross-border communities especially on Ebola virus disease messaging.

Social protection and humanitarian cash transfer

* In **Myanmar**, the humanitarian cash grant programme supported by UNICEF in peri-urban Yangon included 543 children with disabilities.
* UNICEF in partnership with the Government of **Tonga** rolled out the first ever Humanitarian Cash Transfer Programme in the country, benefiting 3,000 households with children and/or persons with disabilities in areas affected by the volcanic eruption and tsunami.
* In **Ethiopia**, UNICEF is expanding emergency cash transfers for vulnerable persons, including persons with disabilities, in IDP settings, and conducting an inclusive needs assessment in IDP settings.

Preparedness

* In the **East Asia and Pacific** region, 93% of UNICEF Country Offices have considered disability in emergency preparedness plans. Most Country Office (71%) emergency preparedness plans were disability inclusive across multiple risks and sector responses.

Accessible information and communication

* In **Mongolia**, UNICEF partners with the Mongolian Association of Sign Language Interpreters to ensure access to emergency related information for persons with hearing impairments. In 2021, UNICEF provided sign language interpreters for emergency information on National Public Television. During the COVID pandemic, UNICEF supported the provision of two-way sign language interpretation via video calls with health services and provided accessible information. 1,706 calls were made between January and March 2021 with the service being operated by the government as of October 2021.

Partnership with OPDs

* A mapping of UNICEF’s engagement with OPDs in the **East Asia and Pacific Region** found that 86% of country offices had engaged with OPDs in 2021 and 2022. Of the 26 different OPDs, UNICEF engaged with 5 OPDs on emergency preparedness and response in the Philippines, Timor-Leste, the Pacific and Laos.
* In **Timor-Leste**, during the flood response in 2021, UNICEF worked with OPDs to provide OPDs and their members with NFIs, reach 150 families of persons with disabilities. Out of the flood response, a partnership was established with the umbrella OPD to build their capacity on humanitarian response. Under the OPD partnership, persons with different types of disabilities have worked with UNICEF WASH engineers to assess the accessibility of WASH facilities as part of the flood response with the recommendations informing upgrades to existing WASH facilities and designs for future WASH infrastructure. Also under the partnership with the OPD, UNICEF supported accessibility improvements of the Secretariat of State for Youth and Sport office that was utilised for youth mobilisation after the floods. This will ensure that youth with disabilities can participate in future emergency-related activities.

Coordination

* In 2022 **Pakistan** floods, the Government led Post-Disaster Need Assessment (PDNA) was supported by the European Union, the Asian Development Bank and UN Agencies with technical facilitation from the World Bank and UNDP. UNICEF Pakistan led and supported the disability inclusion which is reflected in the chapter on human impact assessment and under cross cutting area of Social Sustainability, Inclusion, and Gender in PDNA. UNICEF also led the inclusion area and facilitated consultations with OPDs, disability stakeholders, CSOs & Government counterparts working on disability inclusion in the 4RF.
* UNICEF and Fórum das Associações Moçambicanas de Pessoas com Deficiência (FAMOD), an umbrella organization focusing on the rights of people with disabilities in **Mozambique**, co-chaired the National Disability Technical Working Group and provided technical guidance to the Humanitarian Clusters, resulting in a Humanitarian Response Plan with stronger focus on disability inclusion.
* In Beira, **Mozambique**, UNICEF and Light for the World helped establish a local disaster risk committee and provide them training on inclusive disaster risk preparedness, response and recovery. The committee includes both men and women and a local representative from FAMOD, the umbrella association of organizations of persons with disabilities. Equipment like bicycles to transport persons who cannot walk, were handed over to the committee. Today, the committee uses the bicycles to bring people in the community to the hospital for health care services. The committee has divided responsibilities among themselves for early warning in alternative formats, evacuation, shelter, clothing and food. They have also mapped where persons with disabilities live, which is crucial to ensure everyone receives early warning and support to evacuate if necessary.
* After the cyclone in **Mozambique**, a Disability Working Group was established with focal points from FAMOD on WASH, Education, Health, Child protection, as well as representatives of different branches of local government. The Working Group is an arena for discussion and capacity building on inclusion.
* UNICEF **Kenya** is collaborating with other UN agencies, government, non-governmental and community-based organisations through technical working groups on child protection, education, gender, mental health, communicating with communities. The working groups have ensured that activities are based on consultations, and coordinated the agencies work to ensure proper identification of vulnerable children, provision of quality child protection and education services and accurate referral to other sectors.

Capacity building

* In Cox’s Bazar, **Bangladesh**, UNICEF produce disability disaggregated data in the WASH, CP, Nutrition, education sectors. Partner staff (100%) have been trained on modified Community Management of Acute Malnutrition (CMAM) guidelines to ensure the enrollment and treatment of Severe Acute Malnourished (SAM) children with disability into the CMAM programme, in 2022, a total of 119 children with a disability (1.8 per cent of total SAM children reached) has been treated. The education sector in collaboration with Humanity Inclusion (HI) has developed 182 Master Trainers. The MTs have sensitized the implementing partners on disability inclusion programming. BRAC (UNICEF supported) has assessed 50,319 learners in December 2022 using the Washington Group (WG) Questionnaire and identified 306 learners with disability in the 736 Learning centres in the Rohingya Refugee camps.

* In 2022, more than 100 UNICEF colleagues in the **East Asia and Pacific** region were trained on disability inclusion humanitarian action by the Regional Office including WASH staff, Emergency Specialist and Focal Points and Disability Focal Points.

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9. UNICEF, *Children and young people with disabilities. Factsheet*, May 2013, p. 30. [↑](#footnote-ref-9)
10. ‘Global Study on Children Deprived of Liberty: Note by the secretary-general’ (A/74/136). [↑](#footnote-ref-10)
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13. UNICEF, *Seen, Counted, Included. Using data to shed light on the well-being of children with disabilities*, 2021, p. 18.pp. 67-71 [↑](#footnote-ref-13)
14. UNICEF, *Factsheet. Children with Disabilities*, August 2022, p. 52. [↑](#footnote-ref-14)
15. UNICEF and Humanity & Inclusion, *Rapid Needs Assessment: Situation of children, youth and adults with disabilities, within and around Domiz, Northern Iraq*, 2013. [↑](#footnote-ref-15)
16. UNICEF, *Factsheet. Children with Disabilities*, August 2022, p. 26 [↑](#footnote-ref-16)
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23. [Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action | International Disability Alliance](https://www.internationaldisabilityalliance.org/drg) [↑](#footnote-ref-23)
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25. <https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans> [↑](#footnote-ref-25)
26. https://www.unicef.org/emergencies/core-commitments-children [↑](#footnote-ref-26)
27. UNICEF, *Including children with disabilities in humanitarian action*, 2018. [↑](#footnote-ref-27)
28. UNICEF, *Global Annual Results Report 2021. Goal Area 5: Every child has an equitable chance in life*, 2021, p. 72. [↑](#footnote-ref-28)
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