UNICEF Guidelines for Disability Situation Analyses

Developing a situation analysis (SitAn) focused on children and women with disabilities is the foundation for country level advocacy and inclusive programming. As a result of the analysis, recommendations should be made to government, UN agencies and civil society on concrete steps that can be taken to realize the rights of children and women with disabilities, especially in areas where inequity for children and women with disabilities is more prominent compared to their peers without disabilities.

According to UNICEF's mission disability should form part of any equity-based situation analysis. While the rights of children with disabilities are the same as all other children, and they experience many of the same issues as their peers without disabilities, they often experience unique issues with access and discrimination. This is also compounded by the fact that the rights and needs of people with disabilities are not well-known.

A SitAn that focuses on disability, hereafter referred to as a **disability SitAn**, can help to establish a baseline and increase knowledge and awareness about the situation and rights of children and women with disabilities, including what rights are not being fulfilled and what children and women themselves see as the most pressing needs. A disability SitAn should have the **Convention on the Rights of Persons with Disabilities (CRPD)** as the foundation for the analysis and consider both development and situations of humanitarian action or emergencies.

The CRPD went into force 8 May 2008[1] and clarifies the legal obligations of States to respect and ensure the equal enjoyment of all human rights by the 1 billion persons with disabilities in the world today. The CRPD marks a paradigm shift in attitudes and approaches to persons with disabilities. It represents the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of making decisions and being contributing members of society in social, economic and political spheres. This is articulated in the definition included in the CRPD: "*Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others*."[2]

Drafted 17 years after the Convention on the Rights of the Child, and 27 years after the Convention on Elimination of Discrimination against Women, it brings a more progressive interpretation of principles and approaches to human rights and adds to the overall human rights discourse and understanding, not only disability. This is a fundamental contribution that has to be taken into consideration in our work for children in general. For more information on how the three conventions relate, see UNICEF's publication titled 'Analysis of Synergies

---

[1]Adopted unanimously by the UN General Assembly on 13 December 2006, the CRPD was opened for signature on 30 March 2007 and entered into force on 03 May 2008.

[2] Convention on the Rights of Persons with Disabilities, Article 1, http://www.un.org/disabilities/default.asp?id=261

[between the CRC, CRPD and CEDAW: Using the human rights framework to promote the rights of children with disabilities'](#) in 2012.

For more information on disability related concepts and terminology visit [UNICEF's disability websitewww.unicef.org/disabilities](http://www.unicef.org/disabilities).

To summarize, the purpose of a disability SitAn is to:

1. Increase knowledge and awareness about the situation and rights of children and women with disabilities an often underrepresented or forgotten segment of the population
2. Analysis of the extent rights are being met
3. Identify existing bottlenecks and barriers
4. Identify existing policy and programmatic responses to address those bottlenecks and barriers
5. Identify what children themselves see as the most pressing needs
6. Identify who are the key duty-bearers

I.   Key Elements of Disability SitAns

- **Human Rights Based Approach**: In line with UNICEF guidelines to apply a rights-based approach to Programming ([EXDIR 1998-04](#)) disability SitAns must consider the country's efforts towards implementing the rights of all children as outlined in the [CRPD](#), CRC, and CEDAW.

- **Equity**: For children with disabilities, equity means having an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism of this population or a sub-group or it. This is critical for children with disabilities who often do not receive the same level of services (e.g. education) as their peers without disabilities, due to difficulties with access, discrimination, and availability of appropriate services. It is also critical to considering different subgroups of children with disabilities, with their specific needs and situation.

- **Social Model of Disability**: In line with the CRC, disability SitAns should focus on identifying barriers created by society or the physical environment that limit a child with disabilities from enjoying their human rights. This includes for example identifying negative attitudes; environmental and communication barriers; gaps in policies or their implementation. The framework of the social model[3] and CRPD should form the reference points.

---

[3] The social model of disability, which maintains that disability results from interactions between an individual with specific physical, intellectual, sensory or mental health impairment and the surrounding social and cultural environment. Disability is therefore understood as socio-political construct, whereby the attitudinal, environmental and institutional barriers that inherently exist within society systematically exclude and discriminate against people with disabilities.

- **Inclusive Development Approach**: In accordance with the right to participation outlined in [Articles 4] and [21] of the CRPD, and in accordance with the slogan of the disability community "Nothing about us, without us", people with disabilities and their families must be engaged and consulted throughout the SitAn process. This will promote ownership within the disability community and ensure their voices are heard in setting priorities, planning, implementation and monitoring.

- **Lifecycle approach**: Disability varies across the lifespan and depending on a variety of factors. Therefore, SitAns should consider the variations and implications in each of the phases of life and particularly during transitions from one phase to another (e.g. transition from out-of-school to work): childhood, adolescence, adulthood and old age.

Note: In **Annex 1** you will find a checklist of key components that should be part of the final report. If you have questions, refer to the Disability Section in Headquarters: [disabilities@unicef.org]

II.   Example of Key Questions for Disability SitAns

Rights-based and equity-focused SitAns highlighting disability should seek to respond to the following questions, either through direct consideration, or through reference to other documents in which these are adequately addressed:

General

1) To what extent are the rights of children and their families articulated in national policies and programmes?

2) How do outcomes and trends differ across sub-groups of children with disabilities (e.g. girls, indigenous, or youth), by geographical areas, during humanitarian action and in development contexts? What are the underlying causes of inequalities among the disability community? Which are the most deprived groups of children and parents with disabilities in terms of access and facing negative attitudes? What forms of deprivation and exclusion do they face? What are the determining factors that give rise to and perpetuate their exclusion? *It is important to note that children with disabilities may face some specific barriers depending on the nature of their impairments.*

Enabling Environment

3) Has the government signed or ratified the CRPD, analyse if national legislations and policies are compliant with the CRPD, and to what extent is the government taking steps to realize the rights?

4) What existing social, institutional and political factors (e.g. social norms, institutional capacities at all levels of government, accountability and coordination mechanisms, policy and legal frameworks) could potentially support the creation of an enabling environment for the realization of the rights of children with disabilities?

5) What are the immediate, underlying and structural barriers and bottlenecks to the well-being of children with disabilities and to accessing and utilizing basic social services and other critical resources?

Supply

6) What capacities (financial, technical and institutional) exist at national, sub-national and community levels to address inclusion of children with disabilities? *The supply of services includes making general services as inclusive as possible in addition to creating specific disability programmes where needed.*

7) To what extent do social protection measures exist and are inclusive of and reach children with disabilities and their families?

8) To what extent is the physical, communication and information environment accessible for people with disabilities?

Demand

9) To what extent are families of children with disabilities aware of financial programmes and social protection measures from the government, and to what extent do they access them?

10) To what extent are children with disabilities and their caregivers excluded from participation in society based on social and cultural practices, and beliefs?

11) How are the voices of children with disabilities and their families or their representative organisations incorporated into the design and planning of national/local strategies and programmes?

Quality

12) How satisfied are children and their families with the current policies and programmes?

13) To what extent to children with disabilities have the same level of participation and the opportunity and access to services as their peers without disabilities?

III.   Key Considerations in Developing a Disability SitAn

Preparation

- Identify key stakeholders from the disability community to engage in the process, which should include Government representatives (e.g. Senior Advisor or Focal Point on Disability), organizations representing people with disabilities also referred to as Disabled People's Organizations or DPOs (with attention to subgroups of children with disabilities), as well as children, adolescents, and parents with disabilities and caretakers whose voices are often missing. Representation should be across all types of disability.

- Identify consultant(s) that have a strong background in disability, which must include detailed knowledge on the CRPD, the social model of disability, and extensive personal

or professional experience with the disability community. More guidance on suitable qualifications for consultant(s) is available in **Annex 2**.

- Arrange a briefing on child disability for consultants to ensure they understand the social model of disability and the inclusive development approach. This is especially important in countries where the charity or medical models are still prominent.

Assessment

- Develop the outline for the report based on both the CRC and CRPD, also taking into consideration the CEDAW. In Sudan, the CRC was the foundation as it was organized around the key clusters of rights in the CRC. In Bangladesh, they based the outline on the CRPD. The approach will depend on the content in the country. **See Annexes 3 and 4 for both examples.**

- Consider major differences in the lives of children with and without disabilities across the lifespan to identify opportunities for deeper assessment. This could include how children engage in their community, what they do before and after school, how they are treated in the home or by their parents, how they are involved in decision making on issues that affect them, and the quality and access of schooling.

- Undertake consultations with primary stakeholder (children with all types of impairments, DPOs and their representative organizations) and other stakeholders including caretakers, service providers and government. Ensure accessible means of communication and relevant research methodology. Stakeholders can provide critical information for the SitAn including in areas where information is not available.

- Problem tree analysis can be a valuable participatory methodology to outline the immediate, underlying and structural causes of issues for children with disabilities. There is an example on school enrolment in the **Annex 5**.

- Detailed information on Measuring Child Disability is available in **Annex 6**.

Analysis

- General measures of child well-being should be disaggregated by disability status. This includes by type and severity of disability where the data allows. The definition of disability for these purposes should be consistent with **Annex 6**. If detailed quantitative data on disability is not available then qualitative data can be used to examine the quality of life of disabled children by type of disability.
- Qualitative data should include an exploration of the bottlenecks disabled children and their parents face in securing their rights. Qualitative data can also be used to identify specific measures of well-being or access to services that are disability specific. For example, inclusion in community festivals and access to rehabilitative services.

- While relying on DPOs for information is important, membership in DPOs is not a random group and may sometimes thus underrepresent the most excluded disabled people. Therefore, sampling for both qualitative and quantitative data collection should be designed to reach people with disabilities not affiliated with DPOs, as well.

Validation

- Check national data with broader child disability data available at ChildInfo.

- If available, compare the disability statistics with extracts from the latest MICS.

- Work with national disability groups to validate information contained in the report.

- Additional sources of information are listed in **Annex 7**.

Considerations for the Final Report and Launch

- Leverage the SitAn process as a vehicle to increase attention to disability issues. For example, develop a webstory or video as was done in Sudan (http://www.unicef.org/sudan/children_7487.html).

- In accordance with articles 9 and 21 of the CRPD, ensure the report is made available in accessible formats for people with disabilities to eliminate obstacles and barriers to information and allow people with disabilities to access information in the format and mode of their choice. This includes large print, braille, audio version and 'easy-to-read format'. National DPOs can advise on this.

- Plan a launch for the report that maximizes its impact on policy and advocacy and is not only accessible for people with disabilities, but provides a best practice for the government in event accessibility. Sudan's launch of the disability SitAn for example included some of the following below:

  o Identify key days or milestones to link to the launch (e.g. International Day of the Child (June 1), International Day of Persons with Disabilities (December 3) or the local anniversary of the signing or ratification of the CRPD)

  o Organize a workshop for children and parents with disabilities to identify recommendations for policy makers.

  o Launch a local or national campaign on disability in line with 'Communicating with Children' toolkit (http://www.unicef.org/cwc/) using empowering images, like was done in Montenegro with the 'It's About Ability' campaign (http://www.unicef.org/montenegro/15868.html). More disability videos developed by UNICEF are available on the web.

IV.   A Few Lessons from the Field

- **Where there is limited information available related to the situation of children with disabilities researchers can use participatory/qualitative approaches to gain information.** This was very helpful in Sudan where associations of people with disabilities, parents, and children were the main sources of information for the SitAn. It is also well known that in resource poor countries, parents are a particularly rich source of information on gaps in service provision for their children with disabilities. Therefore, the process of doing the research can be as important as the product itself. This process can serve as a catalyst in mobilising government and organisations of organizations representing people with disabilities to take action.

- **Where there is limited inter-sectoral collaboration on disability, the SitAn process can facilitate and increase inter-sectoral collaboration and coordination with the Government, UNICEF and among partners.** As disability is a cross-cutting issue it is important to have collaboration and coordination among all thematic areas and among our broader networks. The SitAn process has been found to be a perfect opportunity to bring various groups together with a common objective.

- **Where disability is not in the media, use the process of developing the report to begin to share empowering images and key messages.** In Sudan, communication materials complimented the research process. The CO collected human interest stories, produced a Youtube video, and created a webpage on disability in the country as part of the process. http://www.unicef.org/sudan/children_7482.html.

ANNEX 1: CHECKLIST FOR A DISABILITY SITAN

- ☐ Definitions of children and people with disabilities are clearly outlined (should be in line with the social or human rights model and article the difference between an impairment and disability)
- ☐ Overview of the situation and number of children with disabilities and their families in the country, placing emphasis on accessibility to the physical, communication and information environment, and social and cultural norms
- ☐ Introduce and refer to the Convention on the Rights of Persons with Disabilities and disability-specific legislation
- ☐ Clear link made between the CRC, CEDAW and CRPD(See UNICEF document: '<u>Analysis of Synergies between the CRC, CRPD and CEDAW: Using the human rights framework to promote the rights of children with disabilities'</u>)
- ☐ Review key legislation and policies on health (including immunizations, HIV/AIDS, sexual and reproductive health), education, child protection, WASH, nutrition, social protection, employment and human rights and discrimination for inclusion
- ☐ Language about children with disabilities and their families is empowering and does not further stigmatize (avoid words like 'dealing with', 'confined to', and 'suffering' for example)
- ☐ While acknowledging existing special or segregated approaches, inclusive approaches should promoted throughout the document
- ☐ Entire lifespan of a child is covered
- ☐ Perspectives from children, their families and particularly girls, women and minorities (e.g. indigenous) clearly articulated in the report, highlighting the key role of parents
- ☐ Information covers all disability areas (physical, visual, sensory, intellectual, psycho-social)

ANNEX 2: Consultants' Qualifications

Consultant(s) that work with COs to develop SitAns on disability must have a strong background in disability and child rights. This should include detailed knowledge on the CRPD, CRC, and CEDAW, the social model of disability and extensive personal or professional experience with the disability community. It is a condition that they have demonstrated experience with participatory research, particularly in countries where not much data exists, and of implementation of the rights of persons with disabilities across a variety of country/regional contexts.

If a CO finds the candidates do not have a strong background in all the areas mentioned above, an alternative option would be to hire two consultants to work as a team. One would bring significant experience in conducting SitAns and the other with a strong disability background. Ideally one of the pair would be local and the other could be international to bring an independent viewpoint. What is most critical is to ensure the disability expert has a full understanding of the social model. This was the case in Bangladesh where they hired two consultants including an international expert on child rights with experience conducting SitAns and a national expert on the situation of children with disabilities. In the case like in Kazakhstan, where local disability consultants may be limited, they hired an international team to have an independent view on the situation in the country and consulted with local specialists on child disability while developing the methodology. In this approach extra effort has to be made to ensure the report findings have a strong disability lens.

The HQ Disability Section has sample Terms of References (ToRs), a roster of consultants and can help evaluate a consultant's level of understanding on disability issued and the social model. It is also important for COs to include the statement outlining UNICEF as an equal opportunity employer in the ToR and encourage people with disabilities to apply.

ANNEX 3: SITUATION ANALYSIS ON CHILDREN WITH DISABILITIES IN BANGLADESH

DRAFT OUTLINE

Table of Contents
Glossary
Acknowledgements

1. EXECUTIVE SUMMARY

2. INTRODUCTION
   2.1 Context
   2.2 Objective
   2.3 Methodology
   2.4 Limitations

3. LEGAL AND POLICY FRAMEWORK
   3.1 Obligations under global and regional treaties
   3.2 National legislation and policies
   3.3 Accountability and Coordination Structure

4. DATA ON SITUATION OF CHILDREN WITH DISABILITIES
   4.1 Current available data (prevalence; health; education; nutrition; child protection)
   4.2 Plans for improving data on children with disabilities

5. ANALYSIS BY SELECTED AREAS OF RIGHTS
   Progress and achievements; challenges and gaps
   5.1 Equity and Non-Discrimination *(C4D, Communication, Social Protection/Safety Nets)*
   5.2 Health *(early detection and intervention, sanitation, immunization, habilitation and rehabilitation)*
   5.3 Nutrition *(Prevention of disability and promotion of development to full capacity for children with disabilities)*
   5.4 Respect for Home and Family *(right to grow up in a family, issue of institutional care)*
   5.5 Quality Education *(IE, access & assistive devices, WASH in schools, special education)*
   5.6 Protection from Exploitation, Violence and Abuse *(C4D, protection, justice, etc.)*
   5.7 Participation in Cultural Life, Recreation, Leisure and Sport *(protection, C4D, communication, education)*
   5.8 Humanitarian Response in Emergencies

6. KEY CROSS-CUTTING ISSUES
   6.1 Cultural beliefs and discrimination
   6.2 Function of Government planning and implementation structures
   6.3 Lack of reliable data for planning
   6.4 Coordination and cooperation

ANNEX 4: SUDAN DISABILITY SITAN REPORT OUTLINE

TABLE OF CONTENTS

ACRONYMS

EXECUTIVE SUMMARY

RESEARCH REPORT

A. BACKGROUND

B. THEORETICAL FRAMEWORK

C. METHODOLOGY
RESEARCH FINDINGS

D. CHILDREN WITH DISABILITIES AS SEEN BY STATISTICS & LAWS
Disability Prevalence in Sudan
Known Causes & Trends for Children with Disabilities
Laws & Legislations

E. CHILDREN'S LIVES VIS-À-VIS THEIR RIGHTS
CRC Cluster 1: Civic rights and freedoms
CRC Cluster 2: Right to family environment and alternative care
CRC Cluster 3: Right to basic health and welfare
CRC Cluster 4: Right to education, leisure and cultural activities
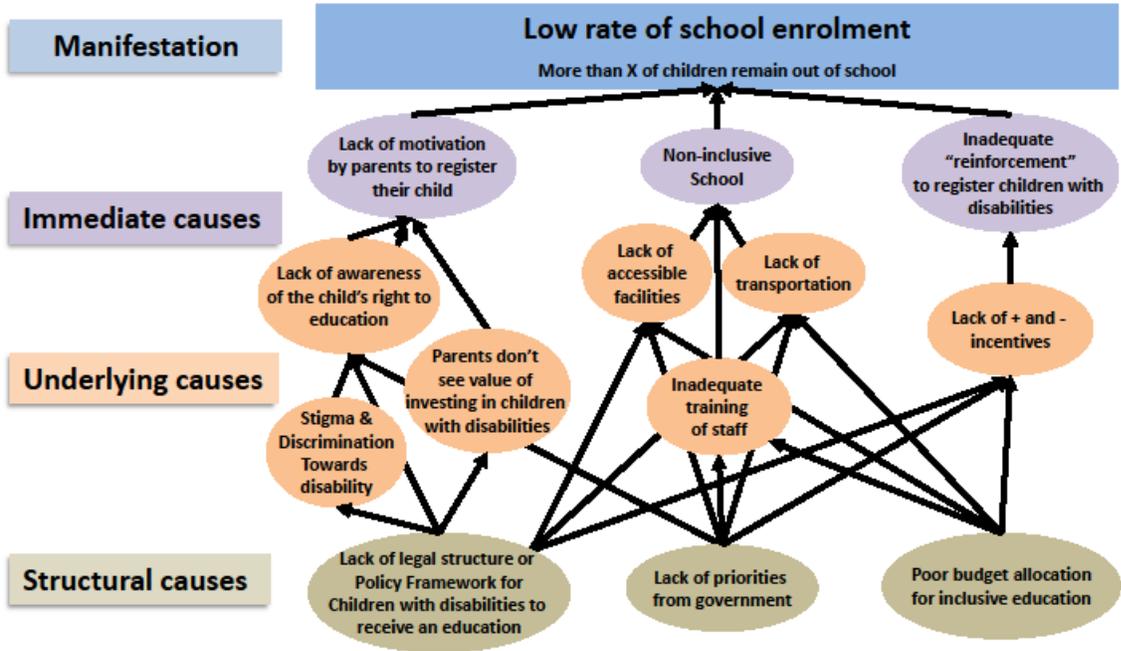CRC Cluster 5: Right to special protection measures

F. RESPONSE MECHANISMS

G. IN CONCLUSION

H. RECOMMENDATIONS

ANNEX 1 – ADDITIONAL RECOMMENDATIONS FROM CHILDREN & PARENTS
Children's Recommendations
Parents' Recommendations

BIBLIOGRAPHY

Annex 5: Sample Problem Tree

Sample Problem Tree – School Enrolment Children with Disabilities

Manifestation

Low rate of school enrolment

More than X of children remain out of school

Immediate causes

Lack of motivation by parents to register their child

Non-inclusive School

Inadequate "reinforcement" to register children with disabilities

Underlying causes

Lack of awareness of the child's right to education

Parents don't see value of investing in children with disabilities

Stigma & Discrimination Towards disability

Lack of accessible facilities

Lack of transportation

Inadequate training of staff

Lack of + and - incentives

Structural causes

Lack of legal structure or Policy Framework for Children with disabilities to receive an education

Lack of priorities from government

Poor budget allocation for inclusive education

ANNEX 6: Measuring Child Disability

Practically all countries have attempted to collect some information on the number of persons with a disability and these efforts have been going on for a long time. However, data collection on disability has been done in very different ways and with wide variations in the definitions and questions used. This lack of consistent definitions and indicators of disability, combined with disparities in the methodologies used to gather the data and in quality of study designs, have been major challenges in producing reliable and comparable disability statistics. Measuring child disability, in particular, presents a unique set of challenges and the poor quality of data on child disability stems, in some cases, from a limited understanding of what disability is in children and, in other cases, from stigma or insufficient investment in improving measurement.[4]

Defining disability

Historically, disability was conceptualized and measured from a medical perspective. That is, disability was thought of as the experience of a certain physical or mental impairment. This approach to defining disability has largely been replaced by a bio-social approach that focuses on the relationship between the individual and their environment in terms of limitations or barriers in performing daily activities and restrictions or supports to social participation. While there is general agreement that definitions of disability should incorporate both medical and social determinants, the measurement of disability is still predominantly medical, with a focus on specific physical or mental impairments. Estimates of disability prevalence vary depending on what definition of disability is used. When the new bio-social approach has been used, it has generally yielded reported disability prevalence rates that are much higher than the ones that can be obtained from methods that rely on narrow medical definitions of disability.

Measuring disability in children

In both developed and developing countries, data on the incidence of child disabilities are rarely available.[5] Because children develop and learn to perform basic tasks at different speeds, it can be difficult to distinguish significant limitations from variations in normal development.[6] The varying nature and severity of disabilities, together with the need to apply age-specific definitions and measures, further complicate data collection efforts.[7]

In the absence of incidence rates, prevalence estimates are typically used to describe the proportion of children in a population found to have a disability.[8] Prevalence estimates of child

---

[4] UNICEF, *State of the World's Children: Children with disabilities,* UNICEF, New York, 2013, p. 63.

[5] UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys*, UNICEF, New York, 2008, p. 8.

[6] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 63.

[7] Ibid.

[8] UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys*, UNICEF, New York, 2008, p. 8.

disability need to be interpreted with caution however, as they are a function of both incidence and survival, particularly in countries where infant and child mortality rates are high.[9] A low reported prevalence of disability may be the consequence of low survival rates for young children with disabilities or it may reflect high levels of institutionalization of children with disabilities since these children will not be captured by certain types of data collection methods (e.g., household-based surveys). On the other hand, a decrease in mortality rates could contribute to a spike in reported prevalence of children with disabilities. In this case, the actual numbers of children with disabilities are not necessarily increasing but rather more children are surviving long enough to be counted in disability estimates.

Culture also plays an important role since the interpretation of what may be considered 'normal' functioning varies across contexts and influences measurement outcomes. The attainment of certain milestones may not only vary among children, but differ also by culture. It is therefore important to assess children against reference values appropriate to local circumstances and understanding.[10]

Collecting data on child disability

In many developing countries, children with disabilities might not be adequately identified due to a lack of infrastructure such as educational and medical settings or national registries that are commonly used among more developed nations to identify children with disabilities. Where schooling or other formal services for children with disabilities are lacking, other methods of data collection, such as censuses, general and targeted household surveys, and interviews with key informants, have been used to estimate disability prevalence.[11]

General data collection instruments such as censuses are widely recognized as underestimating the prevalence of disability. They typically employ a generic or filter question, such as whether anyone in the household 'is disabled', or use the same questions for all household members regardless of their age.[12] The broad nature of these types of questions means that the interpretation of what constitutes a disability is left entirely to respondents. Not surprisingly, reported disability prevalence rates from surveys or censuses that have included such general questions about disability are often unusually low (e.g., less than one per cent). Research suggests that general data collection instruments are inadequate at identifying children with disabilities, and that children might be missed on surveys that do not specifically ask about them.[13] Indeed, these types of questions often under-enumerate children; girls and children of low socioeconomic status with disabilities are especially likely to be overlooked.

---

[9] Durkin, M. S., 'The Epidemiology of Developmental Disabilities in Low-Income Countries', *Mental Retardation and Developmental Disabilities Research Review*, vol. 8, no. 3, 2002, p. 211; UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries*, p. 8.

[10] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 64.

[11] Ibid.

[12] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 66.

[13] Durkin, M. S., 'Population-based studies of childhood disability in developing countries: Rationale and study design', *International Journal of Mental Health*, vol. 20, no. 2, 1991, pp. 47-60.

When compared to other methods that ask about disability in general, targeted household surveys that specifically address the issue of child disability or that incorporate measures designed specifically to evaluate disability in children have produced more accurate results.[14] Such surveys tend to report higher prevalence rates because they usually include more numerous and detailed questions.[15]

Prevalence rates of disability are extremely sensitive to, and affected by, the types and ways in which questions are asked. Questions posed to adults are often inappropriate or not applicable for children (for example, questions about memory loss etc.), yet many surveys apply a single set of questions to both adults and children to determine disability status.[16] Making explicit reference to the elderly/invalid population is clearly not relevant for assessing functioning difficulties among children and introduces a bias in the respondent's mind in terms of what should be considered as disability.[17] Ideally, questionnaires should include separate sets of questions for adults and children when collecting information about disabilities.

Well-designed surveys that include separate questions for children can still misreport disability if a single set of questions is applied to children across the age spectrum.[18] The choice of questions must be tailored to a child's age in order to reflect his or her developmental stages and evolving capacities.[19] Some areas, such as self-care (e.g., washing and dressing oneself), will not be appropriate for infants or very young children.[20] It is generally agreed among academics that capturing disability among children below two years of age may not be feasible through population surveys given the complexity of developmental processes that take place at such a young age.[21]

Household-based surveys (whether general or targeted) and censuses are based solely on parental responses, with caregivers normally expected to assess and report on the disability status of children.[22] Parents/caregivers then are assumed to be in a position to adequately judge whether their child has a disability or not; however, many children will not have been previously screened for disability and parents may not be able to detect, by themselves, manifestations of certain conditions. Certain temporary conditions, such as an ear infection for example, could be misreported as a form of disability if it is causing acute difficulties. On the

---

[14] Ibid; UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys*, UNICEF, New York, 2008, p. 9.

[15] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 66.

[16] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 66-67.

[17] UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys*, UNICEF, New York, 2008, p. 9; Durkin, M. S., 'Population-based studies of childhood disability in developing countries: Rationale and study design', International Journal of Mental Health, vol. 20, no. 2, 1991, pp. 47-60.

[18] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 66.

[19] World Health Organization and the United Nations Economic and Social Commission for Asia and the Pacific, *Training Manual on Disability Statistics,* Bangkok, 2008, pp. 107–108.

[20] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 66.

[21] UNICEF and the University of Wisconsin, *Monitoring Child Disability in Developing Countries*, pp. 8–9; Nair, M. K., et al., 'Developmental Screening Chart', *Indian Pediatrics*, vol. 28, no. 8, 1991, pp. 869–872.

[22] UNICEF, *State of the World's Children: Children with disabilities*, UNICEF, New York, 2013, p. 67.

other hand, parents may overlook certain signs, or hesitate to report them, because of a lack of acceptance or stigma surrounding disability in their culture.[23] Therefore, parental knowledge of norms and standards and expectations of children's performance will impact estimates of disability prevalence. While parents and other caregivers often do well at identifying difficulties their children may have in performing specific tasks, their responses alone are not sufficient to diagnose disabilities or establish a prevalence of disability.[24]

Along the same lines, language which is stigmatizing or judgmental is commonly found in questions used to determine disability status. Depending on the country context, the language used can be especially important as respondents may be hesitant to report their own or a family member's disability if there is a lack of acceptance or stigma around disability in the country.

---

[23] Ibid.
[24] Ibid.

ANNEX 7: Information Sources

UNICEF Disability Materials

- **Disability Website** www.unicef.org/disabilities

- **UNICEF Disability Orientation** www.unicef.org/disabilities

- **Analysis of Synergies between the CRC, CRPD and CEDAW**: Using the human rights framework to promote the rights of children with disabilities – 2012

- **What are the Benefits of Ratifying the CRPD** - 2013

- **UNICEF Programme Guidance (April 2007)** on Children with Disabilities: Ending Discrimination and Promoting Participation, Development and Inclusionhttp://www.intranet.unicef.org/pd/childprotection.nsf/bebddba2e89ddfb685256fa500598afe/aaebde0d60ecf3d6852570de0059f9e4?OpenDocument

- **It's About Ability** - An explanation of the Convention on the Rights of Persons with Disabilities http://www.crin.org/docs/VP_Ability.pdf . Learning Guide for Children on the CRPD http://www.unicef.org/malaysia/Its_About_Ability_Learning_Guide_EN.pdf

- UNICEF CHILDINFO: **Statistics on Children with Disabilities** http://www.childinfo.org/disability_resources.html

- Innocenti Research Center: Innocenti Digest on the Rights of Children with Disabilities (Volume 13) by UNICEF (http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf)

- **Video materials** developed by UNICEF on disability UNICEF disability vimeo page.

External Resources: International

- Convention on the rights of Persons with Disabilities (CRPD)

- A short animation United Nations Convention on the Rights of Persons with Disabilities http://www.youtube.com/watch?v=uUwHIbQFszU

- Including the rights of persons with disabilities in UN programming at country level– UNDG Programme Guidance Note – 2011

- UN Secretary General Report on the Status of the Convention on the Rights of the Child – 2011

- UN Omnibus resolution on the Rights of the Child on CWD – 2011

- World Report on Disability – WHO/World Bank – 2011 (You can focus on the summary and specific chapters related to children and the SITAN)

- OHCHR training on CRPD (http://www.ohchr.org/EN/Issues/Disability/Pages/TrainingmaterialCRPDConvention_OptionalProtocol.aspx)

- UN Enable website www.un.org/disabilities, for example materials from UN Enable website on mainstreaming disability the Development Agenda (http://www.un.org/disabilities/default.asp?id=1569)

- Health Policy and Planning Advance Access published July 4, 2011, Models and measurement in disability: an international review, Michael Palmer and David Harley

- International Disability Alliance (IDA), The Right to Education: Enabling Society to Include and Benefit from the Capacities of Persons with Disabilities

- WHO report on Developmental Difficulties in Early Childhood: Prevention, Early Identification, Assessment and Intervention in low- and middle-income countries: A Review, 2011.

- Checklist for Inclusion (Excerpt from 'Building an Inclusive Development Community Manual') (http://www.miusa.org/publications/freeresources/Checklist_for_Inclusion.pdf)

External Resources: Regional

- Asia

  o Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, 2012 (http://www.unescap.org/publications/detail.asp?id=1523)

- Europe:

  o Innocenti Insight: Children and Disability in Transition in CEE/CIS and Baltic States by UNICEF, 2005 (http://www.unicef.org/ceecis/Disability-eng.pdf)

  o EDUCATION AND DISABILITY/SPECIAL NEEDS policies and practices in education, training and employment for students with disabilities and special educational needs in the EU, 2012 (http://www.nesse.fr/nesse/activities/reports/activities/reports/disability-special-needs-1)

  o INCLUSIVE EDUCATION FOR YOUNG DISABLED PEOPLE IN EUROPE: TRENDS, ISSUES AND CHALLENGES A synthesis of evidence from ANED country reports and additional sources, Serge Ebersold, (National Higher Institute for training and research on special needs education, INSHEA) with Marie José Schmitt and Mark Priestley, April 2011 (http://www.disability-europe.net/content/aned/media/ANED 2010 Task 5 Education final report - FINAL (2)_0.pdf)

External Resources: National

- Human Development Reports, UN Development Assistance Framework (UNDAF),Poverty Reduction Strategy Paper (PRSPs), Sector-wide Approaches (SWAPs)

- Reports to Convention Committees; General and Concluding comments from Treaty Bodies

- National legislation, plans and programmes, statistics

- Indicators measured by MICS or MICS reports (if country carried out the data collection)

- Reports from local Disabled People's Organizations and NGOs

- Coverage of disability in the media

Sample disability SitAns from UNICEF COs

- Sudan: http://www.unicef.org/sudan/children_7485.htmlor http://www.unicef.org/sudan/children_7487.html
- Bangladesh: Good example of a report outline based on the CRPD (forthcoming)