



UNICEF Fact Sheet

**Children with
Disabilities**

August, 2022

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Acknowledgements

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

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

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Abbreviations

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

Introduction

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

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

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

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

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

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

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

tackled by taking into account the way in which disability intersects with age, gender, migration and other factors.

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

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

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

UNICEF's goals for achieving the rights of children with disabilities focus on being an inclusive organization for all, developing leadership on the rights of children with disabilities, building capacity among staff and

partners, and mainstreaming disability across all policies and programmes, both in development cooperation and humanitarian action.

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

Purpose of the fact sheet

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

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

1 United Nations, 'Convention on the Rights of Persons with Disabilities', United Nations Office of the High Commissioner for Human Rights, Geneva, 2007 <www.ohchr.org/sites/default/files/Ch_IV_15.pdf>, accessed 23 June 2022.

2 United Nations, 'The United Nations Convention on the Rights of the Child', United Nations Children's Fund, London, 1989, <www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf>, accessed 23 June 2022.

3 United Nations, 'Convention on the Rights of Persons with Disabilities', article 1.



THE CURRENT SITUATION – A SNAPSHOT

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

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

4 United Nations Children’s Fund, ‘Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities’, New York, 2022, <<https://data.unicef.org/resources/children-with-disabilities-report-2021>>, accessed 23 June 2022.

5 Jones, Lisa, et al., ‘Prevalence and Risk of Violence Against Children with Disabilities: A systematic review and meta-analysis of observational studies’, *The Lancet*, vol. 380, no. 9845, 2012, pp 899–907, doi: 10.1016/S0140-6736(12)60692-8; ‘Seen, Counted, Included’.

6 ‘Seen, Counted, Included’.

7 United Nations Children’s Fund and Leonard Cheshire Disability and Inclusive Development Centre, ‘Disability Prevention Efforts and Disability Rights: Finding common ground on immunization efforts’, UNICEF, New York, 2020.

compared with only 12 per cent of children without functional difficulties.⁸

- Children with disabilities are 42 per cent more likely to be underweight (28 per cent, compared with 19 per cent of children without disabilities) and 34 per cent more likely to be stunted (43 per cent, compared with 30 per cent of children without disabilities).⁹
- Children with disabilities are 12 per cent less likely to have improved drinking water

sources in their households, compared with children without disabilities, and 8 per cent less likely to have improved sanitation facilities in their households.¹⁰

- The data suggest that the institutionalization of children with disabilities continues in many countries and regions across high- and low-income countries.¹¹ Globally, it is estimated that one in three children in institutions is a child with disabilities.¹²

FIGURE 1 Number of children aged 0 to 17 years with disabilities



Notes: The global estimate is based on a subset of 103 countries covering 84 per cent of the global population of children aged 0 to 17 years. Regional estimates represent data covering at least 50 per cent of the regional population of children.

8 'Seen, Counted, Included'.

9 Ibid.

10 Ibid.

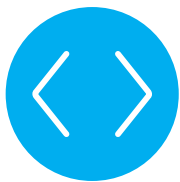
11 Petrowski, Nicole, Claudia Cappa, and Peter Gross, 'Estimating the Number of Children in Formal Alternative Care: Challenges and results', *Child Abuse & Neglect*, vol. 70, 2017, pp. 388–398. doi:10.1016/j.chiabu.2016.11.026; p. 395.

12 Committee on the Rights of the Child, 'United Nations Global Study on Children Deprived of Liberty', Office of the United Nations High Commissioner, Geneva, 2019, <www.ohchr.org/en/treaty-bodies/crc/united-nations-global-study-children-deprived-liberty>, accessed 23 June 2022; chapter 7, p. 191.

Stigma and discrimination

Attitudinal barriers faced by children with disabilities stem from ableism – the underlying system of values that results in stigma, discrimination and, ultimately, the exclusion of persons with disabilities from development and humanitarian action. Due to ableist assumptions, children with disabilities are considered to be in need of ‘fixing’, to be less able to contribute and participate, to be less worthy of attention and, in general, considered to have less inherent value than other children. For this reason, eliminating stigma and discrimination is a human rights imperative. A recent global study by UNICEF revealed that achieving systemic social and behaviour change requires time, investment, and integrated communication, programme and advocacy interventions. Understanding the beliefs and attitudes, characteristics, contexts and challenges of target populations is key to properly targeting and planning complex programmes to respond to the drivers of exclusion and stigma.¹³

13 United Nations Children’s Fund, ‘Social and Behavioural Change Interventions to Strengthen Disability-Inclusive Programming’, New York, 2020, <www.unicef.org/documents/social-and-behavioural-change-interventions-strengthen-disability-inclusive-programming>, accessed 8 July 2022.



GAPS IN EVIDENCE

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

- The situation of children with disabilities in humanitarian emergencies, including on how children with disabilities are differently impacted, and their experience of accessing services
- Access to assistive technology, including patterns of access, levels of unmet need, barriers and facilitators, particularly in humanitarian and resource-poor settings
- The situation of children with disabilities who are on the move, including refugees, migrants, internally displaced children, and returnees. Evidence is lacking on the drivers of migration for children with disabilities and their households, and the specific forms of exclusion they may face
- More generally, data disaggregated by disability are lacking in both development and humanitarian contexts. Further, even where disaggregated data are available, they are rarely disaggregated by age, sex and other factors, which hinders an understanding of the diversity of experiences of children with disabilities, including boys, girls, adolescents and the youth.



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CHILDREN WITH DISABILITIES AND HUMAN RIGHTS

International normative frameworks provide protection from all forms of discrimination and promote the full enjoyment of human rights of all people, including children with disabilities. The Convention on the Rights of the Child¹⁴ and the Convention on the Rights of Persons with Disabilities (CRPD)¹⁵ further clarify and mutually reinforce how these universal human rights are related to children with disabilities.



The Convention on the Rights of the Child was adopted in 1989 to promote, protect and fulfil the rights of all children, and is the most widely ratified human rights treaty.

Although article 23 of the convention focuses specifically on the rights of children with disabilities, all the rights, guarantees and protection mechanisms established by the convention are applicable to children with

disabilities. In addition, due to the principle of the indivisibility of human rights, all the rights guaranteed by the Convention on the Rights of the Child have to be read in conjunction with those enshrined by the CRPD.

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

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

14 'The United Nations Convention on the Rights of the Child'.

15 'Convention on the Rights of Persons with Disabilities'.

16 United Nations Committee on the Rights of Persons with Disabilities, 'General Comment No. 9 (2006): The rights of children with disabilities' (CRPD/C/GC/9), United Nations Committee on the Rights of Persons with Disabilities, 43rd session, Office of the United Nations High Commissioner, Geneva, 2016, <www.refworld.org/docid/57c977344.html>, accessed 23 June 2022; para 45.

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

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

- Article 2 of the Convention on the Rights of the Child requires states to respect and ensure the "... rights set forth in the present convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."¹⁷ The Convention on the Rights of the Child also includes specific articles related to children with disabilities' care and support.¹⁸
- The CRPD, and all the human rights contained in it, is applicable to children and young persons with disabilities. Article 7

specifically obligates states to take actions to "ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children."¹⁹ Articles 3 and 6 recognize the multiple and intersectional discrimination certain groups of children with disabilities can face.²⁰

- Article 23 of the CRPD, on respect for the home and family, recognizes that children with disabilities have equal rights to family life and should not be separated from their family on the basis of their disability. When the immediate family cannot provide care, children with disabilities should be cared for within the wider family or in the community in a family setting. The article also notes the need for early and comprehensive information, services and support to children with disabilities and their families.
- All children, including children with disabilities, can be excluded when decisions are made about their lives. The CRPD has a specific article on equality before the law (article 12), and article 7 recognizes that "... in all actions concerning children with disabilities, the best interests of the child ... be a primary consideration" (paragraph 2) and that "... their views [be] given due weight in accordance with their age and maturity" (paragraph 3).²¹ It also provides for disability and age-appropriate assistance to realize this right.
- Article 32 of the CRPD, on international cooperation, and article 11, on situations of risk and humanitarian emergencies, require that children with disabilities are not left behind in development gains and are protected from situations of risk during conflict, humanitarian emergencies and natural hazards.²²

17 'The United Nations Convention on the Rights of the Child', article 2, paragraph 1, page 3.

18 'The United Nations Convention on the Rights of the Child', article 23.

19 'Convention on the Rights of Persons with Disabilities', article 7.

20 Ibid., articles 3, 6 and 7.

21 Ibid., article 2.

22 Ibid., articles 11 and 32.

Multiple and intersectional discrimination



- Children with disabilities are not a homogenous group. They are diverse people who have different impairments, age, sex, gender identity, sexual orientation, ethnicity, race, religious and cultural beliefs, socio-economic background, geographical location, level of education and migration status. The impact of diverse identities (including gender, age and disability) varies across different cultural, socio-economic and political contexts. When multiple grounds for discrimination operate at the same time, children with disabilities can be exposed to intersectional discrimination.²³ Girls with disabilities experience higher levels of discrimination than boys with disabilities and children without disabilities. Twenty-three per cent of girls with more than one functional difficulty aged 15–17 years reported having personally felt discriminated against or harassed within the previous 12 months on the basis of disability or other grounds for discrimination prohibited under international human rights law, compared with 14 per cent of girls without a functional difficulty, 13 per cent of boys with more than one such disability, and 12 per cent of boys without a functional difficulty.²⁴
- Girls with disabilities often experience double discrimination.²⁵ This makes them less likely than either boys with disabilities or girls without disabilities to receive health care, get an education, access vocational

training and find employment. They are also at higher risk of violence, sexual exploitation and abuse²⁶ and are more likely to be subjected to gender-based violence (GBV).²⁷

- Many lesbian, gay, bisexual, transgender, queer, intersex, non-binary and gender-neutral young persons with disabilities are at risk of multiple and intersectional forms of discrimination, particularly in relation to access to employment, education and health care, hindering their full inclusion in community life.²⁸

Global development and humanitarian frameworks

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

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

23 ‘Convention on the Rights of Persons with Disabilities’; United Nations Committee on the Rights of Persons with Disabilities, ‘General Comment No. 3 (2016), Article 6: Women and girls with disabilities’ (CRPD/C/GC/3), Office of the United Nations High Commissioner, Geneva, 2016, <www.refworld.org/docid/57c977344.html>, accessed 23 June 2022.

24 ‘Seen, Counted, Included’.

25 World Health Organization, United Nations Educational, Scientific and Cultural Organization, International Labour Organization, and International Disability Development Consortium, ‘Community Based Rehabilitation (CBR) Guidelines’, World Health Organization, Geneva, <www.who.int/publications/i/item/9789241548052>, accessed 23 June 2022.

26 Jones, et al., ‘Prevalence and Risk of Violence Against Children with Disabilities’.

27 United Nations Population Fund, ‘Young Persons with Disabilities: Global study on ending gender-based violence and realizing sexual and reproductive health and rights’, New York, 2018, <www.unfpa.org/sites/default/files/pub-pdf/Final_Global_Study_English_3_Oct.pdf>, accessed 23 June 2022; p. 24.

28 European Disability Forum, ‘European Human Rights Report – Issue 3’, Brussels, 2019, p. 28.

- The Sendai Framework for Disaster Risk Reduction (2015–2030)²⁹ works alongside the 2030 Agenda and is the road map to making communities safer and more resilient to disasters. The framework is inclusive of all persons with disabilities, including children and the youth.³⁰
- The World Humanitarian Summit in 2016 mobilized support for the Agenda for Humanity with its five major areas for change and a range of initiatives to transform humanitarian aid. One of the core responsibilities defined was “leaving no one behind”, ensuring that the needs and risks faced by the most marginalized people, such as children with disabilities, are included and prioritized in emergencies; another was the empowerment of protection of women and girls.³¹
- The Charter on Inclusion of Persons with Disabilities in Humanitarian Action was



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

- To operationalize the charter, the Inter-Agency Standing Committee launched the ‘Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action’ in 2019. These give the comprehensive guidance for the actions that all humanitarian actors must take to identify and respond to the needs and rights of persons with disabilities who are at risk of being left behind in humanitarian emergencies.³³ They specifically emphasize the right of children with disabilities to be consulted in matters that concerns them, to the “... degree that their evolving capacities enable them to do so.”³⁴

29 United Nations Development Fund, ‘Sendai Framework for Disaster Risk Reduction (2015–2030)’, Yangon, 2016, <www.mm.undp.org/content/myanmar/en/home/library/environment_energy/sendai-framework-for-disaster-risk-reduction-2015-2030-.html>, accessed 23 June 2022.

30 See generally the United Nations Office for Disaster Risk Reduction, <www.undrr.org>, accessed 23 June 2022.

31 See generally Agenda for Humanity, ‘Leave No One Behind’, <<https://agendaforhumanity.org/transformation/53.html>>, accessed 23 June 2022.

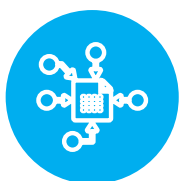
32 European Union Civil Protection and Humanitarian Aid, et al., ‘Charter on Inclusion of Persons with Disabilities in Humanitarian Action: Key principles to make humanitarian action inclusive of persons with disabilities’, CBM and Humanity & Inclusion, Amstelveen and London, 2022, <<https://humanitariananddisabilitycharter.org>>, accessed 23 June 2022.

33 Inter-Agency Standing Committee, ‘IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019’, Geneva, 2019, <<https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>>, accessed 23 June 2022.

34 Ibid., p. 10.



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COLLECTION OF DATA ON CHILDREN WITH DISABILITIES

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

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

35 Mont, Daniel, 'Differences in Reported Disability Prevalence Rates: Is something wrong if I don't get 15%?', Washington Group on Disability Statistics, Hyattsville, 2019, <www.washingtongroup-disability.com/wg-blog/differences-in-reported-disability-prevalence-rates-is-something-wrong-if-i-dont-get-15-120>, accessed 23 June 2022.

36 See United Nations Statistics Division, 'Washington Group on Disability Statistics', New York, 2021, <<https://unstats.un.org/unsd/methodology/citygroups/washington.cshml>>, accessed 23 June 2022; Erdene, Buyant, and Khaltarkhuakiko Sagesaka, 'Disability Data is Integral to Achieving the SDGs', The World Bank Group, Washington, DC, 2019, <<https://blogs.worldbank.org/opendata/disability-data-integral-achieving-sdgs>>, accessed 23 June 2022.

collaboration with UNICEF, the child functioning module.³⁷ These sets of questions are used by many countries.³⁸



- The child functioning module covers children aged 2–17 years and assesses functional difficulties in different domains, including hearing, vision, communication, comprehension, learning, mobility and emotions. To better reflect the degree of functional difficulty, each area is assessed against a rating scale. The purpose is to estimate the proportion of children with functional difficulties. Such information can be used to disaggregate data on several indicators of well-being

and to understand how children with disabilities are faring in comparison with children without disabilities.³⁹

- The UNICEF-supported Multiple Indicator Cluster Surveys (MICS) have integrated the Washington Group short set on functioning and the child functioning module into questionnaires, generating comparable data on the situation of children and adults with disabilities across several countries.⁴⁰
- Under the CRPD, disaggregation of data is mandatory,⁴¹ so that data should always be disaggregated by disability and other intersectional categories⁴² such as gender and age.

37 United Nations Children’s Fund, ‘Child Functioning: A new way to measure child functioning’, New York, 2021, <<https://data.unicef.org/topic/child-disability/data-collection-tools/module-on-child-functioning>>, accessed 23 June 2022.

38 See generally the Washington Group on Disability Statistics, ‘About the Washington Group’, <www.washingtongroup-disability.com>, accessed 23 June 2022.

39 Loeb, Mitchell, Claudia Cappa, Roberta Cialesi, and Elena de Palma, ‘Measuring child functioning: the UNICEF/Washington Group Module’, *Salud publica de Mexico*, vol. 59, no. 4, 2017, pp. 485–487, doi: 10.21149/8962.

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

41 ‘Convention on the Rights of Persons with Disabilities’, article 31.

42 United Nations Committee on the Rights of Persons with Disabilities, ‘General Comment No. 6 (2018) on Equality and Nondiscrimination’, (CRPD/C/GC/6), Office of the United Nations High Commissioner, Geneva, 2018, <https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/6&Lang=en>, accessed 23 June 2022; paragraph 71.



POVERTY

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

- Poverty and disability are inextricably linked, and persons with disabilities, including children, are disproportionately represented in the poorest sections of society.⁴⁴ Children who live in the poorest sections of society are also more susceptible to acquiring disability, due to several factors (e.g. poor housing conditions, malnutrition, hazardous child labour, limited access to education and

lack of access to health care). Both the CRPD and the Convention on the Rights of the Child protect the rights of children with disabilities to an adequate standard of living.⁴⁵

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

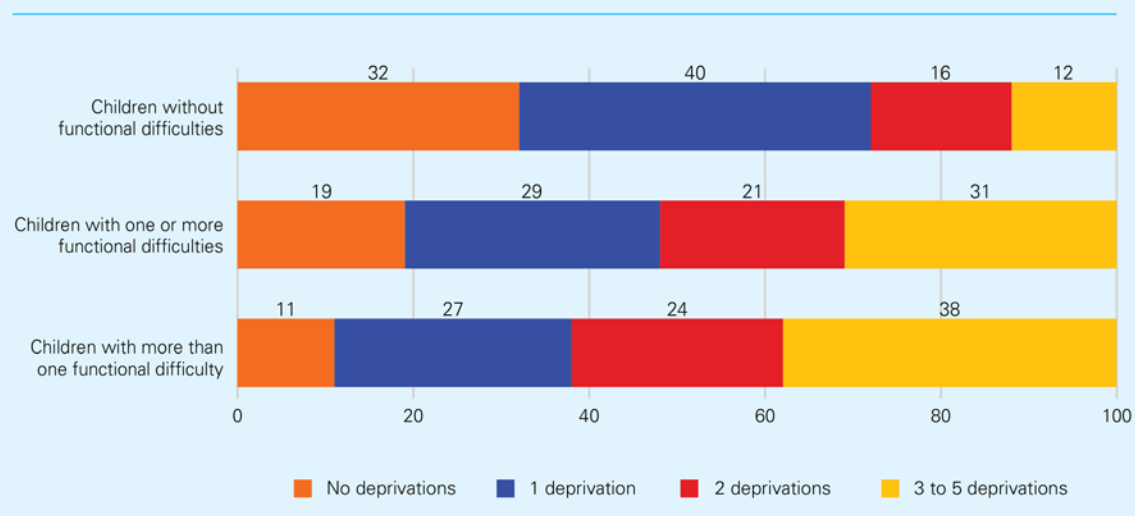
43 Statistics Division, 'End Poverty in All its Forms Everywhere', United Nations Department of Economic and Social Affairs, New York, no date, <<https://unstats.un.org/sdgs/report/2019/goal-01>>, accessed 23 June 2022.

44 'World Report on Disability 2011', pp. 39–40; Filmer, Dean, 'Disability, Poverty and Schooling in Developing Countries', pp 141–163; Sundrum, Logan, Wallace, and Spencer, 'Cerebral Palsy and Socioeconomic Status'; Newacheck, Paul W., et al., 'Disparities in the Prevalence of Disability Between Black and White Children', *Archives of Pediatrics & Adolescent Medicine*, vol. 157, no. 3, 2003, pp. 244–248, doi: 10.1001/archpedi.157.3.244.

45 'Convention on the Rights of Persons with Disabilities', article 28; 'The United Nations Convention on the Rights of the Child', article 27.

46 'Seen, Counted, Included'.

FIGURE 2 Percentage of children aged 2 to 4 years who experience moderate or severe levels of multidimensional poverty



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

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

These additional costs are increased during

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

- Gender norms can further reinforce poverty. This can happen, for example, where girls become caregivers to their siblings rather than attend school, and where negative attitudes and stigmatization affect families who may have children with disabilities.⁵⁰ Girls living in households that include children with disabilities are more likely to be out of school, at every level of education, than boys in such situations, and compared with girls not living with children with disabilities. Just over a third (35 per cent) of girls of upper-secondary school age



47 Special Rapporteur on the rights of persons with disabilities, 'Rights of Persons with Disabilities: Note by the secretary-general' (A/70/297), United Nations General Assembly, 70th session, New York, 2015, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/248/40/PDF/N1524840.pdf?OpenElement>>, accessed 23 June 2022; paragraph 12.

48 Mont, Daniel, and Nguyen Viet Cuong, 'Disability and Poverty in Vietnam', *The World Bank Economic Review*, vol. 25, no. 2, 2011, pp. 323–359.

49 Edwards, Jess, 'Protect a Generation: The impact of COVID-19 on children's lives', Save the Children International, London, no date, <https://resourcecentre.savethechildren.net/pdf/protect_a_generation_executivesummary_final.pdf>, accessed 23 June 2022.

50 Innocenti Research Centre, 'Promoting the Rights of Children with Disabilities', Innocenti digest no. 13, United Nations Children's Fund, Florence, 2007, <www.un.org/esa/socdev/unyin/documents/children_disability_rights.pdf>, accessed 23 June 2022; p. 15, box 5.1.

who live in a household that has a child with a disability are not attending school, compared with 27 per cent of boys in a similar situation, and 28 per cent of girls who live in a household without a child with a disability.⁵¹

- Children with disabilities who live in rural and/or indigenous communities experience

multiple disadvantages. Belonging to a marginalized group and living in remote locations can often mean little or no access to the services that could support their development, provide protection and proactively promote their participation in community life.⁵²

51 'Seen, Counted, Included'.

52 Betania, A-L., et al., 'Compilation of Best Practices for Including Persons with Disabilities in all Aspects of Development Efforts', working document in response to General Assembly Resolution A/65/186 and with the intention of facilitating the discussions leading up to the envisaged High-Level Meeting on disability and development at the 67th session of the General Assembly in 2012. Instituto Nacional de Salud Pública, Cuernavaca, 2010.



NUTRITION

SDG 2 calls for an end to hunger and for all people to have access to safe, nutritious and sufficient food all year round. Target 2.2 aims to end all forms of malnutrition by 2025.⁵³ There is a strong interrelationship between nutrition and disability.

- Children with disabilities are 47 per cent more likely to be underweight (28 per cent, compared with 19 per cent of children without disabilities) and 34 per cent more likely to be stunted (43 per cent, compared with 30 per cent of children without disabilities). Globally, 42 per cent of children with more than one functional difficulty have been found

to be underweight, compared with 19 per cent of children without any functional difficulties.⁵⁴ Undernutrition can lead to poor health outcomes, with developmental milestones missed or delayed, avoidable secondary conditions acquired, stunting and wasting and, in extreme circumstances, death. This creates a cycle that increments children's vulnerability.⁵⁵ It can also have intergenerational effects, as poor nutrition can lead to suboptimal pelvic growth in girls, which can make future pregnancies and childbirth risky.⁵⁶

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

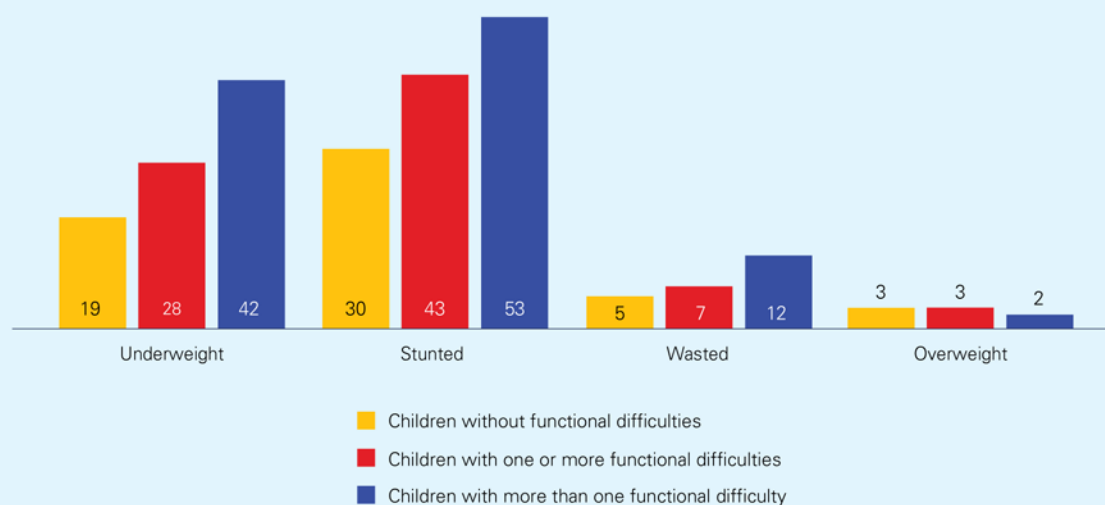
53 Statistics Division, 'SDG Indicators: Metadata repository', United Nations Department of Economic and Social Affairs, New York, no date, <<https://unstats.un.org/sdgs/metadata/?Text=&Goal=2&Target=2.2>>, accessed 23 June 2022.

54 'Seen, Counted, Included'.

55 Groce, Nora, et al., 'Inclusive Nutrition for Children and Adults with Disabilities', *The Lancet Global Health*, vol. 1, issue 4, 2013, pp. E180–E181, doi: 10.1016/S2214-109X(13)70056-1.

56 Groce, Nora, et. al., 'Malnutrition and Disability: Unexplored opportunities for collaboration', *Paediatrics and International Child Health*, vol. 34, issue 4, 2014, doi: 10.1179/2046905514Y.0000000156.

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



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

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

They may also have more frequent illnesses or difficulties absorbing nutrients,⁶¹ or physical problems in feeding.⁶²

- Malnutrition can also result from stigma and discrimination towards children with disabilities and their families. For example, mothers may be pressured to not breastfeed their babies with disabilities, and denying food or providing less nutritious food than siblings without disabilities.⁶³
- In humanitarian contexts, standard food rations and supplies are rarely adapted for children with disabilities, who may need a

57 Groce, Nora, Eleanor Challenger, and Marko Kerac, 'Stronger Together: Nutrition-disability links and synergies – briefing note', United Nations Children's Fund, New York, 2013, <https://sites.unicef.org/disabilities/files/Stronger-Together_Nutrition_Disability_Groce_Challenger_Kerac.pdf>, accessed 23 June 2022; 'Seen, Counted, Included'.

58 CBM Emergency Response Unit, 'Disability Inclusion in Drought and Food Crisis Emergency Response', CBM Australia, Richmond, Victoria, 2011, <www.cbm.org/fileadmin/user_upload/Disability_Inclusion_in_Drought_and_Food_Crisis_Emergency_Response.pdf>, accessed 23 June 2022.

59 Groce, Nora, et al., 'Malnutrition and Disability'.

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

61 Kenyan Red Cross Society, CBM East Africa Regional Office, and London School of Hygiene & Tropical Medicine International Centre for Evidence in Disability, 'Childhood Disability and Malnutrition in Turkana Kenya: A summary report for stakeholders and policy', London School of Hygiene & Tropical Medicine, London, no date, <www.lshtm.ac.uk/sites/default/files/2019-06/Malnutrition-and-Disability-Report-Full-Report.pdf>, accessed 23 June 2022.

62 'Seen, Counted, Included'.

63 United Nations Children's Fund, 'The State of the World's Children 2013: Children with disabilities', New York, 2013, <www.unicef.org/media/84886/file/SOWC-2013.pdf>, accessed 23 June 2022.

modified food consistency such as smooth, pureed food that is easier to swallow, additional nutrients and adapted utensils.⁶⁴ In this context, children with disabilities have been found to be particularly vulnerable to malnutrition, even within areas of chronic food insecurity and widespread malnutrition.⁶⁵

- Countries with high levels of malnutrition and nutrient deficiency often also report higher rates of disability and developmental delays.⁶⁶ Malnutrition at a young age may lead to the development of disability, through insufficient micro/macronutrients,

such as in rickets and blindness (xerophthalmia), through a high concentration of anti-nutrients or by increasing vulnerability to developmental delay.⁶⁷

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

64 See generally: Women's Refugee Commission, 'Disability among Refugees and Conflict Affected Populations', New York, 2008, <www.womensrefugeecommission.org/wp-content/uploads/2020/04/disabilities_report_02-10_web.pdf>, accessed 23 June 2022.

65 Kuper, Hannah et al., 'Malnutrition and Childhood Disability in Turkana, Kenya: Results from a case-control study', *PLOS ONE*, vol. 10, no. 12, 2015, e0144926, doi:10.1371/journal.pone.0144926.

66 World Health Organization, 'Developmental Difficulties in Early Childhood: Prevention, early identification, assessment and intervention in low- and middle-income countries: a review', Geneva, 2012, <https://apps.who.int/iris/bitstream/handle/10665/97942/9789241503549_eng.pdf>, accessed 23 June 2022.

67 Kerac, Marko et al., 'The Interaction of Malnutrition and Neurologic Disability in Africa', *Seminars in Pediatric Neurology*, vol. 21, no. 1, 2014, pp 42–49, doi: 10.1016/j.spen.2014.01.003.



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ASSISTIVE TECHNOLOGY

- Assistive technology – including wheelchairs, prosthetics, glasses, hearing aids and screen-reading software – is instrumental for the development and participation of children with disabilities, by enabling their communication,⁶⁸ mobility⁶⁹ and self-care. Technology also allows each child to explore the worlds of family relationships, friendships, education,⁷⁰ play⁷¹ and household tasks,⁷² enhancing their quality of life⁷³ and that of their families.⁷⁴ For the vast majority of children with disabilities, however, inadequate access to assistive technology, or none at all, excludes them

68 Joseph, P., 'A Study on Certain Factors Influencing Language Performance of Hearing Impaired Students', *Asia Pacific Disability Rehabilitation Journal*, vol. 14, no. 2, 2003, pp. 201–208.

69 Shore, S. L., 'Use of an Economical Wheelchair in India and Peru: Impact on health and function', *Medical Science Monitor*, vol. 14, no. 12, 2008, pp. PH71–PH79.

70 Murchland, Sonya, and Helen Parkyn, 'Using Assistive Technology for Schoolwork: The experience of children with physical disabilities', *Disability and Rehabilitation: Assistive Technology*, vol. 5, issue 6, 2010, pp. 438–447, doi: 10.3109/17483107.2010.481773.

71 Jansens, Rianne and Andrea Bonarini, 'Usability and Accessibility of Toys and Technologies for Play for Children with Disabilities: Scoping review of guidelines and tools', ch. 5 in *Perspectives and Research on Play for Children with Disabilities*, Daniela Bulgarelli, Sciendo, 2021, pp. 83–105, doi: 10.1515/9788395669613-007.

72 Adolfsson, Margareta, 'Applying the ICF-CY to Identify Everyday Life Situations of Children and Youth with Disabilities', PhD thesis, School of Education and Communication – Jönköping University, Jönköping, 2011.

73 May-Teerink, Teresa, 'A Survey of Rehabilitative Services and People Coping with Physical Disabilities in Uganda, East Africa', *International Journal of Rehabilitation Research*, vol. 22, issue 4, 1999, pp. 311–316, doi: 10.1097/00004356-199912000-00008.

74 Nicolson, Amy, Lois Moir, and Jeannine Millsteed, 'Impact of Assistive Technology on Family Caregivers of Children with Physical Disabilities: A systematic review', *Disability and Rehabilitation: Assistive Technology*, vol. 7, issue 5, 2012, pp. 345–349, doi: 10.3109/17483107.2012.667194.



from education, health and social services,⁷⁵ resulting in lifelong consequences for their participation in civic life and employment.

- It is estimated that over 1 billion people around the world need some form of assistive technology, yet 90 per cent of these people do not have the assistive technology they need. In 2020 in low- and middle-income countries, there were an estimated 850 million people in need of glasses, 54 million in need of hearing aids, 60 million in need of wheelchairs and 35 million in need of prostheses.⁷⁶
- The rights of children with disabilities, as described in the Convention on the Rights of the Child and the CRPD, demand a systemic approach to the provision of access to assistive technology. In addition to environmental factors, such as the quality of

streets for wheelchair users, and the cultural attitudes for people who need glasses or prostheses, obstacles to accessing assistive technology include a lack of awareness of the existence of certain technologies,⁷⁷ stigmatization,⁷⁸ an absence of public policies⁷⁹ supporting local availability and affordability, a lack of assistive technology products with adequate size, type or quality,⁸⁰ and insufficient personnel to provide referrals, fitting,⁸¹ training and repairs.⁸²

- While these challenges affect all persons with disabilities, they affect children more,⁸³ while growing and needing much more frequent adjustments or replacements. This can be an enormous challenge for families from low- and middle-income countries,⁸⁴ who generally cannot afford the expense of these assistive technologies.

75 Borg, Johan, et al., 'Assistive Technology for Children with Disabilities: Creating opportunities for education, inclusion and participation: a discussion paper', World Health Organization, Geneva, 2015, <<https://sites.unicef.org/disabilities/files/Assistive-Tech-Web.pdf>>, accessed 23 June 2022.

76 ATscale, the Global Partnership for Assistive Technology, 'Global Need for AT', no date, <<https://atscalepartnership.org/the-global-need-for-assistive-technology>>, accessed 23 June 2022.

77 Parette, Phil, and Marcia Scherer, 'Assistive Technology Use and Stigma', *Education and Training in Developmental Disabilities*, vol. 39, no. 3, 2004, pp. 217–226.

78 Scherer, Marcia J., et al., 'Predictors of Assistive Technology Use: The importance of personal and psychosocial factors', *Disability and Rehabilitation*, vol. 27, no. 21, 2005, pp. 1,321–1,331, doi:10.1080/09638280500164800.

79 Borg, Johan, Anna Lindstrom, and Stig Larsson, 'Assistive Technology in Developing Countries: National and international responsibilities to implement the Convention on the Rights of Persons with Disabilities', *The Lancet*, vol. 374, no. 9,704, pp. 1,863–1,865, doi: 10.1016/S0140-6736(09)61872-9.

80 Pearlman, Jon, et al., 'Lower-limb Prostheses and Wheelchairs in Low-Income Countries', *IEEE Engineering in Medicine and Biology Magazine*, vol. 27, no. 2, 2008, pp. 12–22, doi: 10.1109/EMB.2007.907372.

81 Borg, Johan, Anna Lindstrom, and Stig Larsson, 'Assistive Technology in Developing Countries: A review from the perspective of the Convention on the Rights of Persons with Disabilities', *Prosthetics and Orthotics International*, vol. 35, issue 1, pp. 20–29, doi: 10.1177/0309364610389351.

82 Bigelow, J, et al., 'A Picture of Amputees and the Prosthetic Situation in Haiti', *Disability and Rehabilitation*, vol. 26, no. 4, 2004, pp. 246–252, doi: 10.1080/09638280310001644915.

83 World Health Organization and United Nations Children's Fund, 'Early Childhood Development and Disability: A discussion paper', World Health Organization, Geneva, 2012, <<https://apps.who.int/iris/handle/10665/75355>>, accessed 23 June 2022.

84 'World Report on Disability 2011'.



DIGITAL TECHNOLOGY

- Digital technologies have allowed some children with disabilities to learn, play, communicate and access information in ways that would otherwise be impossible for them. However, inadequate device⁸⁵ or interface designs,^{86,87,88} inaccessible digital content due to structure or language,^{89,90} insufficient training for teachers and students,^{91,92,93} a lack of awareness of or an unaffordability of digital technologies and

85 Day, P.N., J.P. Johnson, M. Carlisle, and G. Ferguson, 'Evaluating the Universal Navigator with Consumers with Reduced Mobility, Dexterity & Visual Acuity', in *Contemporary Ergonomics and Human Factors 2014: Proceedings of the International Conference on Ergonomics & Human Factors 2014, Southampton, UK, 7-10 April 2014*, edited by Sarah Sharples and Steven Shorrock; Taylor & Francis, 2014, p. 183.

86 Ross, Anne Spencer, Xiaoyi Zhang, James Fogarty, and Jacob O. Wobbrock, 'An Epidemiology-Inspired Large-Scale Analysis of Android App Accessibility', *ACM Transactions on Accessible Computing*, vol. 13, no. 1, 2020, pp. 1–36, doi: 0.1145/3348797.

87 Vendome, C., D. Solano, S. Liñán, and M. Linares-Vásquez, 'Can Everyone use my app? An empirical study on accessibility in Android Apps', *2019 IEEE International Conference on Software Maintenance and Evolution*, 2019, pp. 41–52, doi: 10.1109/ICSME.2019.00014.

88 Cohen, Alex, 'Accessibility-Related Service Failures Online: Examining their effect on avoidance behaviors for disabled consumers and their social networks' (PhD thesis), Drexel University, Philadelphia, 2017.

89 Schatz, Greta, 'Delineated Digital Space', in Explorations in Global Language Justice (website), Institute for Comparative Literature and Society, Columbia University, New York, no date, <<https://languagejustice.wordpress.com/2020/06/23/delineated-digital-space>>, accessed 23 June 2022.

90 Benjamin, Martin, 'Digital Language Diversity: Seeking the value proposition', 2nd Workshop on Collaboration and Computing for Under-Resourced Languages, Portoroz, 2016, <<https://infoscience.epfl.ch/record/222525>>, accessed 23 June 2022.

91 Lynch, Paul, Nidhi Singhal, and Gill A. Francis, 'EdTech for Learners with Disabilities in Primary School Settings in LMICs: A systematic literature review' (working paper), in EdTech Hub (website), doi: 10.5281/zenodo.4348995.

92 Newman, Lareen, et al., 'Applying a Critical Approach to Investigate Barriers to Digital Inclusion and Online Social Networking Among Young People With Disabilities', *Information Systems Journal*, vol. 27, issue 5, 2016, pp. 559–588, doi: 10.1111/isj.12106.

93 Scherer, et al., 'Predictors of Assistive Technology Use'.



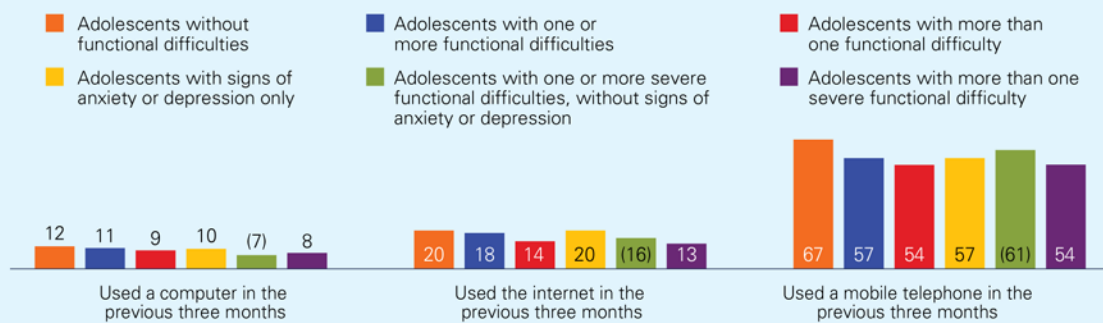
related assistive technology,^{94,95} all result in vast numbers of children with disabilities having no access to the digital world, while some have substantial restrictions in their access.⁹⁶ **Given how empowering digital technologies can be, when these are designed and deployed in a way that excludes children with disabilities, they amplify the inequity that exists between them and children without disabilities.**

- There are shockingly few studies on the usage and effectiveness of digital technologies and related assistive technologies by children with disabilities.⁹⁷ Given that children with disabilities are statistically the poorest among the poor,⁹⁸ it is reasonable to expect, though, that their disadvantages will tend to be further accentuated through poverty. Studies

identifying the barriers prevailing among the poor, such as inadequate internet connectivity,⁹⁹ are likely to be relevant to children with disabilities.

- MICS data indicate that adolescents with disabilities report lower use of mobile phones, with 57 per cent of adolescents aged 15–17 years with one or more functional difficulties saying they have used a mobile phone during the previous three months, compared with 67 per cent of adolescents without functional difficulties. The same data show only a negligible difference for the use of computers (12 per cent of children without functional difficulties compared with 11 per cent of children with disabilities) and the use of the internet (20 per cent of children without and 18 per cent of children with).¹⁰⁰

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



Note: Numbers in parentheses are based on 50 to 249 unweighted observations.

94 United Nations Children’s Fund, ‘Two Thirds of the World’s School-Age Children Have no Internet Access at Home, New UNICEF-ITU Report Says’, press release, New York, <www.unicef.org/press-releases/two-thirds-worlds-school-age-children-have-no-internet-access-home-new-unicef-itu>, accessed 23 June 2022.

95 Borg, Johan, and Per-Olof Östergren, ‘Users’ Perspectives on the Provision of Assistive Technologies in Bangladesh: Awareness, providers, costs and barriers’, *Disability and Rehabilitation: Assistive Technology*, vol. 10, no. 4, 2015, pp. 301–308, doi: 10.3109/17483107.2014.974221.

96 Level Access, Global Initiative for Inclusive Information and Communication Technologies, and International Association of Accessibility Professionals, ‘The State of Digital Accessibility 2020’, Global Initiative for Inclusive Information and Communication Technologies, Atlanta, 2020 <<https://g3ict.org/publication/the-state-of-digital-accessibility-2020>>, accessed 23 June 2022.

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

98 Shukshin, Andrei, ‘Disabled Often Among the ‘Poorest of Poor’’, *Bulletin of the World Health Organization*, vol. 83, no. 4, 2005, p. 246, PMID: 15868012.

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

100 ‘Seen, Counted, Included’.



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HEALTH

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

Access to general health care

- The Convention on the Rights of the Child (article 24) and the CRPD (article 25) protect the right of children with disabilities to access health care and to live healthy lives. Despite this, evidence shows that

persons with disabilities are on average poorer than the general population in terms of access to health care and economic status.¹⁰¹ Furthermore, half of the population of persons with disabilities cannot afford health care, and they are 50 per cent more likely than others to experience catastrophic health expenditure.¹⁰² This will have a similar impact on children with disabilities.

- Children with disabilities face poorer health outcomes, can have a delayed developmental process, are at higher risk of communicable diseases and have lower chances to benefit from life-saving measures.¹⁰³ The available evidence points to the fact that children with disabilities



101 Adugna, Molalign B., Fatima Nabbouh, Selvia Shehata, and Setareh Ghahari, 'Barriers and Facilitators to Healthcare Access for Children with Disabilities in Low and Middle Income Sub-Saharan African Countries: A scoping review', *BMC Health Services Research*, vol. 20, no. 1, article 15, 2020, doi: 10.1186/s12913-019-4822-6; Bright, Tess, and Hannah Kuper, 'A Systematic Review of Access to General Healthcare Services for People with Disabilities in Low and Middle Income Countries', *International Journal of Environmental Research and Public Health*, vol. 15, no. 9, p. 1,879, 2018, doi: 10.3390/ijerph15091879.

102 Kuper, Hannah, and Phyllis Heydt, 'The Missing Billion: Access to health services for 1 billion people with disabilities', London School of Hygiene & Tropical Medicine, London, 2019, <www.lshtm.ac.uk/media/38726>, accessed 23 June 2022.

103 'Disability Prevention Efforts and Disability Rights'.

are more likely to report serious illnesses than children without disabilities.¹⁰⁴ Children

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

- Attitudinal barriers, poverty, inadequately trained health-care professionals and physical inaccessibility were frequently reported to be some of the major barriers to health care access for children with disabilities in low- and middle-income sub-Saharan African countries.¹⁰⁷ Other barriers include stigma.¹⁰⁸ On the other hand, efforts to improve physical accessibility, public disability awareness, and professional and parental support were key facilitators.¹⁰⁹
- In countries where overall immunization rates have significantly increased, children with disabilities are overrepresented among the group not benefiting from immunization

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

- Children with disabilities may be excluded from immunization programmes due to them being incorrectly assumed not to be at risk, being hidden by stigma, and being affected by a lack of accessibility at vaccination facilities and health centres.¹¹³
- Rehabilitation optimizes functioning, prevents secondary complications and is beneficial for many children with disabilities, with far-reaching implications for participation in education, community activities and, in later years, work. There are strong indications, though, that children with and without disabilities do not have sufficient access to rehabilitation services within the health system, due to a scarce integration of rehabilitation in primary health care and a

104 Kuper, Hannah, et al., 'The Impact of Disability on the Lives of Children; Cross-Sectional Data Including 8,900 Children With Disabilities and 898,834 Children Without Disabilities Across 30 Countries', *PLOS ONE*, vol. 9, no. 9, e107300, 2014, doi: 10.1371/journal.pone.0107300; 'Seen, Counted, Included'.

105 'Seen, Counted, Included'.

106 'Early Childhood Development and Disability', p. 17.

107 Adugna, Nabbouh, Shehata, and Ghahari, 'Barriers and Facilitators to Healthcare Access for Children with Disabilities'.

108 'World Report on Disability 2011'; Scherzer, Alfred L., Meera Chhagan, Shuaib Kauchali, and Ezra Susser, 'Global Perspective on Early Diagnosis and Intervention for Children with Developmental Delays and Disabilities', *Developmental Medicine and Child Neurology*, vol. 54, no. 12, 2012, pp. 1,079–1,084. doi: 10.1111/j.1469-8749.2012.04348.x.

109 Adugna, Nabbouh, Shehata, and Ghahari, 'Barriers and Facilitators to Healthcare Access for Children with Disabilities'.

110 'Disability Prevention Efforts and Disability Rights'.

111 Mactaggart, Islay, et al., 'Assessing Health and Rehabilitation Needs of People with Disabilities in Cameroon and India', *Disability and Rehabilitation*, vol. 38, no. 18, 2016, 1,757–1,764, doi: 10.3109/09638288.2015.1107765.

112 'Disability Prevention Efforts and Disability Rights'.

113 UNICEF working paper developed with support from Leonard Cheshire Disability and Inclusive Development Centre, University College London.

near absence of it at the community level in low and middle-income countries.¹¹⁴



- In the contexts of humanitarian emergency, conflict or natural disaster, children and young persons with disabilities are at a significantly higher risk of mental health concerns.¹¹⁵ Caregiving and child interaction during humanitarian situations are often worsened due to caregiver psychological stress and sometimes depression, which can have a negative impact on children's health and well-being.¹¹⁶
- In epidemics and pandemics, children, including children with disabilities, are particularly impacted by the disease itself or by the disruptions to the environment that result. The effects of the COVID-19 pandemic, for example, while still to be fully understood, have disproportionately impacted negatively on children with disabilities, and will do so for potentially years to come. A Save the Children survey across multiple countries showed in 2020 that 89 per cent of the respondents had experienced a pandemic impact on their access to health care, medicine and medical supplies, and this was increased for children with chronic health conditions and disabilities.¹¹⁷ Furthermore, almost 96 per cent of the households with children with disabilities reported reduced access to health care, with almost 6 in 10 (59 per cent) unable to access regular health and rehabilitation services.¹¹⁸

Mental health

- According to the World Health Organization (WHO), depression is one of the leading causes of illness and disability among adolescents, and suicide is the third-leading cause of death in people aged 15–19 years.¹¹⁹
- According to WHO data, the global median of domestic general government mental health expenditure per capita in 2015 was US\$141, making it less than 2 per cent of the overall health expenditure.¹²⁰ Mental health expenditure is particularly meagre in low- and middle-income countries, where more than 80 per cent of these funds in 2016 went to long-term care institutes and psychiatric hospitals, places often associated with human rights violations.¹²¹ This inadequate allocation of resources undermines the availability, acceptability, accessibility and quality of mental health services or support.¹²²

Sexual and reproductive health

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

114 World Health Organization, 'Rehabilitation in Health Systems', Geneva, 2017, <www.ncbi.nlm.nih.gov/books/NBK552492>, accessed 23 June 2022.

115 World Health Organization, 'Comprehensive Mental Health Action Plan 2013–2020', Geneva, 2013, <www.who.int/publications/i/item/9789241506021>, accessed 23 June 2022.

116 'Developmental Difficulties in Early Childhood'.

117 'Protect a Generation', p. 8.

118 Ibid., p. 38.

119 World Health Organization, 'Adolescent and Young Adult Health: Key facts', Geneva, 2021, <www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>, accessed 23 June 2022.

120 World Health Organization, 'Mental Health Atlas 2017', Geneva, 2018, <www.who.int/publications/i/item/9789241514019>, accessed 23 June 2022; p. 26.

121 Ibid., p. 27.

122 Office of the High Commissioner for Human Rights, 'Mental Health and Human Rights: Report of the United Nations High Commissioner for Human Rights' (A/HRC/34/32), annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General, Human Rights Council, 34th session, 2017, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/021/32/PDF/G1702132.pdf>>, accessed 23 June 2022; paragraph 19.

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

- The prevalence of sexually transmitted infections among young persons with disabilities, including girls and young women with disabilities, is of concern. Some small-scale research from India and Rwanda, for example, highlights that children and young persons with disabilities have a similar or increased risk of contracting sexually transmitted infections compared with those without. It also points to girls with disabilities experiencing higher infection rates than boys with disabilities.¹²⁴
- **Compared with their peers, children and young persons with disabilities, particularly girls, face additional barriers to receiving sexual and reproductive health services, which can increase their risks of unwanted pregnancies, sexually transmitted infections and sexual violence.** Exclusion from sexual and reproductive health services frequently means that adolescents with disabilities may engage in risky sexual behaviours, for example.¹²⁵
- Adolescents with disabilities do not have equal access to sexual and reproductive health information and resources and are often discouraged by health professionals from being or becoming sexually active.



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

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

123 'The United Nations Convention on the Rights of the Child'; 'Convention on the Rights of Persons with Disabilities'; Statistics Division, 'SDG Indicators: Metadata repository', United Nations Department of Economic and Social Affairs, New York, no date, <<https://unstats.un.org/sdgs/metadata?Text=&Goal=3&Target=3.7>>, accessed 23 June 2022.

124 Agarwal, Utkarsha, and Sumathi Muralidhar, 'A situational analysis of sexual and reproductive health issues in physically challenged people, attending a tertiary care hospital in New Delhi', *Indian Journal of Sexually Transmitted Diseases and AIDS*, vol. 37, no. 2, 2016, doi: 10.4103/0253-7184.188481; Munymana, J.B., et al., 'Prevalence of HIV Among People with Physical Disabilities in Rwanda', *Central African Journal of Medicine*, vol. 60, nos. 9–14, 2014, www.ajol.info/index.php/cajm/article/view/119704>, accessed 23 June 2022.

125 Groce, Nora, et al., 'HIV Issues and People with Disabilities: A review and agenda for research', *Social Science & Medicine*, vol. 77, 2013, pp. 31–40, doi: 10.1016/j.socscimed.2012.10.024.

126 Sharafi, Leyla, 'We Decide: Young persons with disabilities: equal rights and a life free of violence' United Nations Population Fund, 2016, <<https://slideplayer.com/slide/12954803>>, accessed 23 June 2022.

127 Groce, Nora Ellen, and Reshma Trasi, 'Rape of Individuals with Disability: AIDS and the folk belief of virgin cleansing', *The Lancet*, vol. 363, no. 9,422, 2004, pp. 1,663–1,664, doi: 10.1016/S0140-6736(04)16288-0.

128 Institute for Statistics, 'Education and Disability' (fact sheet no. 40), United Nations Educational, Scientific and Cultural Organization, Montreal, 2017, pp 5–6, <<http://uis.unesco.org/sites/default/files/documents/fs40-education-and-disability-2017-en.pdf>>, accessed 23 June 2022.

and reproductive health.¹²⁹ Their capacity is often undermined, and they are not seen as agents of change, which can increase their risk of sexual abuse.¹³⁰

- Many states legally limit the ability of young people to make decisions about their own health. For women with disabilities, even those above the legal age, there are countries that restrict their legal capacity because of disability, and because of misconceptions about their perceived ability to decide about their own lives. This prevents many of them from making autonomous decisions about sexual and reproductive health-care services.¹³¹

HIV/AIDS

As a result of long-standing preventive measures, there has been progress in the prevention and treatment of HIV in the last few years. The impact of prevention efforts among adolescents, including young persons with disabilities, has not seen the same progress, however, and has been slow and varied.¹³² It is therefore important that young persons with

disabilities and their families have equal access to treatments, sexual and reproductive health education, and measures for the prevention of mother-to-child transmission.

- Research has shown that the factors that put children and adolescents more at risk of violence and sexual abuse are significantly increased when they have a disability. This can give children and adolescents with disabilities a higher risk of HIV infection.^{133,134}



In some countries, for example, girls and young women with disabilities, especially those with albinism, are at heightened risk of sexual violence, owing to the myth that sex with them can cure HIV/AIDS.¹³⁵

- Parents with disabilities may experience multiple discrimination when testing positive for HIV, which can be reflected in the lack of support they receive. This can directly impact on their children's future.¹³⁶
- It is estimated that 4–5 per cent of children who have lost one or both parents to AIDS are children with disabilities.¹³⁷
- HIV testing is lower among young persons with disabilities (both girls and boys) than

129 Tugut, Nilufer, 'A Multicenter Study of Nursing Students' Perspectives on the Sexuality of People with Disabilities', *Sexuality and Disability*, vol. 34, 2016, pp. 433–442, doi: 10.1007/s11195-016-9455-7.

130 Special Rapporteur on the rights of persons with disabilities, 'Sexual and Reproductive Health and Rights of Girls and Young Women with Disabilities: Note by the secretary-general' (A/72/133), United Nations General Assembly, New York, 2017, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N17/214/63/PDF/N1721463.pdf>>, accessed 23 June 2022; Braathen, Rohleder, and Azalde, 'Sexual and Reproductive Health and Rights of Girls with Disabilities'.

131 'Sexual and Reproductive Health and Rights of Girls and Young Women with Disabilities' (A/72/133).

132 UNAIDS, 'The Gap Report', Geneva, 2014, <www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf>, accessed 23 June 2022; p. 8; United Nations Children's Fund, 'Children, HIV and AIDS: Global snapshot', New York, 2018, available from <<https://data.unicef.org/resources/children-hiv-and-aids-global-and-regional-snapshots>>, accessed 23 June 2022; p. 3.

133 Kvam, Marit Hoem, and Stine Hellum Braathen, 'I Thought ... Maybe this is My Chance: Sexual abuse against girls and women with disabilities in Malawi', *Sexual Abuse: A Journal of Research and Treatment*, vol. 20, no. 1, 2008, pp. 5–24, doi: 10.1177/1079063208314817.

134 World Health Organization, 'Respect Women: Preventing violence against women', Geneva, 2019, <www.who.int/publications/i/item/WHO-RHR-18.19>, accessed 23 June 2022.

135 United Nations, 'Enjoyment of Human Rights by Persons with Albinism: Note by the secretary-general' (A/71/255), United Nations General Assembly, 2016, <<https://digitallibrary.un.org/record/838972?ln=en>>, accessed 23 June 2022; paragraph 17, p. 6.

136 Office of the United Nations High Commissioner for Human Rights, World Health Organization and UNAIDS, 'Disability and HIV: Policy brief', UNAIDS, Geneva, 2009, <https://data.unaids.org/pub/manual/2009/jc1632_pol_brief_disability_long_en.pdf>, accessed 23 June 2022.

137 United Nations Children's Fund, 'Care and Support for Orphans Made Vulnerable by HIV', New York, 2002.

among the general population,¹³⁸ and the literature points to young persons with disabilities being at a disproportionate risk of HIV.¹³⁹ There is evidence demonstrating that adolescents with disabilities, and young girls in particular, face greater discrimination in accessing education and health services, which increases their risk of HIV infection.¹⁴⁰ A comparative study in Eswatini found, for example, that young persons with disabilities had extremely limited information on HIV compared with their peers without disabilities, due to the inaccessibility of the information, with the information they did have access to often being inaccurate.¹⁴¹

Early childhood development

Investing in the early years of childhood is increasingly proving to offer one of the highest economic returns on investment across both high- and low-income countries.¹⁴² The goal of early childhood development programmes is to ensure children's healthy growth and development. They may target children, caregivers and families, plus the wider community, across the health, education and social protection sectors.¹⁴³ Children with developmental disabilities are often excluded from these programmes, however, even though they have the greatest need for support.

- For all children, the first years in life, particularly the first 1,000 days, are a critical window to shape brain development.¹⁴⁴ Recent neuroscience research shows the importance of early brain development and the benefits of supporting parents and other caregivers to ensure that all children, including those with developmental delays and disabilities, achieve their full potential.¹⁴⁵
- **Children with disabilities receive less early stimulation and responsive care and have less exposure to children's books and toys than children without disabilities.** Just under a third (31 per cent) of children aged 24–59 months with two or more functional difficulties were engaged in four or more activities to provide early stimulation and responsive care, compared with 50 per cent of children with no functional difficulties. In children with one or more functional difficulties, 36 per cent were engaged in four or more activities to provide early stimulation and responsive care.¹⁴⁶
- In addition to receiving lower levels of early stimulation and responsive care, children with disabilities are more likely to be inadequately supervised. Exactly a third of children aged 24–59 months with functional difficulties were left alone or under the supervision of another child younger than



138 'Sexual and Reproductive Health and Rights of Girls and Young Women with Disabilities' (A/72/133); p. 10.

139 Yousafzai, Aisha K., Phindile Dlamini, Nora Groce, and Sheila Wirz, 'Knowledge, Personal Risk and Experiences of HIV/AIDS among People with Disabilities in Swaziland', *International Journal of Rehabilitation Research*, vol. 27, no. 3, 2004, pp. 247–251, doi: 10.1097/00004356-200409000-00012; Hanass-Hancock, Jill, 'Disability and HIV/AIDS – a Systematic Review of Literature on Africa', *Journal of the International AIDS Society*, vol. 12, no. 34, 2009, doi: 10.1186/1758-2652-12-34.

140 United Nations Children's Fund, 'Towards an Aids-Free Generation: Promoting community-based strategies for and with children and adolescents with disabilities', New York, 2012, p. 4.

141 Yousafzai, Dlamini, Groce, and Wirz, 'Knowledge, Personal Risk and Experiences of HIV/AIDS among People with Disabilities in Swaziland'.

142 United Nations Children's Fund, 'Evidence for ECD Investment', New York, 2016.

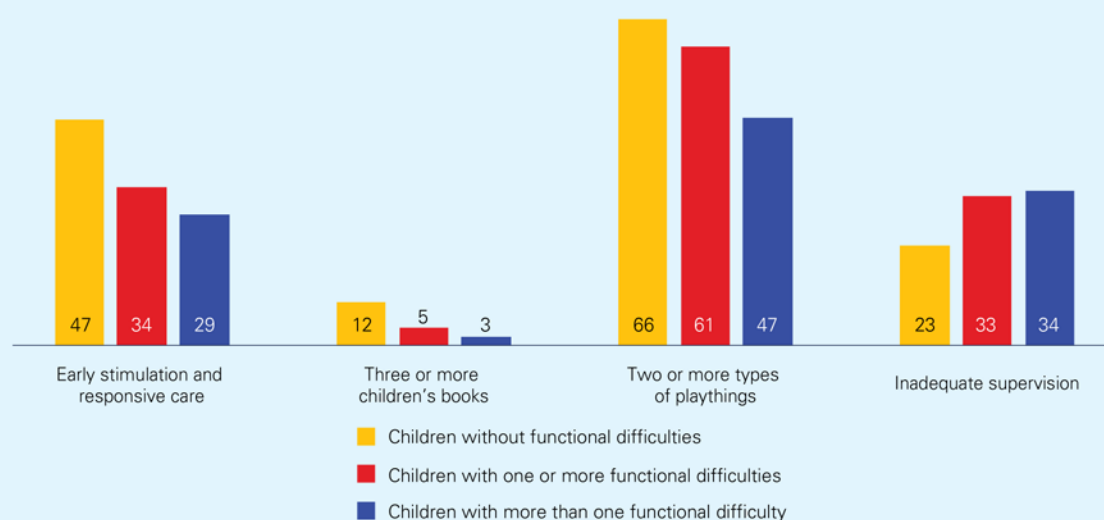
143 'Early Childhood Development and Disability', p. 11.

144 'Early Childhood Development and Disability'.

145 Black, Maureen M., et al., Lancet Early Childhood Development Series Steering Committee, 'Early Childhood Development Coming of Age: Science through the life course', *The Lancet*, vol. 389, number 10,064, 2017, pp. 77–90, doi: 10.1016/S0140-6736(16)31389-7.

146 'Seen, Counted, Included'.

FIGURE 5 Percentage of children aged 24 to 59 months engaged in four or more activities to provide early stimulation and responsive care in the last three days with any adult household member; who have three or more children's books; who play with two or more types of playthings; and who were left alone or under the supervision of another child younger than 10 years of age for more than one hour in the last week



10 years of age for more than one hour in the last week, compared with 23 per cent of children without functional difficulties.¹⁴⁷

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

both general childhood interventions and targeted interventions will ensure these children have a better quality of life and improved social participation.¹⁴⁹

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

147 Ibid.

148 Ibid.

149 Collins, Pamela Y., et al., 'Global Services and Support for Children with Developmental Delays and Disabilities: Bridging research and policy gaps', *PLOS MEDICINE*, vol. 14, no. 9, e1002393, 2017, doi: 10.1371/journal.pmed.1002393.

150 Vargas-Barón, Emily, et al., 'Global Survey of Inclusive Early Childhood Development and Early Intervention Programs', RISE Institute, Washington, DC, 2019, <https://bettercarenetwork.org/sites/default/files/global_survey_of_iecd_and_eci_programs_-_2019.pdf>, accessed 23 June 2022.



EDUCATION

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

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



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

152 'Seen, Counted, Included'.

FIGURE 6 Percentage of primary-, lower-secondary- and upper-secondary-school-aged children who are not attending primary or secondary school or higher

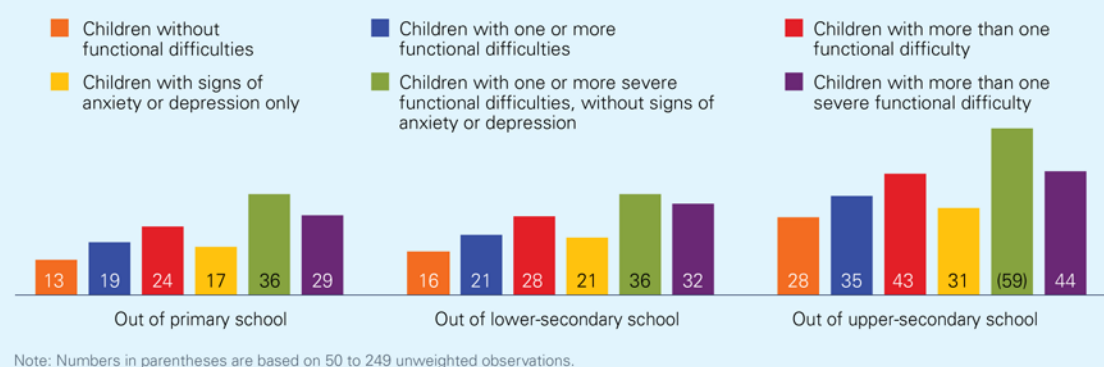
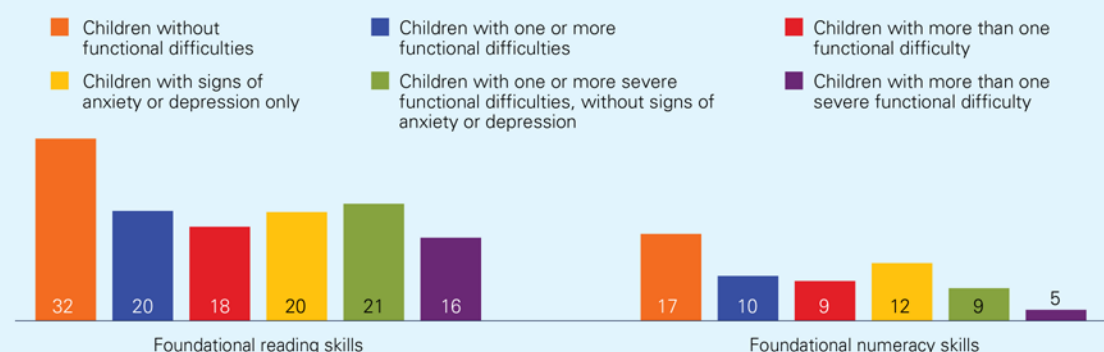


FIGURE 7 Percentage of children aged 7 to 14 years who demonstrate foundational numeracy skills and percentage of children aged 7 to 14 years who demonstrate foundational reading skills




- In terms of learning outcomes, children with disabilities are substantially less likely to have foundational reading and numeracy skills than children without disabilities. Twenty per cent of children with one or more functional difficulties have foundational reading skills, compared with 32 per cent of children without functional difficulties. For foundational numeracy skills, these rates are 10 per cent and 17 per cent. Even fewer children possess both foundational reading and numeracy skills – only 7 per cent of children with functional difficulties, compared with 13 per cent of children without functional difficulties.¹⁵³
- Emergencies and displacement are situations where children often miss out on their education. Data show, for example, that the proportion of refugees enrolled in secondary education is more than two-thirds lower than the level for non-refugees.¹⁵⁴ While further evidence on access to schooling for children with disabilities in the context of crisis and emergencies is needed, estimations suggest that children in general can miss out on three to four

153 Ibid.

154 Office of the United Nations High Commissioner, 'Stepping Up: Refugee education in crisis', Geneva, 2019, <www.unhcr.org/steppingup/wp-content/uploads/sites/76/2019/09/Education-Report-2019-Final-web-9.pdf>, accessed 23 June 2022.

years of schooling because of forced displacement, and it can be assumed that many of these will be girls and boys with disabilities.¹⁵⁵ This not only deprives them of education, but also the nutrition, health and social services that are provided through access to education.¹⁵⁶

- The COVID-19 pandemic in 2020 saw a mass closure of schools and lessons moving to distance learning. This has had serious consequences for children with disabilities in particular. Children with disabilities and children of parents or caregivers with disabilities were less likely to have access to learning materials than children without disabilities or children of parents or caregivers without disabilities.¹⁵⁷

 When children and young persons with disabilities have an equal opportunity to go to school and learn, they are more likely to gain employment and have better health outcomes.¹⁵⁸ Increasing access to education can also have positive impacts in other

areas such as crime reduction, control of population growth, citizen participation and gender empowerment, which benefits all of society.¹⁵⁹

- The definition and assessment of disability vary considerably among countries, there is an absence of internationally comparable data, and the evidence of the impact of disability on key educational parameters such as school attendance is not systematic. Governments rarely possess the evidence needed to design appropriate policy adaptations and enhancements to improve the situation of children with disabilities.¹⁶⁰
- The 2020 Global Education Monitoring report shows that only 16 countries mention inclusive education in their general education laws. Furthermore, just 25 per cent have provision for education in segregated settings, especially in central and southern Asia, eastern and south-eastern Asia and Latin America and the Caribbean.¹⁶¹

155 Office of the United Nations High Commissioner, 'Missing Out: Refugee education in crisis', Geneva, 2016, <www.unhcr.org/uk/publications/education/57d9d01d0/missing-refugee-education-crisis.html>, accessed 23 June 2022.

156 Trani, Jean-Francois, Maria Kett, Parul Bakhshi, and Nicola Bailey, 'Disability, Vulnerability and Citizenship: To what extent is education a protective mechanism for children with disabilities in countries affected by conflict?', *International Journal of Inclusive Education*, vol. 15, no. 10, 2011, pp. 1,187–1,203, doi: 10.1080/13603116.2011.555078.

157 Gordon, Mya, et al., 'The Hidden Impact of COVID-19 on Child Education', Save the Children International, London, 2020, <https://resourcecentre.savethechildren.net/pdf/the_hidden_impact_of_covid-19_on_child_education.pdf>, accessed 23 June 2022.

158 Banks, Lena Morgon, and Sarah Polack, 'The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities: Evidence from low- and middle-income countries', CBM, International Centre for Evidence in Disability, and London School of Hygiene & Tropical Medicine International Centre for Evidence in Disability, London, no date, <www.cbm.org/fileadmin/user_upload/Publications/Costs-of-Exclusion-and-Gains-of-Inclusion-Report.pdf>, accessed 23 June 2022.

159 Ibid.

160 Global Education Monitoring Report Team, 'Teaching and Learning: Achieving quality for all; EFA global monitoring report, 2013-2014', United Nations Educational, Scientific and Cultural Organization, Paris, 2014, <<https://unesdoc.unesco.org/ark:/48223/pf0000225660>>, accessed 23 June 2022.

161 Global Education Monitoring Report Team, 'Global Education Monitoring Report 2020: Inclusion and education: all means all', United Nations Educational, Scientific and Cultural Organization, Paris, 2020, <<https://unesdoc.unesco.org/ark:/48223/pf0000373718>>, accessed 23 June 2022.



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SOCIAL PROTECTION

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

- There are gaps in inclusive poverty reduction programmes. Research suggests that social protection programmes do not meet the needs of persons with disabilities, including children with disabilities.¹⁶³
- In 2013, 179 out of 183 countries had adopted social protection programmes for persons with disabilities. In 168 countries, disability schemes provided periodic cash benefits to persons with disabilities,

while in another 11 countries there were only lump-sum benefits. In 81 countries, benefits mainly covered workers and their families in the formal economy and thus left out families of children with disabilities and persons with disabilities who did not have the opportunity to contribute to social insurance long enough to be eligible for benefits.¹⁶⁴

- For families living in poverty and those with limited or no access to social protection, or to basic support services, having a child with a disability can bring additional stress and may result in rejection and violence, particularly where the child is physically dependent on others for daily activities or has reduced ability to recognize danger or

162 'Convention on the Rights of Persons with Disabilities', articles 18 and 19.

163 International Labour Organization, 'World Social Protection Report 2014-15: Building economic recovery, inclusive development and social justice', Geneva, 2014, <www.ilo.org/global/research/global-reports/world-social-security-report/2014/WCMS_245201/lang-en/index.htm>, accessed 23 June 2022; 'The State of the World's Children 2013'; Mont, Daniel, 'Social Protection and Disability', in *Poverty and Disability*, edited by Tanya Barron and Jabulani Manombe, pp. 317-339, Leonard Cheshire Disability, London, 2010.

164 Department of Economic and Social Affairs, 'Disability and Development Report: Realizing the sustainable development goals by, for and with persons with disabilities: 2018', United Nations, New York, 2019, <<https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>>, accessed 23 June 2022; p. 43.

to protect themselves.¹⁶⁵ Different social protection schemes, such as conditional or unconditional cash transfer programmes, have been shown to benefit children, including children with disabilities.¹⁶⁶

- In humanitarian contexts, or protracted conflict situations, cash transfer programmes can have positive effects on families with children with disabilities. A study carried out in the Syrian Arab Republic found that cash transfer programmes targeting children with disabilities had a positive effect on the well-being of the children and their families, including an increase in the household's investment in education and in the health of the children with disabilities.¹⁶⁷
- Households with a person with a disability can experience material hardship, including a lack of access to safe water and sanitation, and food insecurity, and are faced with extra

costs due to disability-related expenses. Persons with disabilities are thus at higher risk of food insecurity and, in turn, poor nutrition.¹⁶⁸

- Additional expenses that many persons with disabilities and their families can incur include direct expenses such as medical treatment, travel, rehabilitation and assistance with care, and opportunity costs such as the income forgone when parents or family members give up or limit their employment to care for a child or children with disabilities.¹⁶⁹ Despite the potentially greater impact that social transfer programmes can have for children with disabilities and their families, MICS 6 results from over 40 countries found that most households with children with functional difficulties did not have higher use of social transfer than those without.¹⁷⁰

165 Pinheiro, Paulo Sérgio, 'World Report on Violence Against Children', United Nations, New York, 2006, <https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document_files/world_report_on_violence_against_children.pdf>, accessed 23 June 2022.

166 Gertler, Paul J., and Lia C. Fernald, 'The Medium-Term Impact of *Oportunidades* on Child Development in Rural Areas' (final report; fourth draft), Southern African Regional Poverty Network, 2004, <https://sarpn.org/documents/d0001264/P1498-Child_dev_terminado_1dic04.pdf>, accessed 23 June 2022; Behrman, Jere R., and John Hoddinott, 'Programme Evaluation with Unobserved Heterogeneity and Selective Implementation: The Mexican PROGRESA impact on child nutrition', *Oxford Bulletin of Economics and Statistics*, vol. 67, pp. 547–569, doi: 10.1111/j.1468-0084.2005.00131.x; Hoddinott, John, and Emmanuel Skoufias, 'The Impact of PROGRESA on Food Consumption', *Economic Development and Cultural Change*, vol. 53, no. 1, 2004, pp. 37–61, doi: 10.1086/423252; Maluccio, John, et al., 'The Impact of an Experimental Nutritional Intervention in Childhood on Education among Guatemalan Adults', food consumption and nutrition division discussion paper 207, International Food Policy Research Institute, Washington, DC, 2006, <www.ifpri.org/publication/impact-experimental-nutritional-intervention-childhood-education-among-guatemalan-0>, accessed 23 June 2022.

167 Syria Country Office, 'Cash Transfer Programmes for Children With Disabilities: Rural Damascus and Tartous governorates', United Nations Children's Fund, Damascus, 2019, <www.unicef.org/syria/media/5316/file/Cash%20transfer%20programme%20for%20children%20with%20disabilities%202019.pdf>, accessed 23 June 2022.

168 Stakeholder Group of Persons with Disabilities, 'HLPF 2020 Submission: Accelerated action and transformative pathways: realizing the decade of action and delivery for sustainable development for persons with disabilities', 2020, <www.internationaldisabilityalliance.org/hlpf2020>, accessed 23 June 2022.

169 Mont and Cuong, 'Disability and Poverty in Vietnam'.

170 'Seen, Counted, Included'.



LIVELIHOODS AND WORK

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



- Young persons with disabilities are more likely to be unemployed and to live in poverty in adulthood than their peers without disabilities.¹⁷²
- The lack of an enabling environment that supports youth development in all

aspects, including education and health care, is a critical constraint to successful transition into adulthood. Inequities in and the inaccessibility of these systems for young persons with disabilities makes their transition even more difficult and barrier-prone than for their peers without disabilities.¹⁷³

- An analysis of how young persons with disabilities experienced transitioning to tertiary education in Austria, Czechia, Ireland and Spain found a lack of financial support and service delivery measures.¹⁷⁴

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

172 'World Report on Disability 2011'.

173 United Nations Children's Fund, 'Fact sheet: Youth with disabilities', New York; no date, pp. 4–5, <<https://social.un.org/youthyear/docs/Fact%20sheet%20youth%20with%20disabilities.pdf>>, accessed 23 June 2022.

174 Global Education Monitoring Report Team, 'Global Education Monitoring Report 2020: Inclusion and education: all means all', United Nations Educational, Scientific and Cultural Organization, Paris, 2020, <<https://unesdoc.unesco.org/ark:/48223/pf0000373718/PDF/373718eng.pdf.multi.page=23>>, accessed 23 June 2022.



WATER, SANITATION AND HYGIENE

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

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



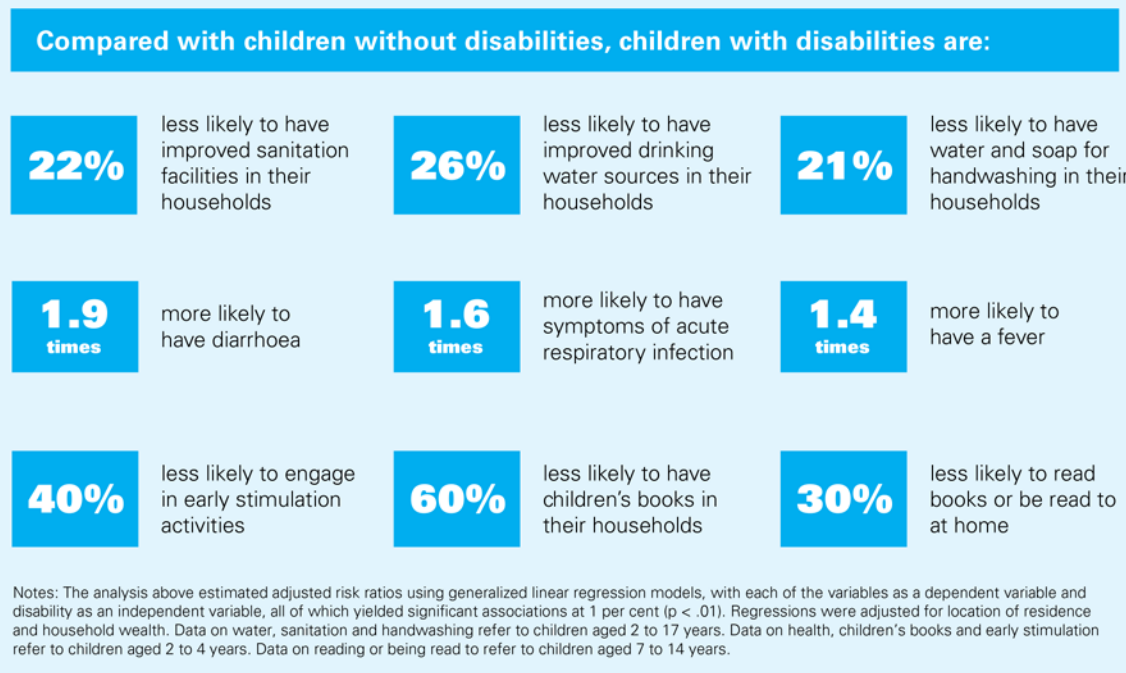
175 Pryor, Wesley, et al., 'The Case for Investment in Accessible and Inclusive WASH', technical paper TP/04/2018, New York, 2018, <<https://programme.worldwaterweek.org/Content/ProposalResources/PDF/2018/pdf-2018-7819-6-UNICEF%20The%20case%20for%20investment%20in%20accessible%20and%20inclusive%20WASH.PDF>>, accessed 23 June 2022.

176 'Seen, Counted, Included'.

177 United Nations Children's Fund, 'Children and Young People with Disabilities Fact Sheet', New York, 2013.

178 Erhard, Loida, Joseph Degabriele, Deirdre Naughton, and Matthew C. Freeman, 'Policy and Provision of WASH in Schools for Children with Disabilities: A case study in Malawi and Uganda', *Global Public Health*, vol. 8, no. 9, 2013, pp. 1,000–1,013, doi: 10.1080/17441692.2013.838284.

FIGURE 8 Number of children aged 0 to 17 years with disabilities



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

- In some countries, to address the stigma and concerns of persons with disabilities in accessing WASH services, initiatives have been put in place to engage persons with

disabilities, especially women and girls with disabilities, in the local communities – so that their voices and concerns can be included in design, planning, implementing and monitoring.¹⁸¹

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

179 Wilbur, Jane, and Hazel Jones, 'Disability: Making CLTS fully inclusive', *Frontiers of CLTS: Innovations and Insights*, issue 3, Institute of Development Studies, Brighton, 2014, <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/4515/Frontiers_of_CLTS_Issue3_Disabilities.pdf>, accessed 23 June 2022.

180 United Nations Children's Fund, 'Strengthening Enabling Environment for Water, Sanitation and Hygiene (WASH): Guidance note,' New York, <<https://washenablingenvironment.files.wordpress.com/2015/11/wash-guidance-note-draft-updated-lr1.pdf>>, accessed 23 June 2022, p. 5.

181 'Disability and Development Report', p. 128.

182 Lewis, Ingrid, 'Water, Sanitation, Hygiene (WASH) and Inclusive Education', in *Enabling Education*, no. 14, 2010, edited by Ingrid Lewis and Susie Miles, <www.eenet.org.uk/resources/docs/Enabling%20Education~issue%2014~2010.pdf>, accessed 23 June 2022, pp. 9–13.

183 Groce, Nora, et al., 'Water and Sanitation Issues for Persons with Disabilities in Low- and Middle-Income Countries: A literature review and discussion of implications for global health and international development', *Journal of Water and Health*, vol. 9, no. 4, 2011, pp. 617–627, doi: 10.2166/wh.2011.198.

- Caregivers have also reported challenges in coping with the hygiene and menstruation of their adolescent girls with disabilities in humanitarian contexts, including limited privacy in emergency shelters, posing concerns for their well-being and dignity.¹⁸⁴ Young girls with disabilities often cannot access information about menstruation, as it is not available in accessible formats.
- A 2019 systematic review of menstrual hygiene management requirements, its barriers and strategies for persons with disabilities found that menstruation challenges were a source of shame for girls and women with disabilities, with the consequences including social isolation and even forced sterilization.¹⁸⁵
- Adolescent girls with disabilities are more likely to miss out on social activities, school or work due to difficulties managing menstruation. Twenty-five per cent of girls with one or more functional difficulties did not participate in social activities, school or work due to their last menstruation, compared with 17 per cent of girls without functional difficulties.¹⁸⁶
- WASH supplies, especially for humanitarian response, may not take disability into consideration. They may not, for example, provide potties, commodes and adapted hygiene kits for children and adolescents with conditions of incontinence.¹⁸⁷

184 Tanabe, Mihoko, Yusrah Nagujja, and Apio Molly, 'We Have the Right to Love: The intersection of sexual and reproductive health and disability for urban refugees in Kampala, Uganda', Women's Refugee Commission, 2014, <www.refugeelawproject.org/files/others/We-have-a-right-to-love-SRH-Disabilities-Uganda.pdf>, accessed 23 June 2022.

185 United Nations Children's Fund, 'Guidance Note: Menstrual health & hygiene for girls and women with disabilities', New York, no date, <www.unicef.org/media/98881/file/MHH-Disabilities-Guidance-Note-ENG.pdf>, accessed 23 June 2022.

186 'Seen, Counted, Included'.

187 Giles-Hansen, Chelsea, 'Hygiene Needs of Incontinence Sufferers: How can water, sanitation and hygiene actors better address the needs of vulnerable people suffering from urine and/or faecal incontinence in low and middle income countries', Stichting IRC International Water and Sanitation Centre, The Hague, 2015, <www.ircwash.org/sites/default/files/hygiene_needs_of_incontinence_sufferers_sept2015_final.pdf>, accessed 23 June 2022.



CHILD PROTECTION

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

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

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

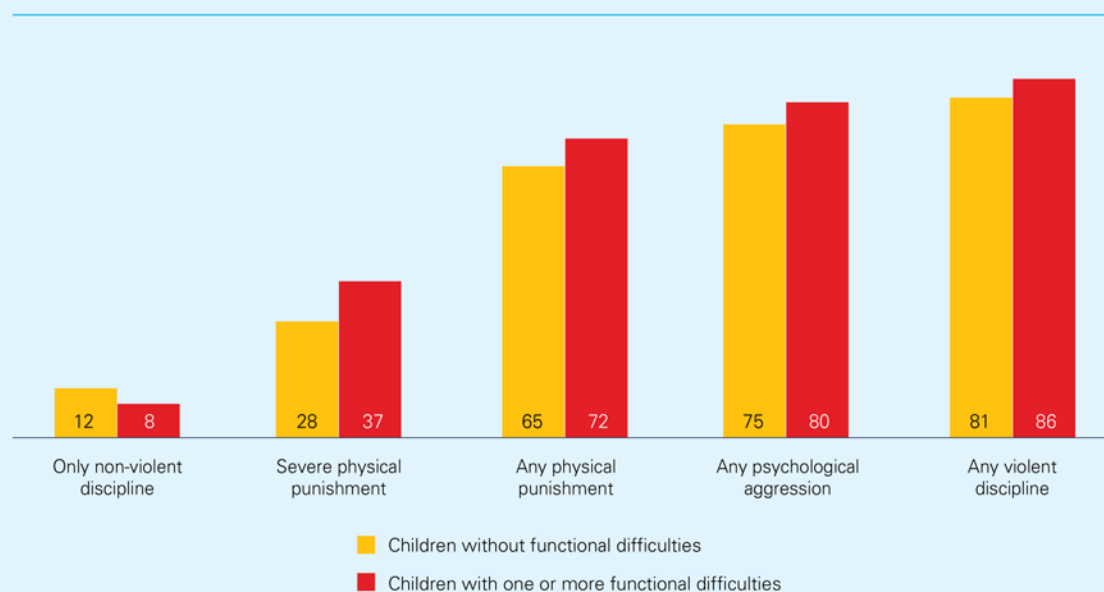
Violence and exploitation

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



188 'Seen, Counted, Included'.

FIGURE 9 Percentage of children aged 2 to 14 years who experienced any disciplinary methods by caregivers in the past month



of children with disabilities are survivors of violence.¹⁸⁹

- An analysis of MICS data from 42 countries suggests that children with disabilities are 32 per cent more likely than children without disabilities to experience severe physical punishment at home.¹⁹⁰
- The 2022 global estimates also found that children with psychosocial disabilities and children with intellectual disabilities were victimized more often than those with other forms of disability, across all types of violence and perpetrator, except for sexual violence and peer bullying.¹⁹¹
- Together with the increased risk of being denied legal capacities, young persons with intellectual disabilities can face more difficulties in reporting violence and abuse and might not be heard or believed by the relevant authorities in the justice system.¹⁹²
- Children with disabilities may also be exposed to forms of physical violence such as forced sterilization and violence in the guise of treatment (for example, electroconvulsive treatment and electric shocks used as ‘aversion treatment’ to control children’s behaviour).¹⁹³

189 Fang, Zuyi, et al., ‘Global Estimates of Violence Against Children with Disabilities: An updated systematic review and meta-analysis’, *The Lancet Child & Adolescent Health*, vol. 6, no. 5, 2022, pp. 313–323, doi: 10.1016/S2352-4642(22)00033-5.

190 ‘Seen, Counted, Included’.

191 Fang, Zuyi, et al., ‘Global Estimates of Violence Against Children with Disabilities’.

192 Braathen, Stine H., Poul Rohleder, and Gloria Azalde, ‘Sexual and Reproductive Health and Rights of Girls with Disabilities: A review of the literature’, SINTEF Technology and Society, Trondheim, 2017, <www.sintef.no/globalassets/sintef-teknologi-og-samfunn/en-sintef-teknologi-og-samfunn/2017-00083_report-sintef-uel-literature-review-srhr-girls-disability-with-appendices.pdf>, accessed 23 June 2022; p. 20.

193 United Nations Committee on the Rights of Persons with Disabilities, ‘General Comment No. 13 (2011): The right of the child to freedom from all forms of violence’ (CRC/CGC/13), Office of the United Nations High Commissioner, Geneva, 2011 <www.refworld.org/docid/4e6da4922.html>, accessed 23 June 2022; paragraphs 21–22.

- The stigma and prejudice that remain common towards children with disabilities often result in parents and families hiding their children and denying them access to other children and the broader community, including schools and health-care facilities. In these cases, violence and abuse might be more difficult to identify and report.¹⁹⁴
- Families and parents may be reluctant to report sexual abuse for fear of bringing more shame on an already stigmatized child and their family.¹⁹⁵ For example, a study of violence against children with disabilities by the African Child Policy Forum showed that nearly all the young persons interviewed had been sexually abused at least one time, and most of them more than once, in their lifetime.¹⁹⁶
- In some contexts, children with disabilities are at risk of social isolation, violence, abuse and death due to superstition and cultural practices. Many societies in sub-Saharan Africa have historically linked disability with witchcraft, or as evidence of retribution for a wrong committed by the individual or family member.¹⁹⁷ In some contexts, urban practitioners of witchcraft use the body parts of persons with disabilities in rituals, potions or amulets.¹⁹⁸ In Angola and the Democratic Republic of the Congo, there have been reports of children with disabilities being forced onto the streets because of witchcraft allegations.¹⁹⁹ In some other contexts, children with disabilities face abuse linked to actions by organized religion to ‘cure’ them of disability, such as prayer camps in Ghana, where children and adults with disabilities are often beaten and chained to iron stakes.²⁰⁰
- Children with albinism are particularly targeted for ritual killings²⁰¹ and, in the Africa region, persons with albinism are increasingly becoming the target of hate crimes,²⁰² and their abductions and killings are particularly frequent.²⁰³ Girls with albinism often face a heightened risk of sexual harassment and violence, particularly in parts of Africa and Latin America, including due to the myths that sex with a person with albinism can cure HIV.²⁰⁴ The

194 ‘World Report on Violence Against Children’.

195 ‘Promoting the Rights of Children with Disabilities’.

196 The African Child Policy Forum, ‘Breaking the Silence: Violence against children with disabilities in Africa’, Addis Ababa, 2010, <www.firah.org/upload/notices2/avril2014/violence_against_cwd_in_africa_acpf_2010.pdf>, accessed 23 June 2022.

197 Groce, Nora, and Julia McGeown, ‘Witchcraft, Wealth and Disability: Reinterpretation of folk belief in contemporary urban Africa’, Leonard Cheshire Disability Working Paper Series No. 30, Leonard Cheshire Disability and Inclusive Development Centre, University College London, London, 2013, <<https://discovery.ucl.ac.uk/id/eprint/10028057/1/Working%20Paper%2030%20-%20Witchcraft.pdf>>, accessed 23 June 2022.

198 Ibid.

199 Ibid.

200 Ibid.

201 Office of the United Nations High Commissioner for Human Rights, ‘Persons with Albinism: Report of the Office of the United Nations High Commissioner for Human Rights’ (A/HRC/24/57), United Nations General Assembly, Human Rights Council, 24th session, New York, 2013, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G13/169/44/PDF/G1316944.pdf?OpenElement>>, accessed 23 June 2022; paragraph 84.

202 Miti-Drummond, Muluka-Anne, ‘Harmful Practices and Hate Crimes Targeting Persons with Albinism: Report of the independent expert on the enjoyment of human rights by persons with albinism, Muluka-Anne Miti-Drummond’ (A/HRC/49/56), Human Rights Council, 49th session, New York, 2022, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G22/000/74/PDF/G2200074.pdf>>, accessed 23 June 2022.

203 Independent expert on the enjoyment of human rights by persons with albinism, ‘Women and Children Impacted by Albinism: Report of the independent expert on the enjoyment of human rights by persons with albinism’ (A/HRC/43/42), United Nations General Assembly, Human Rights Council, 43rd session, New York, 2019, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/353/05/PDF/G1935305.pdf>>, accessed 23 June 2022; paragraph 33.

204 ‘Women and Children Impacted by Albinism’ (A/HRC/43/42).

bullying of children with albinism is reported in all regions, particularly in schools and in rural areas.²⁰⁵ Further, mothers of children with albinism are in some contexts accused of infidelity, witchcraft or of having a curse on them, resulting in isolation, expulsion from the community or abandonment by partners.²⁰⁶ Stigma and discrimination against children with albinism results in exclusion from education, and mental health and psychosocial consequences.²⁰⁷

- While evidence on child labour and disability is very limited, it is known that child labour can cause impairments, such as through exposure to toxic chemicals or heavy metals, having to work in dusty or polluted conditions and being forced to use dangerous machinery or lift heavy loads.²⁰⁸

Some evidence suggests that “children with disabilities are more likely to engage in child labour than children without disabilities and are at higher risk of exposure to hazardous forms of labour”²⁰⁹ Factors contributing to the risk of children with disabilities being involved in child labour include a lack of birth registration, making child labour protection harder to implement, and a lack of access to inclusive education, leaving children with disabilities out of school.²¹⁰

- Widespread anecdotal evidence suggests that children are sometimes deliberately harmed or injured to push them into earning money by begging.²¹¹ Once associated with the street, children with disabilities are increasingly vulnerable to a wide array of further rights violations, including violence, assault, victimization and child labour.²¹²
- **Children with disabilities living in residential care institutions are at greater risk of violence, exploitation, abuse and neglect.** Children with disabilities living in institutions are particularly at risk of trafficking, with girls being at particular risk of sexual exploitation.²¹³ Some children who have physical and visual disabilities or serious visible birth defects or disfigurement are forced by traffickers to beg. In the most extreme cases, traffickers will intentionally disfigure children in order to exploit them through forced begging. Impoverished children with cognitive and psychosocial disabilities may be hired by criminal organizations to carry out activities related to drugs, extortion or violence, as they have few other options for survival and are seen as more vulnerable than adults.²¹⁴
- Bullying is a significant problem worldwide. Globally, children with disabilities are more likely to be victims of bullying than children



205 Ibid., paragraph 31.

206 Ibid., paragraph 19.

207 ‘Women and Children Impacted by Albinism’ (A/HRC/43/42).

208 Regional Office for South Asia, ‘Advocacy Brief: Child labour and disability’, United Nations Children’s Fund, Kathmandu, no date, <www.unicef.org/rosa/media/13236/file/Advocacy%20Brief%20-%20Child%20Labour%20and%20Disability.pdf>, accessed 23 June 2022.

209 ‘Seen, Counted, Included’, p. 08.

210 ‘Advocacy Brief: Child labour and disability’.

211 Groce, Nora, Marie Loeb, and Barbara Murray, ‘The Disabled Beggar – A Literature Review’, International Labour Office, Geneva, 2014, <www.ilo.org/wcmsp5/groups/public/—ed_emp/—ifp_skills/documents/publication/wcms_310228.pdf>, accessed 23 June 2022.

212 ‘Situation Analysis and Need Assessment on Street Children with Disabilities in Dhaka City’; Sarker, Tanwne, R. Roy, and A. Biswas, ‘Education and Health Status of Child Labour in Sylhet City, Bangladesh’ *Research & Reviews: A Journal of Life Sciences*, vol. 7, no. 2, 2017, pp 1–9.

213 Cancedda, Alessandra, Barbara De Micheli, Dafina Dimitrova, and Brigitte Slot, ‘Study on High-Risk Groups for Trafficking in Human Beings: Final report’, Publications Office of the European Union, Luxembourg, 2015, <http://publications.europa.eu/resource/cellar/0389d9df-7948-11e5-86db-01aa75ed71a1.0001.04/DOC_2>, accessed 23 June 2022.

214 Atkinson-Sheppard, Sally, *The Gangs of Bangladesh: Mastaans, street gangs and ‘illicit child labourers’ in Dhaka*, Palgrave Macmillan, Cham, 2019; ‘Child Labour and Disability Advocacy Brief’.



without disabilities.²¹⁵ A review of 98 studies revealed that nearly 38 per cent of children with disabilities were bullied by peers, and nearly a quarter (23 per cent) experienced cyberbullying.²¹⁶ Children with emotional, behavioural, intellectual or psychosocial disabilities are more at risk of bullying than those with other disabilities.²¹⁷ Boys with disabilities are more likely to be subjected to physical bullying, while girls report higher rates of psychological bullying.²¹⁸ Studies have found that children with albinism in particular across the world tend to develop low self-esteem, and mental health and psychosocial challenges, including anxiety and depression.²¹⁹



- Children with disabilities are at higher risk of experiencing online sexual abuse and exploitation, including involvement in child sexual abuse material. Contributing

factors include a lack of the accessible and appropriate education (on sexual and reproductive health and rights, relationships, life skills and online safety) that could help to protect and empower children with disabilities online; experiences of isolation and exclusion, which push children with disabilities towards online environments to build relationships; and a lack of disability-inclusive or disability-specific online protection measures by decision makers.²²⁰

Gender-based violence

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

- Violence against girls with disabilities includes gender-specific neglect, humiliation, concealment, abandonment and abuse, including sexual abuse and sexual exploitation, which increases during puberty.²²¹ The available evidence highlights that girls with disabilities are at higher risk of GBV, sexual abuse, neglect, maltreatment and exploitation.²²² Girls with disabilities are particularly vulnerable in humanitarian contexts and are at risk of sexual violence

215 United Nations Educational, Scientific and Cultural Organization, 'Violence and Bullying in Educational Settings: The experience of children and young people with disabilities' (ED-2021/WS/12 Rev), Paris, 2021, <<https://unesdoc.unesco.org/ark:/48223/pf00000378061>>, accessed 23 June 2022; p. 3.

216 Fang, Zuyi, et al., 'Global Estimates of Violence Against Children with Disabilities'.

217 'Violence and Bullying in Educational Settings', p. 6.

218 Ibid., p. 87.

219 'Women and Children Impacted by Albinism' (A/HRC/43/42); paragraph 35, p. 7

220 DeafKidz International, WePROTECT Global Alliance, and Childhood USA, 'The Sexual Exploitation and Abuse of Deaf and Disabled Children Online', <www.weprotect.org/wp-content/uploads/Intelligence-briefing-2021-The-sexual-exploitation-and-abuse-of-disabled-children.pdf>, accessed 23 June 2022.

221 'General Comment No. 3 (2016), Article 6'.

222 European Union Agency for Fundamental Rights, 'Violence Against Children with Disabilities: Legislation, policies and programmes in the EU', Publications Office of the European Union, Luxembourg, 2015, <https://fra.europa.eu/sites/default/files/fra_uploads/fra-2015-violence-against-children-with-disabilities_en.pdf>, accessed 23 June 2022; pp. 82–84.

and GBV or engaging in ‘survival sex’ with community members.

- Girls with disabilities often do not receive services, including health, justice, policing and social services – and prevention services against GBV are often not accessible to them.²²³
- Exposure to violence increases the risk of girls with disabilities being subjected to victimization, of accumulating violent experiences and of becoming part of violent relationships within the family later in life.²²⁴
- There is strong evidence from Africa, Asia, Europe, South America and North America that persons with disabilities overall are more likely to experience various forms of sexual violence, coercion and/or exploitation compared with their peers without disabilities.²²⁵ Adolescents with disabilities are disproportionately vulnerable to physical

and sexual violence, and to child or forced marriage, and they are routinely denied access to justice or redress.²²⁶

- Female infants born with disabilities are more likely to die through ‘mercy killings’ than male infants with disabilities, and may never be legally registered, which makes them more vulnerable to violence and abuse.²²⁷
- For all the groups, the risk for girls and women are consistently higher, and the prevalence is higher in the younger groups of children and adolescents compared with adults.²²⁸
- Globally, girls with disabilities are up to three times more at risk of rape than girls without disabilities and are twice as likely to experience other forms of GBV, as well as often suffering more severe injuries and more prolonged abuse.²²⁹

223 United Nations Population Fund, ‘Women and Young Persons with Disabilities. Guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights’, New York, 2018, <www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf>, accessed 23 June 2022; p. 3.

224 ‘World Report on Violence Against Children’, pp. 61–66.

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

226 United Nations Secretary-General, ‘Status of the Convention on the Rights of the Child: Report of the secretary-general’ (A/66/230), United Nations General Assembly, New York, 2011, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N11/442/45/PDF/N1144245.pdf>>, accessed 23 June 2022; p. 13.

227 ‘Young Persons with Disabilities’, p. 24.

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

229 United Nations Secretary-General, ‘Report of the United Nations Entity for Gender Equality and the Empowerment of Women on the activities of the United Nations Trust Fund in Support of Actions to Eliminate Violence against Women – Note by the Secretary-General’ (A/HRC/44/3-E/CN.6/2020/8), United Nations, New York, 2019, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/408/25/PDF/N1940825.pdf>>, accessed 23 June 2022; paragraph 15.



ACCESS TO JUSTICE

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



- **Protection and justice systems and reporting mechanisms commonly do not take account of the needs of children with disabilities.**

These children therefore experience difficulties in accessing help and, if they can access it, they rarely get access to

effective justice or redress.²³¹ Some young women with intellectual disabilities face additional challenges in recognizing abuse and communicating about it, and many are not then believed. The testimonies of children with disabilities may be regarded as too difficult to ascertain or as less reliable – especially those from children with intellectual disabilities.²³²

- The denial of legal capacity to young persons with disabilities not only violates their human rights but can exacerbate their vulnerability to GBV. Similarly, it can make it more difficult for them to report violence and abuse against them – and to be believed by relevant authorities²³³

230 Office of the United Nations High Commissioner for Human Rights, 'Right to Access to Justice Under Article 13 of the Convention on the Rights of Persons with Disabilities: Report of the Office of the United Nations High Commissioner for Human Rights,' Human Rights Council, 37th session, United Nations General Assembly, New York, 2017, <<https://digitallibrary.un.org/record/1466825>>, accessed 23 June 2022; paragraph 10, p. 4.

231 Ellery, Frances, Gerison Lansdowne, and Corinna Csáky, 'Out from the Shadows: Sexual violence against children with disabilities', The Save the Children Fund, 2011, London, <<https://resourcecentre.savethechildren.net/pdf/4917.pdf>>, accessed 23 June 2022.

232 Braathen, Rohleder, and Azalde, 'Sexual and Reproductive Health and Rights of Girls with Disabilities', p. 20.

233 'Young Persons with Disabilities', p. 21.

- Disproportionately high numbers of children and young men and women with disabilities are sent to juvenile/youth detention centres and prisons. Some estimates show that up to 25 per cent of all young people in such facilities have intellectual disabilities or mental health conditions.²³⁴
- Age-appropriate reasonable adjustments and accessibility measures should be provided to children with disabilities at every

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

234 'World Report on Violence Against Children'.

235 Committee on the Rights of the Child, 'General Comment No. 24 (2019) on Children's Rights in the Child Justice System' (CRC/C/GC/24), Office of the United Nations High Commissioner, Geneva, 2019, <https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f24&Lang=en>, accessed 23 June 2022.



FAMILY LIFE AND INDEPENDENT LIVING

Children with disabilities are more likely to experience separation from their families, to remain separated for longer and to be placed in residential care. Children with disabilities have the right to live with their family or in family-based care in the community, and governments are required by the CRPD and the Convention on the Rights of the Child to set up programmes for the deinstitutionalization of children with disabilities, placing them with their families, extended families or foster families.²³⁶

- There is strong evidence that children develop best when having supportive and strong relationships in a safe family environment,²³⁷ that deprivations of liberty are directly harmful to the mental and physical health of children,²³⁸ and that the risk of violence, neglect and abuse in institutions and orphanages is much higher than in family environments at home or in the community.²³⁹ Despite this, many children continue to be institutionalized.

236 'General Comment No. 9 (2006)', paragraph 49; 'Convention on the Rights of Persons with Disabilities', article 19.

237 Rau Barriga, R.S., J. Buchanan, E. Ćerimović, and K. Kriti Sharma, 'Children with Disabilities: Deprivation of liberty in the name of care and treatment', Human Rights Watch, New York, 2017, <www.hrw.org/news/2017/03/07/children-disabilities-deprivation-liberty-name-care-and-treatment>, accessed 23 June 2022; pp. 285–302.

238 United Nations Secretary-General, 'Global Study on Children Deprived of Liberty: Note by the secretary-general' (A/74/136), United Nations General Assembly, 74th session, New York, 2019, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/213/15/PDF/N1921315.pdf?OpenElement>>, accessed 23 June 2022.

239 Palayret, Gallianne, 'Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia: A rights-based regional situational analysis', United Nations Children's Fund, Geneva, 2012, <<https://bettercarenetwork.org/sites/default/files/attachments/Children%20Under%20the%20Age%20of%20Three%20in%20Formal%20Care%20in%20Eastern%20Europe%20and%20Central%20Asia.pdf>>, accessed 23 June 2022; p. 45.



- Precise information about the number of children with disabilities living in residential institutions is not available, but the data point to the institutionalization of children with disabilities continuing in many countries and regions across high- and low-income countries.²⁴⁰ For example, in central and eastern Europe and the Commonwealth of Independent States, it is estimated that children with disabilities are up to 17 times more likely to live in residential institutions compared with their peers.²⁴¹ **Globally, it is estimated that one in three children in institutions is a child with disabilities.**²⁴²



- Children with disabilities are placed in institutions for a variety of reasons. Often, parents are encouraged and advised to do so by professionals who claim that institutions will provide the most effective care. Combined with a lack of community services to support children with disabilities

and their families, many parents do not feel they have much choice other than to place their children in residential care. There are also children with disabilities who are abandoned because of the stigma, and discrimination still persistent in many communities.²⁴³ The lack of inclusive services for children with disabilities is a key factor leading to the overrepresentation of children with disabilities in institutional care settings.

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

240 Petrowski, Cappa, and Gross, 'Estimating the Number of Children in Formal Alternative Care'.

241 'Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia', p. 45.

242 'Global Study on Children Deprived of Liberty: Note by the secretary-general' (A/74/136).

243 Regional Office for Central and Eastern Europe and the Commonwealth of Independent States, 'At Home or in a Home? Formal care and adoption of children in eastern Europe and central Asia', United Nations Children's Fund, New York, 2010, <www.socialserviceworkforce.org/system/files/resource/files/At%20Home%20or%20In%20a%20Home%20-%20Formal%20care%20and%20adoption%20of%20children%20in%20Eastern%20Europe%20and%20Central%20Asia.pdf>, accessed 23 June 2022; 'United Nations Global Study on Children Deprived of Liberty'; p 195.

tailored to children's needs and preferences. The most egregious and direct forms of deprivation of liberty include solitary confinement, physical restraints and forced medication. The conditions in institutions are often characterized by violence, sexual abuse and neglect, amounting to inhuman and degrading treatment.²⁴⁴ A study from the United Nations in 2005 revealed serious concerns over the conditions in many institutions, such as violence and neglect – including children being left for hours on urine-soaked mattresses, or being physically or medically restrained – residential care facilities being understaffed, and a lack of monitoring or independent scrutiny.²⁴⁵

- A 2019 study from the United Nations found that children with disabilities deprived of their liberty are at a heightened risk of violence, abuse and exploitation, which may amount to torture or other forms of ill treatment, including being restrained, shackled, secluded and/or beaten by staff as a form of control and/or punishment.²⁴⁶ Some children with disabilities in institutional care face nutritional deficiencies because of feeding difficulties, increased care burdens, insufficient resources to meet their needs and other reasons.²⁴⁷ **The mortality rate for children with disabilities in institutional care is 100 times higher than for other children.**²⁴⁸
- Children with disabilities in residential institutional care often do not access quality



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

- The most comprehensive study so far in Europe, on the outcomes for children with disabilities in specific institutions compared with children living in other social care institutions, found that, while children from social care institutions were more likely to leave the institutions and be returned to their biological families (32 per cent) or be adopted nationally (24 per cent), children with disabilities rarely left the institutions where they lived. Twenty eight per cent of children with disabilities under 3 years of age had died, compared with 0.29 per cent of children of the same age group living in other social-care institutions.²⁵¹
- The costs for society in maintaining institutional residential care are more expensive than providing support at the community level and, for example, foster care. Data in 2012 from 13 countries in central and western Europe showed that institutional care was twice as expensive as foster care for young children with disabilities, and three times more expensive than foster care for young children without disabilities. This finding was independent of

244 'Global Study on Children Deprived of Liberty: Note by the secretary-general' (A/74/136).

245 United Nations Children's Fund, 'Summary Report: Violence against children with disabilities, findings and recommendations of a consultation convened by UNICEF for the UN secretary-general's study on violence against children thematic group on violence against children with disabilities', New York, 2005.

246 'Global Study on Children Deprived of Liberty: Note by the secretary-general' (A/74/136).

247 United Nations Secretary-General, 'Status of the Convention on the Rights of the Child: Report of the secretary-general' (A/74/231), United Nations General Assembly, 74th session, New York, 2019, <<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/232/06/PDF/N1923206.pdf>>, accessed 23 June 2022.

248 'Status of the Convention on the Rights of the Child: Report of the secretary-general' (A/74/231).

249 Rau Barriga, Buchanan, Ćerimović, and Kriti Sharma, 'Children with Disabilities'.

250 Human Rights Watch, 'It is my Dream to Leave this Place: Children with disabilities in Serbian institutions', New York, 2016, <www.hrw.org/report/2016/06/08/it-my-dream-leave-place/children-disabilities-serbian-institutions>, accessed 23 June 2022; pp. 66–67.

251 Brown, Hilary, 'Safeguarding Adults and Children with Disabilities Against Abuse', Council of Europe Publishing, Strasbourg, 2003, <<https://rm.coe.int/16805a297e>>, accessed 23 June 2022; note 2, p. 22.

the level of spending on the quality of care in each country.²⁵²

- Some states have reported that children with disabilities have not benefited from deinstitutionalization processes at the same rate as other children without parental care. That is caused partly by challenges related to placing children with disabilities in family- and community-based care settings; such challenges may arise as a result of stigma, discrimination and limited options for community support and services.²⁵³
- For many governments, foster families are an accepted and practised form of alternative care. Many foster families are reluctant to take on the care of a child with disability, because of the extra care they may need and the special requirements in their physical psychological well-being.²⁵⁴
- Children with disabilities are also significantly overrepresented in detention in the context of the administration of justice. There is evidence from Europe and the United States of America that children with disabilities, particularly with intellectual

disabilities, are overrepresented in juvenile detention facilities.²⁵⁵

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

252 Puras, Dainius, et al., 'The Rights of Vulnerable Children Under the Age of Three: Ending their placement in institutional care', Europe Regional Office, Office of the United Nations High Commissioner for Human Rights, Brussels, no date, <https://europe.ohchr.org/Documents/Publications/Children_under_3.pdf>, accessed 23 June 2022; p. 20.

253 'Status of the Convention on the Rights of the Child: Report of the secretary-general' (A/74/231).

254 General Comment No. 9 (2006)'.²⁵⁴

255 Mulheir, Georgette, 'Deinstitutionalisation – a Human Rights Priority for Children with Disabilities', *The Equal Rights Review*, vol. 9, 2012, pp. 117–137, <www.equalrightstrust.org/ertdocumentbank/err9_mulheir.pdf>, accessed 23 June 2022; Mallett, Christopher A., 'The "Learning Disabilities to Juvenile Detention" Pipeline: A case study', *Children & Schools*, vol. 36, no. 3, pp. 147–154, doi: 10.1093/cs/cdu010.

256 'United Nations Global Study on Children Deprived of Liberty'; chapter 7, p. 191.



HUMANITARIAN ACTION

Article 11 of the CRPD calls on state parties to undertake all the necessary measures, including emergency preparedness and response plans, to ensure the protection and safety of children with disabilities during humanitarian emergency preparedness, response and recovery.

- In situations of crisis and emergency, children with disabilities, who are more likely than other children to experience discrimination and violence, face more difficulties in coping with a deterioration of the environment, are more affected by the disruption of health, education and other social services, and face additional barriers to accessing protection and aid.^{257,258}



The breakdown of systems and services can also leave children more susceptible to violence, and those with intellectual disabilities are more at risk of violence, sexual abuse and neglect.²⁵⁹ In the aftermath of disasters, children with disabilities are more likely to become separated from their carers and are extremely vulnerable to violence, exploitation and sexual abuse.²⁶⁰

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

257 'Assistive Technology for Children with Disabilities'.

258 International Rescue Committee and Women's Refugee Council, "'I See that it is Possible': Building capacity for disability inclusion in gender-based violence (GBV) programming in humanitarian settings', Women's Refugee Commission, New York, 2015, <www.womensrefugeecommission.org/wp-content/uploads/2020/04/Disability-Inclusion-in-GBV-English.pdf>, accessed 23 June 2022.

259 "'I See that it is Possible'".

260 Pearn, J.H., 'The Cost of War: Child injury and death', in *Contemporary Issues in Childhood Diarrhoea and Malnutrition*, first edition, edited by Zulfiqar Ahmed Bhutta, Oxford University Press, New York, 2020; pp. 334–343.

which many children and young persons with disabilities are excluded.²⁶¹ Stigma and fear might also lead to families isolating or hiding their children at home, and, due to lack of understanding of disability among humanitarian actors, children with disabilities often remain invisible, both in needs assessment and the design of interventions.²⁶²

- The greater barriers to equal access to education faced by children with disabilities are exacerbated in a humanitarian context. These barriers include a lack of, or inaccessible, transportation, inaccessible educational facilities, and stigma and prejudice resulting in bullying and insecurity. As an example, a 2018 report by Syria Relief showed that four out of five children with disabilities living in the Syrian Arab Republic reported not having access to education.²⁶³
- While only limited evidence is available, some studies and assessments conducted in the Syrian Arab Republic and other

humanitarian contexts point to children with disabilities not having the same access to education and learning opportunities as their peers. Girls with disabilities may face additional barriers to accessing education in humanitarian contexts due to a lack of adequate sanitary pads available during menstruation, and inaccessible and unsafe toilets and washrooms in schools and temporary learning facilities.²⁶⁴

- Armed conflicts affect all children in both direct and indirect ways. The direct effects are in the form of injuries from attack, artillery fire and landmine explosions, and psychological trauma or anxiety and depression derived from these injuries or from witnessing traumatic events. The indirect effects on children are through, for example, the breakdown of health services, which leaves many illnesses or injuries untreated, and food insecurity, which leads to malnutrition. Many children with disabilities will be more at risk of such consequences of conflict.²⁶⁵

261 United Nations Children's Fund, 'Humanitarian Guidance: General', New York, 2017.

262 Ibid.

263 Syria Relief, 'Children Living with Disabilities Inside Syria: Understanding the types of disabilities and access to services for children living in Syria', Salford, 2018, p. 23.

264 Njelesani, Janet, and Shirin Kiani, 'Rapid Needs Assessment – Situation of Children, Youth and Adults with Disabilities, Within and Around Domiz, Northern Iraq, December 2013', Handicap International Iraq, Erbil, 2013, <<https://reliefweb.int/report/iraq/rapid-needs-assessment-situation-children-youth-and-adults-disabilities-within-and>>, accessed 23 June 2022; 'Children Living with Disabilities Inside Syria', pp. 23 and 32; Pearce, Emma, 'Disability Inclusion: Translating policy into practice in humanitarian Action', Women's Refugee Commission, New York, 2014, <womensrefugeecommission.org/wp-content/uploads/2020/04/Disability-Inclusion-Translating-Policy-into-Practice-in-Humanitarian-Action.pdf>, accessed 23 June 2022; pp. 17–18; 'The State of the World's Children 2013'; pp. 50–51.

265 'The State of the World's Children 2013'.



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CLIMATE CHANGE

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

- Global warming and other increasing effects of climate change already have health and social consequences due to the disruption of water and ecosystems, rising ocean levels, inundation of coastal cities and small island nations, and increased mortality from heatwaves.²⁶⁶ Children, including those with disabilities, face heightened risks to the impacts of climate change through a

diverse range of factors, including their susceptibility to waterborne and vector-borne diseases, the food and water shortages leading to increased childhood malnutrition, and disruption to attending school. The livelihoods of the poorest families in many countries are negatively impacted by climate change. Families in such situations may sell assets, undermining poverty alleviation and potentially resulting in the withdrawal of children from school. In the long term, climate change can impact on children's potential employment and capacity to migrate and, in some cases in the immediate context, children may be forced into work and exploitation by families seeking to recover lost income.²⁶⁷

- While evidence on the impact of climate change on children with disabilities is still very limited, it is expected that they will be disproportionately impacted due

266 Brown, Patrick T., and Ken Caldeira, 'Greater Future Global Warming Inferred from Earth's Recent Energy Budget', *Nature*, vol. 552, no. 7683, 2017, pp. 45–50, doi: 10.1038/nature24672.

267 Smith, Fred, et al., 'Disability and Climate Resilience: A literature review'. Leonard Cheshire Disability and Inclusive Development Centre, London, 2017, available from <www.researchgate.net/publication/320800956_Disability_and_Climate_Resilience_A_literature_review>, accessed 23 June 2022.



to existing inequalities. As persons with disabilities, including children, face higher levels of poverty,²⁶⁸ they are likely to be among those who experience the worst effects of climate change. With many persons with disabilities already facing barriers to accessing safe water²⁶⁹ for drinking, sanitation and hygiene, climate change is expected to exacerbate these vulnerabilities even further, with serious consequences, particularly for children.

- Up to 2015, over half a billion children, including children with disabilities, lived in zones of extremely high flood occurrence, and nearly 160 million lived in zones of high or extremely high drought severity. Children with disabilities are more at risk during these types of disaster and have less chance to evacuate.^{270,271}
- Persons with disabilities are more likely to struggle to access water points and toilets when land conditions become waterlogged, muddy or slippery due to climate events. Climate-proofing WASH infrastructure (e.g. raised platforms with steps to avoid floods) can make access more difficult.²⁷²
- A key factor contributing to a heightened risk for children with disabilities is the lack of information and resources in accessible and child-friendly formats, which could impact their knowledge of and capacity to adapt to climate change. In the context of disasters, children and young persons with disabilities are more vulnerable if they are unable to access information about safe evacuation procedures or do not have the specific assistance when needed.²⁷³ For example, by having less access to education, where disaster risk reduction information is often provided, children and young persons with disabilities may have less chance to make informed decisions during disasters.²⁷⁴
- To date, children and young persons with disabilities have had limited opportunities to participate in climate action. However, adolescent-led initiatives such as the climate strikes, which mobilized an estimated 1.5 million students in more than 2,000 cities worldwide in March 2019, show how important it is for children and young persons with disabilities to be able to use accessible technology and information to participate in social media platforms. These opportunities have catalytic effects in voicing opinions and providing insights on matters that affect these children and young people.²⁷⁵

268 World Health Organization, 'World Report on Disability 2011', Geneva, 2011, <www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>, pp. 39–40; Filmer, Dean, 'Disability, Poverty and Schooling in Developing Countries: Results from 11 household surveys', policy research working paper no. 3,794, World Bank, Washington, DC, 2005, pp 141–163; 'Seen, Counted, Included'; Sundrum, R., S. Logan, A. Wallace, and N. Spencer, 'Cerebral Palsy and Socioeconomic Status: A retrospective cohort study', *Archives of Disease in Childhood*, vol. 90, no. 1, 2005, pp 15–18, doi: 10.1136/adc.2002.018937; Newacheck, Paul W., et al., 'Disparities in the Prevalence of Disability Between Black and White Children'.

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

270 United Nations Children's Fund, 'Unless We Act Now: The impact of climate change on children', New York, 2015, <www.unicef.org/media/50391/file/Unless_we_act_now_The_impact_of_climate_change_on_children-ENG.pdf>, accessed 23 June 2022.

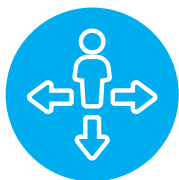
271 'Disability and Development Report'.

272 Megaw, T., J. Kohlitz, A. Gero, and J. Chong, 'Understanding and Responding to Climate Change Impacts in Inclusive WASH Programs – a Conceptual Framework: Learning paper', Institute for Sustainable Futures, University of Technology Sydney, Sydney, 2020, <www.uts.edu.au/sites/default/files/2021-01/CCRIW%20Conceptual%20framework.pdf>, accessed 23 June 2022.

273 'Disability and Development Report'; See generally: UN Environment Programme, 'How climate change disproportionately impacts those with disabilities', Nairobi, 2019, <www.unep.org/news-and-stories/story/how-climate-change-disproportionately-impacts-those-disabilities>, accessed 23 June 2022.

274 Ibid.

275 Clark, Helen, et al., 'A Future for the World's Children? A WHO-UNICEF-Lancet commission', *The Lancet*, vol. 395, no. 10,224, 2020, pp. 605–658, doi: 10.1016/S0140-6736(19)32540-1.



CHILDREN ON THE MOVE

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

- It is estimated that nearly half of the world's refugees are under 18 years of age,²⁷⁶ but the available information about children

with disabilities on the move remains very limited.²⁷⁷

- Persons with disabilities, including children, encounter barriers to accessing services in both camp and out-of-camp contexts, such as assistance and information not being presented in accessible formats, a lack of access to medical care and psychosocial support, and a limited availability of assistive technology.²⁷⁸
- The asylum-seeking process is a cumbersome and challenging one for anyone, including children and young persons with disabilities. It may include collating specific documentation and participating in interviews, which can be difficult for children with disabilities and



276 Nicolai, Susan, et al., 'A common Platform for Education in Emergencies and Protracted Crises: Evidence paper', Overseas Development Institute, London, 2016, <https://cdn.odi.org/media/documents/A_common_platform_for_education_in_emergencies_and_protracted_crises_evidence_paper.pdf>, accessed 23 June 2022.

277 United Nations Children's Fund, 'Uprooted: The growing crisis for refugee and migrant children', New York, 2016, <<https://data.unicef.org/resources/uprooted-growing-crisis-refugee-migrant-children>>, accessed 23 June 2022.

278 See: European Disability Forum, 'Migration and Refugees with Disabilities', Brussels, no date, <www.edf-feph.org/migration-and-refugees-with-disabilities>, accessed 23 June 2022.

their families, particularly for those with intellectual disabilities or who are deaf or have other hearing impairments. There is a lack of accessible facilities and of information in accessible formats to help them to understand proceedings.²⁷⁹

- There has been more limited literature describing disability as a ground for claiming asylum, and on the difficulties that persons with disabilities face in accessing the protections under the Refugee Convention.²⁸⁰ Some forms of harm are experienced disproportionately by persons with disabilities, including children, such as

sexual exploitation, involuntary detention and higher exposure to torture or inhumane and degrading treatment in institutions and at home.²⁸¹

- Discrimination within the migration and asylum laws of some states restricts or denies asylum or the issuance of a visa on the basis of disability.²⁸²
- There has been limited research on disability and statelessness, but one important risk factor for statelessness is the lack of birth registration,²⁸³ where, as covered earlier, children with disabilities are at higher risk of not being registered at birth.

279 European Disability Forum, 'Migration and Refugees with Disabilities'.

280 See, for example: Crock, Mary, Christine Ernst, and Ron McCallum, 'Where Disability and Displacement Intersect: Asylum seekers and refugees with disabilities get access', *International Journal of Refugee Law*, vol. 24, issue 4, 2012, pp. 735–764, doi: 10.1093/ijrl/ees049.

281 Crock, Ernst, and McCallum, 'Where Disability and Displacement Intersect'.

282 'United Nations Global Study on Children Deprived of Liberty'; p. 191.

283 United Nations Office of the High Commissioner for Human Rights, Geneva, 'I am here, I belong: The urgent need to end statelessness', Geneva, 2015, <www.unhcr.org/ibelong/wp-content/uploads/2015-10-StatelessReport_ENG16.pdf>, accessed 23 June 2022.



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