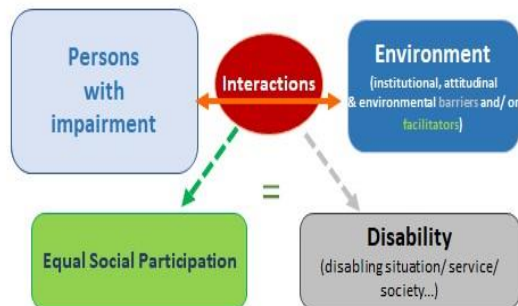


TIP SHEET - Disability Inclusion

This tip sheet has been developed to assist child protection actors in their programming to ensure it is disability inclusive. Evidence suggests that in every context, approximately 13%¹ of people are living with a disability. This is likely to be much higher in a context such as Myanmar where conflict and landmines are prevalent. Over a third of households have at least one member with a disability.² As child protection actors it is critical we are supporting all children including children and caregivers living with a disability.

Disability inclusion is achieved when persons with disabilities have equal opportunities, meaningfully participate in decision making, when their rights are promoted, and when disability-related concerns are addressed in compliance with the Convention of the Rights of Persons with Disabilities.



“Disability is an evolving concept...Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”. Attitudinal barriers may include discrimination or stigma associated with disability.

Main Types of impairments:

Physical- Difficulty in the performance of body functions e.g., walking and moving arms. e.g., spinal cord injury, cerebral palsy, amputation.

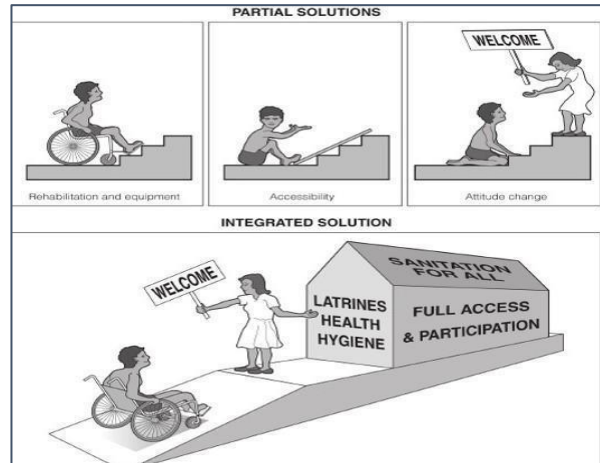
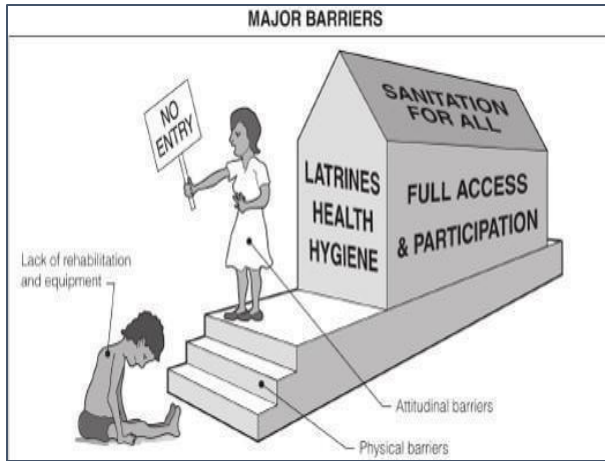
Intellectual- Difficulty with language, reasoning, memory, empathy, personal care etc. e.g., Down’s syndrome, cognitive impairments.

Sensory- Vision, hearing, communication. e.g., people who are deaf, hard of hearing, blind or have low vision, speech impairment e.g., stuttering.

Psychosocial- Chronic severe mental disorders or psychosocial disorders. e.g., schizophrenia, depression.


¹ 12.8% of the total population in Myanmar are people with disabilities (2019 Census).

² Multisector needs assessment 2023



Picture: Children/people with disabilities faces physical, attitudinal and communication barriers which can be overcome with some adaptations in environment & the attitude. A child after receiving wheelchair can access the facility independently if the facility has trained staff and ramp or other accessible features.

Etiquette for communication with children/persons with disabilities:

DOs:	Don'ts:
<ul style="list-style-type: none"> • Speak to the person directly, not the interpreter or companion who may be present. • Use respectful and person-first language, such as "person/child/woman/boy with a disability," instead of terms like "disabled person," "handicapped," "lame," "dumb," or "crazy", etc. • Use multiple/various forms of communication to ensure persons with different impairments can access information, ie. posters, pictures, loudspeakers, large print, brail • Allow for additional time needed for communication, translation and movement that a person with a disability may require. 	<ul style="list-style-type: none"> • Touch, push, pull, lean or otherwise physically interact with an individual's body or equipment unless you're asked to do so. A wheelchair, guide cane, walker, crutch or assistance animal, is part of that person's personal space. • Assume someone does or does not have a disability, not all disabilities are visible. • Use statements or comments that are derogatory or shows disrespect to persons with disabilities. E.g. specifically referring to their disabilities when there is no need to do so. • Create additional barriers to a person with a disability participating or accessing a service. <div style="text-align: right;">  </div>

Recommended Action:

- ❖ Include girls and boys with disabilities in age-appropriate assessments or analysis and consultations, focus-group discussions, surveys etc.
- ❖ Make sure that children with disabilities and other children affected by disabilities participate in child protection decisions that concern them; ensure the procedures are confidential.
- ❖ Involve children with disabilities and their families in identifying barriers that impede access to child protection interventions/ programming. Invite them to suggest how barriers can be removed and access improved.
- ❖ Make sure that teams appointed to run child protection assessments and plan programmes are gender-balanced; ensure that the representation of persons with disabilities on those teams is also gender-balanced. i.e. ensure that you have representation from women with disabilities as well as men with disabilities.
- ❖ Ensure that planning addresses disability-specific requirements and risks. Involve children and adults persons with disabilities in setting child protection priorities.
- ❖ Choose locations for child protection activities that are physically accessible and provide reasonable accommodations including waiting areas, seats etc.; where this is not possible, make necessary adjustments (e.g. event venue near the household, caregiver support, transport assistance etc.).
- ❖ Advertise child protection services in multiple formats – easy-to-read leaflets, radio, visual, in-person etc, to ensure that all children and caregivers have access to information.
- ❖ Raise awareness of the rights of children with disabilities and specific needs of children whose parents have disabilities. Discuss these rights with children (with and without disabilities), with their families, and with community leaders, religious leaders, other sector staffs and volunteers (eg, teachers, health workers etc.), and the wider community.
- ❖ Identify the safety concerns faced by children with disabilities and children whose parents have disabilities, including discrimination, bullying, risk of injury, and emotional, physical or sexual abuse. Take steps to remove or mitigate these risks in consultation with children and parents with disabilities and communities, and if you need assistance, reach out to the CP AoR in your region³.
- ❖ Include adolescents and youth with disabilities in activities that build their resilience. Foster leadership and strengthen peer networks. Consider recreational activities, sports, cultural activities, education, and life skills, using materials accessible for children with various types of disabilities.
- ❖ Consider the unique needs of adolescent girls with disabilities e.g. risks to GBV and SRHR needs in child protection programming.
- ❖ Use the Washington Group Short Set of Questions⁴ and the Child Function Module⁵ when conducting assessments, collecting data, or performing related activities.
- ❖ Set targets for the number of children with disabilities reached in project proposals, monitoring processes and internal procedures. If possible, this should be 13% of total beneficiaries.
- ❖ Ensure that voices of children with disabilities, their parents and parents with disabilities are heard and reflected in AAP practices and Complaint and Feedback Mechanisms

³ [Referrals and inquiries | Myanmar Child Protection Area of Responsibility](#)

⁴ <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

⁵ <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

Also available in Myanmar language here: <https://www.myanmarchildprotection.com/disability-steering-committee>

- ❖ **Data collection and information management:** Include gender- and age-disaggregated data on children with disabilities (not take children with disabilities as a homogenous gender-less group without age disaggregation).

Some examples of disability inclusive child protection

Child Friendly Spaces

- Ensure that these are accessible to children with different types of disabilities, following the approach of reasonable accommodation.
- Dedicate at least one staff/volunteer to support children with different types of disabilities to engage in recreational activities.
- Promote the space in different manners (signs, verbal, house-to-to house).
- Where possible and necessary, engage a volunteer/staff or partner with a disability inclusion community-based group/association to provide sign language translations during activities.
- Engage children with disabilities in the design and implementation of the activity.

Awareness raising

- Disseminate key CP messages in different format – written, verbal including pictorial representation, drama and in songs.
- Engage community members to further disseminate CP messages and include persons with disabilities in the community members engaged.
- Consider specific messages for children with different types of disabilities.
- Ensure to consider range of protection concerns, regardless of disability.

Case Management

- Use the above communication guide to ensure you are communicating effectively with children of different types of disabilities.
- Consider specific specialized support that children with disabilities may need and discuss it in your case planning stage.

Adolescent programming

- Ensure adolescents with different types of disabilities are engaged in the design of the program.
- Ensure children with disabilities are represented in any adolescent groups/clubs/other including leadership roles if possible.
- Tailor all life skills programming to be inclusive of children with disabilities.

Parenting training and awareness raising

- Reach out to and assess the needs of caregivers of children with disabilities and caregivers with disabilities and provide tailored parenting and self-care training for them
- Support groups of caregivers of children with disabilities and caregivers with disabilities to connect with and support each other

Community Level CP

- Engage specifically with community members with disabilities at all stages of the CLCP activities.
- Ensure members stay informed and sensitized on how to engage and address issues of disabilities.

Child Protection Mainstreaming

- Ensure that the rights and needs of children affected by disabilities are reflected in all protection mainstreaming activities in non-protection sectors