



# Global formative evaluation of UNICEF work on disability inclusion 2018-2022

# Global Formative Evaluation of UNICEF Work on Disability Inclusion 2018-2022

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United Nations Children's Fund  
Three United Nations Plaza  
New York, New York 10017

November 2024

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Cover photo: Renata Salsa Azhari (Rere), 11, attends class at Muhammadiyah Islamic Elementary School in Purbalingga, Central Java Province, Indonesia. For three years since Rere graduated from kindergarten, no formal elementary school would admit her due to her hearing and speech disabilities, while the closest special needs school was too far away from their home in Rembang subdistrict. With support from UNICEF, she is now able to continue her studies at the local elementary school.

## Preface

Globally, there are an estimated 250 million children with disabilities. This represents nearly a quarter of the total population of people with disabilities, which exceeds one billion people (15% of the world's population). Children with disabilities are among the most marginalised populations in the world. They face persistent barriers that prevent them from accessing opportunities for community life, education, and public services such as healthcare, ultimately hindering the fulfilment of their rights. In response to these challenges, UNICEF has prioritised children with disabilities in its strategic plan, implementing wide-ranging advocacy and programming activities focused on inclusion in communities, social services, and UNICEF-sponsored programmes.

This formative evaluation of UNICEF Work on Disability Inclusion provides a comprehensive assessment of UNICEF support in ensuring disability inclusion from 2018 to 2022. The evaluation examines key strategies and programmes implemented around the globe, which serve as the foundation for UNICEF strategic planning and implementation. The evaluation had two purposes: to thoroughly examine UNICEF strategies, interventions, and operationalisation of disability inclusion and to ascertain the impact of those efforts on the well-being of children with disabilities. In doing so, we aim to align UNICEF work with global standards and frameworks, emphasising children's rights and the organisation's core values.

The evaluation has revealed several key findings about the organisation's work in this area. While UNICEF has successfully approached disability inclusion through a rights-based framework aligned with the CRPD, some "Twin Track" targeted activities may unintentionally reinforce exclusion in certain countries. The evaluation found that many children with disabilities remain "invisibilised" in their countries, though UNICEF has made progress in identifying these children through screening, identification, and census activities. Additionally, while UNICEF has successfully scaled programmes through government uptake, the evaluation identified two key enablers for successful work on disability inclusion: internal champions who drove coherence of activities and adequate resourcing.

We recognise with appreciation the many people who freely gave their time for this evaluation, including UNICEF staff from Headquarters and Regional Offices. Our appreciation also goes to the members of the global reference group – Aniruddha Kulkarni, Asma Maladwala, Charlotte Axelsson, Gavin Wood, Jose Maria Viera, Kristoffer Gandrup-Marino, Lieve Sabbe, Philimon Majwa, Rebecca Tortello, Rosangela Berman Bieler, Yetneberesh Nigussie Molla and Zainab Al-Azzawi – who provided extensive support and feedback in the different stages of the evaluation.

The evaluation was conducted by a team of external consultants under the leadership of Christopher Johnstone and Paula Hunt (co-team leaders) and four team members – Ian Allen, Nisma Elias, Rachel Garaghty, and Kristina Cibuzar. The evaluation effort was managed by Adrian Shikwe, Evaluation Specialist, UNICEF Evaluation Office, with technical inputs from Kathleen Letshabo, UNICEF Evaluation Office. Adrian and Kathleen provided continuous support to help improve the quality and utility of the evaluation. Overall supervision was provided by Denis Jobin, Senior Evaluation Specialist, UNICEF Evaluation Office. Special acknowledgement is given to Dalma Rivero and Geeta Dey for their continued administrative support.

**Robert McCouch**  
**Director of Evaluation, UNICEF**

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2023

19	20	21	22	23	24	25
26	27	28	29	30	31	
1	2	3	4	5	6	7
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# Acronyms

<b>ADT</b>	Accessible Digital Textbooks	<b>KII</b>	Key Informant Interviews
<b>C4D</b>	Communication for Development	<b>LAC</b>	Latin America and the Caribbean
<b>CCCs</b>	Core Commitments for Children	<b>MENA</b>	Middle East and North Africa
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women	<b>MICS</b>	Multi-Indicator Cluster Survey
<b>CFM</b>	Child Functioning Module	<b>NGO</b>	Nongovernmental Organisation
<b>COAR</b>	Country Office Annual Reports	<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>COVID-19</b>	Novel Coronavirus SARS-CoV-2	<b>OPDs</b>	Organisations of Persons with Disabilities
<b>CPD</b>	Country Programme Document	<b>PG</b>	Programme Group
<b>CRC</b>	Convention on the Rights of the Child	<b>SBC</b>	Social and Behaviour Change
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities	<b>SDG</b>	Sustainable Development Goals
<b>DIPAS</b>	Disability Inclusion Policy and Strategy	<b>SEN</b>	Special Education Needs
<b>EAP</b>	East Asia and the Pacific	<b>SP</b>	Strategic Plan
<b>ECA</b>	Europe and Central Asia	<b>TOC</b>	Theory of Change
<b>ECARO</b>	Europe and Central Asia Regional Office	<b>TOR</b>	Terms of Reference
<b>ECD</b>	Early Childhood Development	<b>UN</b>	United Nations
<b>EMIS</b>	Education Management Information System	<b>UNCT</b>	United Nations Country Teams
<b>EMOPS</b>	Office for Emergency Programmes	<b>UNDESA</b>	United Nations Department of Economic and Social Affairs
<b>EO</b>	Evaluation Office	<b>UNDIS</b>	United Nations Disability Inclusion Strategy
<b>EQ</b>	Evaluation Question	<b>UNDP</b>	United Nations Development Programme
<b>ESA</b>	Eastern and Southern Africa	<b>UNEG</b>	United Nations Evaluation Group
<b>FGD</b>	Focus Group Discussion	<b>UNPRPD</b>	United Nations Partnership on the Rights of Persons with Disabilities
<b>ICF-CY</b>	International Classification of Functioning, Disability, and Health-Children and Youth	<b>WASH</b>	Water, Sanitation, and Hygiene



## Executive Summary

Children with disabilities are among the most marginalised populations in the world. Persistent barriers to access have prevented many children with disabilities from opportunities for community life, education, public services (such as healthcare), and the fulfilment of their rights. UNICEF has prioritised children with disabilities in its strategic and action plans. It has implemented wide-ranging advocacy and programming activities focused on inclusion in communities, social services, and UNICEF-sponsored programmes. The guiding global instruments for UNICEF's work on disability inclusion comprise key international treaties—such as the CRC, CEDAW, CRPD, and the SDGs—that collectively emphasise the rights, inclusion, and non-discrimination of children, women, and persons with disabilities, further supported by frameworks like the UNPRPD and UNDIS, which guide UNICEF in promoting inclusive policies, cross-sectoral integration, and accountability to uphold dignity and human rights in all program areas.

This evaluation provides information on UNICEF work on disability inclusion. The evaluation examines the ways in which UNICEF has advocated for the inclusion of children with disabilities in all its work globally by supporting activities related to disability inclusion. These activities might be direct government support, interventions, or services non-governmental entities

provide. Activities related to disability inclusion implemented by partners might include creating or maintaining databases, educational interventions, or social protection programmes on a large scale and have been undertaken globally and, to some extent, across sectoral lines.

The overall objective of this evaluation was to assess UNICEF approaches and progress made in support of disability inclusion. The evaluation aimed to assess the extent to which UNICEF advocacy and programmatic approaches have been effective in promoting disability inclusion in the work it supports in countries and, consequently, how children are included in their societies. The specific objectives of this evaluation were:

- ▶ **Objective 1:** Assess the extent to which UNICEF's conceptualisation of disability inclusion prioritised the rights of children, reflected the values of the organisation, adhered to normative frameworks and standards for children and persons with disabilities, and influenced disability-inclusive policies, processes and practice.
- ▶ **Objective 2:** Evaluate whether UNICEF approaches and strategies were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights.

- ▶ **Objective 3:** Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled up to reach most children with disabilities and whether it is sustainable.
- ▶ **Objective 4:** Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.

The objectives of the evaluation were addressed through answering the following evaluation questions:

- ▶ **EQ1.1:** What is UNICEF's approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?
- ▶ **EQ1.2:** To what extent does UNICEF's notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?
- ▶ **EQ2.1:** What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?
- ▶ **EQ2.2:** To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights in various programming contexts?
- ▶ **EQ3.1:** What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities across sectors and in various programming contexts?
- ▶ **EQ3.2:** To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?
- ▶ **EQ4.1:** What evidence is there that the key enablers for the successful implementation of disability-inclusive programming are in place in each UNICEF office?
- ▶ **EQ4.2:** To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives?

Like most evaluations, this evaluation also had dual purposes: The first purpose was to enhance organisational learning and strengthen organisational accountability. On the learning front, this evaluation used a formative approach to determine the organisation's readiness to incorporate disability inclusion into its overall work, specifically concerning advocacy and programming at the country level. As part of this purpose, information from headquarters and regional offices provided the global context in relation to ongoing initiatives, guidance, and support provided to country offices aiming to do work in disability inclusion.

Regarding accountability, this evaluation aimed to assess the extent to which UNICEF-supported disability-inclusive programming and advocacy made a difference in promoting disability inclusion in the regions and countries where it was implemented. To the extent possible, this evaluation aimed to understand the outputs and outcomes of investments in advocacy and programming for disability inclusion.

This evaluation is anticipated to be used by various stakeholders. Primary stakeholders include the UNICEF Disability Section and other sections in the Programme Group, as well as the UNICEF Innocenti Global Office of Research and Foresight (hereafter UNICEF Innocenti). Information from this evaluation also directly applies to focal points for disability inclusion in regional and country offices.

Because this evaluation is the first Global Evaluation on Disability Inclusion, there was no baseline from which to work. Data was collected for this evaluation through reviews of extant data and reports, analysis of budgetary inputs, and individual interviews and focus group discussions with more than 250 individual participants. Interviewees were UNICEF employees and their partners, and the information obtained was used to create a culminating confirmatory survey. The rationale for selecting these various sources was to provide an opportunity to triangulate information across data sources. Reports, for example, provided a published review of activities during the evaluation period. These reports included UNICEF internal and public reports, Country Office Annual Reports (COAR) data, and budgetary data. Interviews with stakeholders provided additional nuanced insights into activities, allowing evaluators to consider the context when interpreting data and findings. Finally, a confirmatory survey was conducted at the end of the evaluation to determine the magnitude of findings that were generated from qualitative data.

The following were the key evaluation findings:

- ▶ **Finding 1:** UNICEF approach to disability inclusion has effectively employed a rights-based framework, prioritising the rights of children with disabilities to access essential services and addressing stigma through context-specific programming and cross-sectoral initiatives. This approach aligns with the “Leave No One Behind” mandate and normative standards such as the CRPD. However, the organisation faces critical gaps in terms of having a clear accountability mechanism, unified messaging and dedicated resources that necessitate further institutionalisation of disability inclusion.
  - ▶ **Finding 2:** UNICEF Work on disability inclusion is aligned with international standards, particularly with the CRPD as a driver, as evidenced by the adoption of the rights-based “Twin Track” approach across programmatic levels; however, targeted activities for children with disabilities have been reinforcing exclusion and segregation in some countries.
  - ▶ **Finding 3:** In sample countries, UNICEF has primarily advanced disability inclusion through cross-sectoral policy advocacy and targeted inclusive education initiatives, but notable gaps remain in operationalising disability-inclusive programming. Structural barriers, including insufficient technical guidance on implementing the “Twin Track” and inadequate documentation of examples of good cross sectoral practices continue to limit the integration of disability inclusion across programming contexts.
  - ▶ **Finding 4:** UNICEF has effectively promoted disability inclusion in humanitarian action through systems strengthening, coordination, leadership, and inclusive emergency preparedness efforts. However, the absence of robust outcome data limits the ability to comprehensively assess the overall effectiveness of these approaches.
  - ▶ **Finding 5:** Despite millions of children with disabilities being reached through various UNICEF supported programmes, a significant number remain out of reach because they are invisibilised in their countries. UNICEF has made progress in identifying these children by supporting screening, identification and census activities. In some countries where UNICEF works, children remain completely excluded because they are institutionalised.
  - ▶ **Finding 6:** UNICEF has successfully scaled disability-inclusive programmes working with governments across diverse contexts, but challenges remain in balancing programmatic support with rights-based accountability. Feedback from organisations of persons with disabilities highlights the need for stronger advocacy to ensure that governments not only expand programs but also fulfil their policy commitments to uphold the rights of children with disabilities.
  - ▶ **Finding 7:** The successful implementation of disability-inclusive programming within UNICEF offices is primarily enabled by two factors: internal champions and adequate resourcing, yet it is constrained by limited structural support and reliance on temporary funding which hinder long-term, cohesive implementation.
  - ▶ **Finding 8:** UNICEF offices have started adopting innovative disability-inclusive approaches, including cross-sectoral strategies like life cycle planning and integrating disability-inclusive programs into existing frameworks, alongside investments in assistive technologies and accessible digital tools. However, sectoral silos and insufficient structural coordination continue to limit the coherence, scalability, and effectiveness of these efforts across diverse contexts.
- Based on the findings, the evaluation had the following conclusions, including:
- ▶ **Conclusion 1:** UNICEF has demonstrated a coherent rights-based orientation in its approach to disability inclusion, effectively aligning with its “Leave No One Behind” mandate and international frameworks such as the CRPD. However, significant gaps persist that hinder the full institutionalisation of disability inclusion across all levels of the organisation (informed by Findings 1 and 2).
  - ▶ **Conclusion 2:** UNICEF disability inclusion efforts have largely aligned with international standards, particularly the CRPD, through the adoption of a rights-based “Twin Track” approach. However, gaps in implementation have, at times, undermined the intended outcomes. In some cases, targeted programming that is not sufficiently integrated into broader systems and programs has inadvertently reinforced the exclusion and segregation of children with disabilities (informed by Finding 2).
  - ▶ **Conclusion 3:** Inclusive emergency preparedness and cross-sectoral approaches show promise as entry points for advancing disability inclusion in

UNICEF programming. However, their impact is hindered by gaps in technical guidance, disability-disaggregated data, and the documentation of successful practices (informed by Finding 3).

- ▶ **Conclusion 4:** Children with disabilities remain invisible and stigmatised in many of the countries in which UNICEF operates, reflecting many barriers to achieving “leave no one behind” aspirations (informed by Finding 4).
- ▶ **Conclusion 5:** Growing and sustaining work on disability inclusion in countries where UNICEF works followed similar patterns to other initiatives. Leveraging the power and influence of government appears to be the most expeditious and sustainable way to grow opportunities for work in disability inclusion (informed by Findings 5 and 7), especially for development activities.
- ▶ **Conclusion 6:** Disability inclusion is emerging as an organisational priority but has not yet been institutionalised into the organisation’s ethos (informed by Findings 6 and 7).
- ▶ **Conclusion 7:** UNICEF is making progress in integrating assistive technologies and accessible tools into programming, but this is hindered by inconsistent implementation, limited outcome evidence, and structural barriers such as sectoral silos.


Finally, conclusions informed recommendations offered to sharpen and strengthen work on disability inclusion that builds on existing successes and addresses current gaps.

This evaluation report concludes with recommendations based on its findings and conclusions. The evaluation itself focused on “UNICEF work on disability inclusion.” UNICEF work in this area is wide-ranging, driven by rights-based narratives, and often contextualised within country/regional specificity. This evaluation specifically focused on advocacy efforts and programming. It did not focus on the accessibility of UNICEF offices or internal policies and bylaws because other evaluations of these topics were simultaneously underway. However, there was frequent overlap in participants’ understanding of “work on disability inclusion” from a programmatic sense and how internal processes intersected with that work. The recommendations below focus on actions that can be immediately undertaken at the headquarters level through guidance and investments but could also be adapted to country-level actions. To the extent possible, adaptations for regional and country-level activities are provided with each recommendation.

## Recommendation 1

**Institutionalise work on Disability Inclusion at every level of the Organization in alignment with Key Commitments of DIPAS**


- 1.1. The **Disability Section**, with support from all **HQ divisions and offices, regional and country offices, and the Supply Division**, should establish accountability mechanisms to ensure that children with disabilities are included in all programming discussions and receive the necessary support, including assistive technologies.
- 1.2. The **Disability Section**, in collaboration with the **Division of Global Communication and Advocacy (DGCA)**, should develop and circulate key messages for UNICEF Leadership at all levels to consistently use in highlighting disability inclusion in key internal and external communications
- 1.3. **Headquarters, regional and country-level programme Leads** should ensure that budget lines in all proposals for mainstreaming disability inclusion comply with DIPAS requirements to secure funding. Additionally, a dedicated disability inclusion fund should be established per DIPAS commitments.

 Time Frame: Immediate.

**Recommendation 2**

Provide additional support for disability-inclusive programming, including “Twin Track” approaches, aimed at achieving inclusive outcomes to inform future programming

- 2.1. The **Disability Section** should develop and provide technical guidance to Regional and Country Offices on disability-inclusive programming, emphasising the proper implementation of “Twin Track” approaches.
- 2.2. **DAPM** should develop and capture disability-disaggregated indicators and data for the next strategic plan (2026-2029) to measure the impact of disability inclusion efforts across Goal Areas and Change Strategies.
- 2.3. The **Disability Section**, in collaboration with **EMOPS** and **Disability Focal Points in Regional Offices** should identify, create a repository of, document, and distribute information on successful case studies of cross-sectoral planning and program delivery in disability inclusion, including partnerships with **Organizations of Persons with Disabilities (OPDs)** to inform programming.

 Time Frame: Immediate.

**Recommendation 3**

Initiate global advocacy messages to build capacity aimed at confronting and transforming the invisibility and stigmatisation faced by children with disabilities

- 3.1. The **Disabilities Section**, in collaboration with the **Division of Global Communications and Advocacy**, should develop and disseminate rights-based media messaging guidelines and specific examples from media messaging for SBC and media teams globally.
- 3.2. **DAPM** should expand its support to the uptake of the UNICEF/Washington Group Child Functioning Module in surveys and other data collection efforts, including administrative data systems
- 3.3. The **Disability Section**, in collaboration with **Social Behavioural Change**, should Implement targeted awareness campaigns to reduce stigma and increase the visibility of children with disabilities in communities, including those who are institutionalised.

 Time Frame: Immediate.

**Recommendation 4**

Increase efforts to ensure that UNICEF teams are positioned to embrace innovative disability-inclusive interventions, including emergency response mechanisms that are inclusive of and accessible to children with disabilities.

- 4.1. Programme leads at **HQ, Regional,** and **Country Office** levels should promote cross-sectoral approaches aligned with the DIPAS, ensuring coordinated efforts, resource allocation, and accountability across teams to drive innovative disability-inclusive practices and scaling.
- 4.2. The **Disability Section** should finalise and disseminate the toolkit on inclusive preparedness, including sections on available assistive devices through the **UNICEF Supply Division**.
- 4.3. **UNICEF HQ Divisions, including Programme Group Teams** and **EMOPS, Regional and Country Offices** should ensure that proposals for emergency response funding explicitly include provisions for disability inclusion, with allocated budget lines for necessary adaptations and targeted support.
- 4.4. **EMOPS** should ensure the involvement of Country-level Disability Focal Points in UNICEF preparedness planning at the country level and strengthen their role in emergency response

 Time Frame: Immediate.

# 1

## Introduction

Protecting the rights of children with disabilities has been an integral part of UNICEF programming since the launch of the [Convention on the Rights of the Child \(CRC, 1989\)](#)<sup>1</sup> – the first international treaty to explicitly recognise the rights of children with disabilities. The [Convention on the Rights of Persons with Disabilities \(CRPD, 2006\)](#), followed, with its roots in human rights, non-discrimination, and equity. CRPD is the foundational instrument used by UNICEF for disability inclusion. While the CRC provides the basis for the rights of all children, including children with disabilities, it is the CRPD that comprehensively and explicitly considers all aspects of the lives of children with disabilities beyond social participation. It is formulated based on the social model of disability, which frames disability as the result of the interaction between persons with impairments and physical, attitudinal, environmental, and social barriers; the environment is the disabling factor, not the impairment.

Children with disabilities experience stigma and discrimination in many aspects of life, which was exacerbated during the COVID-19 pandemic. Stigma and discrimination were compounded by the inability to access healthcare services, dependency on family for basic needs, and specific mental health considerations.<sup>2</sup> Children with disabilities also face limited access to health care, nutrition, safe WASH facilities, and support for their well-being, which leads to poor physical and mental health outcomes. They also face persistent barriers to education stemming from discrimination, stigma, and exclusion. Thus, they are more likely to be out of school miss opportunities to develop the skills needed for employment and are disproportionately likely to live in poverty. Other challenges that children with disabilities face include the heightened risks of violence, abuse, neglect, and exploitation compared to their peers. Indeed, children with disabilities, compared to their counterparts, experience more deprivation as indicated in Box 1.



**BOX 1****Social and economic barriers experienced by children with disabilities<sup>3</sup>****Children with disabilities are....**

- ▶ 16 per cent less likely to read or be read to at home.
- ▶ 20 per cent less likely to have expectations of a better life.
- ▶ 21 per cent less likely to have water and soap for handwashing in their households.
- ▶ 22 per cent less likely to have improved sanitation facilities in their households.
- ▶ 24 per cent less likely to receive early stimulation and responsive care.
- ▶ 25 per cent less likely to attend early childhood education.
- ▶ 26 per cent less likely to have improved water sources in their households.
- ▶ 27 per cent more likely to be out of upper-secondary school.
- ▶ 32 per cent more likely to experience severe corporal punishment.
- ▶ 33 per cent more likely to be out of lower-secondary school.
- ▶ 34 per cent more likely to be stunted.
- ▶ 41 per cent more likely to feel discriminated against
- ▶ 42 per cent less likely to have foundational reading and numeracy skills.
- ▶ 47 per cent more likely to be out of primary school.
- ▶ 49 per cent more likely to have never attended school.
- ▶ 51 per cent more likely to feel unhappy.

Children with disabilities have the right to thrive, grow, and achieve vibrant, self-determined futures. Global attitudes and practices are incrementally changing to recognise this fact. Evidence of these changes can be found in the recognition of the rights of persons with disabilities and their inclusion in global development frameworks, such as the Sendai Framework on Disaster Risk Reduction (2015) and the Addis Ababa Action Agenda on financing for development (UNDP, 2015)<sup>4</sup>.

UNICEF promotes children's rights and meets their needs in various contexts. Its disability inclusion work has evolved from being relatively isolated and project-based to becoming a cross-cutting theme across all five Goal Areas in its most recent Strategic Plan (SP) 2022-2025. This transition reflects the organisation's bold vision to centre children with disabilities in its mission to relentlessly pursue a more equitable world for every child. This evaluation provides information on UNICEF work on disability inclusion, specifically through the lens of its programmes. The approach, scope, and aims of the evaluation are discussed in the next two sections.

# 2



## Object of the Evaluation

### Scale and complexity of the object of the evaluation

This evaluation focuses on UNICEF work on disability inclusion, as outlined in its Terms of Reference (TOR). The TOR states that the evaluation will focus on “UNICEF-supported work on disability inclusion in the context of the CRPD, UNDIS, and the (forthcoming) DIPAS.”

Specifically, the evaluation focuses on ways in which UNICEF has advocated for the inclusion of children with disabilities in all activities globally by supporting activities related to disability inclusion. These activities include direct government support or interventions or services provided by non-governmental entities. Activities related to disability inclusion implemented by partners include databases, educational interventions, and social protection programmes on a large scale. UNICEF also supports governments and non-governmental organisations in smaller-scale community activities and through social and behavioural change (SBC) messaging in its own communication channels. In 2022, UNICEF expenditure on disability was \$285 million USD.

UNICEF works in 190 countries and territories worldwide, including those considered emergency settings by UN agencies. There are an estimated 240 million children with disabilities worldwide.<sup>5</sup> With the intention to Leave No One Behind, UNICEF aims to serve children with disabilities across all country offices and programmes. UNICEF organises its work in broad goal areas such as Child Protection, Education, Health and Nutrition, Social Protection, and WASH. Its approach is often dictated by available resources and national context, as well as events that require immediate humanitarian response. Activities that UNICEF undertakes may be sector-specific and goal-specific or cut across sectors and goal areas. Examples include, but are not limited to, supporting deinstitutionalisation, SBC, accessible play spaces for children, training (such as early childhood stimulation training), early identification guidebooks, etc. Table 1 (below) provides an overview of the range of strategies and interventions that may be undertaken to support disability inclusion. The examples in Table 1 were found in the global review and are neither complete nor comprehensive. Instead, the table is meant to provide a sample of the ways in which broad global commitments are being translated into local commitments. The table purposefully includes examples from countries that were part of this evaluation, but disability inclusion work is occurring in nearly all UNICEF country offices.

**Table 1.** Strategies and interventions by sectoral/programme area

Sectoral/programme areas	Examples of strategies/interventions	Countries
Adolescent Development and Participation (ADAP): UNICEF approaches adolescents from an assets-based perspective, focusing on their strengths to break longstanding cycles of inequality, poverty, discrimination, and violence.	▶ Advocacy and support of youth advocacy for National Youth Strategy to define youth as a group that has rights to participation and appropriate healthcare	▶ Montenegro
Child Protection: UNICEF works to prevent and respond to all forms of violence and abuse against children, including commercial sexual exploitation, trafficking, child labour, child marriage, female genital mutilation, and harmful practices.	▶ Support of parent groups of children with disabilities.	▶ Malaysia
	▶ Training of national social workers to reduce violence against children in residential care.	▶ Ghana
ECD: UNICEF supports ECD for children with disabilities, as it provides a foundation for their growth, learning, empowerment, and participation. They advocate for access to early identification and intervention services.	▶ Inclusive playgrounds, giving access to play to children with disabilities.	▶ Malaysia
	▶ Booklets on early childhood stimulation during COVID-19, including for children with disabilities.	▶ Paraguay
	▶ Early identification guides.	▶ Palestine
	▶ Training manual for caregiving of children with disabilities.	▶ Ghana
Education: UNICEF supports inclusive education as the most effective way for all children to go to school, learn and develop the skills they need to thrive.	▶ Inclusive education, focused on policy advocacy and teacher development.	▶ Armenia
	▶ Assistive and augmentative communication tools (AAC).	▶ Montenegro
	▶ Inclusive education with the social model of disability and increased focus on data collection.	▶ Lebanon
	▶ Sector-wide approach to education systems strengthening for inclusion.	▶ Bhutan
Humanitarian Action: In accordance with the UNICEF Core Commitments for Children in Humanitarian Action (CCCs), UNICEF works to ensure that people with disabilities are represented in humanitarian decision-making and that all crisis-affected children with disabilities have safe access to humanitarian assistance and opportunities to participate in emergency response, recovery, and rebuilding efforts.	▶ Direct cash transfers for children with disabilities during the pandemic.	▶ Mozambique
	▶ Accessible remote learning during the COVID-19 pandemic.	▶ Rwanda
	▶ Disability-inclusive menstrual health programmes in humanitarian crises.	▶ Bangladesh

Nutrition: UNICEF addresses under-nutrition and overweight/obesity among children and adolescents, including those with disabilities, through interventions in early childhood, school-age nutrition, severe acute malnutrition, and nutrition in emergencies.	▶ Household visits by “developmental therapists” to counsel on health, nutrition, and development.	▶ Bangladesh
	▶ Training on early nutrition needs of children with disabilities for clinicians in Ghana.	▶ Ghana
Social Protection	▶ Development of technical and financial support for a national disability allowance.	▶ Lebanon
	▶ Targeted early payments of social protection funds during a hurricane to families of children with disabilities.	▶ Jamaica
WASH: UNICEF works to ensure that all children with disabilities realise their fundamental human right to accessible drinking water and sanitation, as required for their safety, dignity, and participation in society.	▶ Specialists in gender and disability advocated for funding for WASH.	▶ Mozambique
	▶ Training, identification of barriers, and focus groups for inclusive WASH.	▶ Timor-Leste
	▶ Inclusive WASH that seeks to address negative stereotypes about disability.	

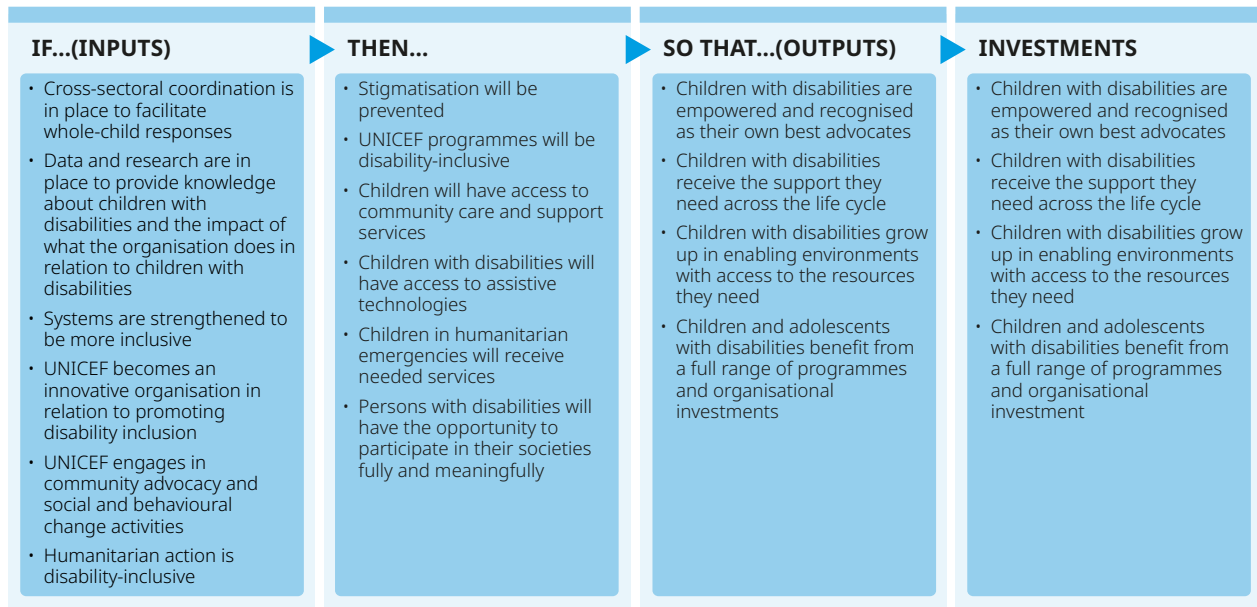
## Logic Model

The UNICEF logic model for disability inclusion centres on the anticipated outcome that no individual will be left behind—whether by their government or by UNICEF’s actions within those countries. This overarching commitment to ‘Leave No One Behind’ was reaffirmed at the 2019 Sustainable Development Goals (SDG) Summit through General Assembly Resolution 74/4. According to the United Nations Department of Economic and Social Affairs (UNDESA),



UNICEF actively seeks out and supports children from the poorest, most marginalised and excluded groups, including children living in extreme poverty, children with disabilities, Indigenous children; children belonging to racial, ethnic, religious and linguistic groups and migrant communities who experience discrimination; and children who are discriminated against for any other reason.<sup>6</sup>

Work on and approach to disability inclusion was further stipulated in the United Nations Disability Inclusion Strategy (UNDIS), released in 2019. Based on a global desk review of work related to disability inclusion from 2018-2022 and key components of the UNICEF Disability Inclusion Policy and Strategy (DIPAS) released in the last year of the evaluation period, a logic model for the evaluation was developed. Components included inputs regularly cited in UNICEF activity reports and publications, desired outputs described in UNICEF reporting and thematic resources, and aspirations highlighted in UNICEF reports and DIPAS. The logic model in Box 2 below describes how UNICEF’s investments and actions (inputs) can lead to systemic changes (then) that produce improved program implementation (outputs) and ultimately result in better outcomes for children with disabilities. By strengthening systems, promoting inclusion, and engaging in advocacy, UNICEF aims to create inclusive communities where children with disabilities are empowered and supported throughout their lives.

**Box 2.** Logic model for the evaluation

## Context of the Evaluation

The UN has led significant efforts towards disability inclusion, mainly using its convening power to bring together governments, non-governmental organisations (NGOs), and organisations of persons with disabilities (OPDs) to shape disability inclusion agreements. These efforts have shaped UNICEF disability inclusion work by providing legal and ethical contexts for global, regional, and national implementation. The paragraphs below provide an overview of the global context related to disability inclusion, the instruments that guide work on disability inclusion, and the current state of practice based on a global desk review.

### Guiding Global Instruments

Several international treaties and agreements inform UNICEF work on disability inclusion. One of the key treaties is the **CRC**, adopted in 1989 and widely ratified worldwide. The CRC emphasises the rights of children, including non-discrimination, the best interests of the child, protection from violence, and participation in decisions affecting them. It has influenced global legislation, policies, and practices related to children's rights. Another critical treaty is the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**, adopted in 1979. CEDAW focuses on eliminating discrimination against women and promoting gender equality in all aspects of life, including education, work, health, and participation in public and private life. The **United Nations CRPD** is foundational for disability

inclusion. Adopted in 2006, it ensures the full enjoyment of human rights by persons with disabilities and reshapes existing human rights treaties from a disability perspective. The CRPD promotes universal inclusion and recognises organisations of persons with disabilities in the negotiation process, emphasising their rights and dignity.

The **Sustainable Development Goals (SDGs)**, established in 2015, commit to "leave no one behind" and include specific indicators for disability inclusion across various goals. Even when not explicitly mentioned, all SDGs are relevant to persons with disabilities, making disability a cross-cutting issue integral to achieving these global goals. Nonetheless, seven targets across SDGs make reference to disability inclusion, specifically in the areas of education (Goal 4), employment (Goal 8), reducing inequality (Goal 10), making cities inclusive (Goal 11), and strengthening data collection for better decision-making (Goal 17), with indicators emphasizing equal access, participation, and disaggregation of data by disability status. Moreover, the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) was established in 2011 to advance the rights of persons with disabilities worldwide. It supports joint programmes, training, legal improvements, and system-level changes to foster inclusion and data collection efforts.

Lastly, the **United Nations Disability Inclusion Strategy (UNDIS)** provides a framework and accountability mechanisms for UN agencies, including UNICEF, to ensure disability inclusion. It emphasises leadership, inclusiveness, programming, and

organisational culture, aiming to mainstream a human-rights approach to disability and ensure the dignity and rights of persons with disabilities are respected throughout UN programs.

Disability inclusion in UNICEF is informed by the UNDIS and major international disability and discrimination treaties through the lens of the child's rights. Disability is a cross-sectoral priority for UNICEF, which is centred on the inclusion of children with disabilities in health, nutrition, WASH, education, social protection, emergency, and other sectors. At the global level, UNICEF disability inclusion priorities and policies are cohesive across programme areas and sectors, creating a unified strategy for supporting children with disabilities and their families. **A detailed description of these instruments is in Annex 8.**



## Background on disability inclusion in UNICEF

Disability inclusion has always been part of the UNICEF mission. Over the past two decades, UNICEF refocused its programming and resources on supporting the inclusion of children with disabilities in its various sectoral programmes. Such resourcing and programming have occurred at the sectoral or multi-sectoral levels to fit within the institutional structures and respond to the organisation's Strategic Plans (SP). Generally, UNICEF works to transform attitudes, practices, and social norms around disability to make families, communities, and services inclusive, accessible, and supportive of the full participation of children with disabilities in society.

In 2018-2021, children with disabilities were explicitly mentioned as a group that is likely to face exclusion, and disability was named in Goal 2 as a factor that might impede every child's learning. In SP 2022-2025, UNICEF recognised disability inclusion as a core strategic area of focus over the next decade, as well as a cross-cutting programme. UNICEF's commitment to children with disabilities was made because they too often remain on the margins of programming across all sectors and in their societies. While the factors that contribute to this exclusion are many, stigmatising attitudes, practices, and policies persist in creating barriers to realising the full rights and dignity of children with disabilities, which has led to increased commitment to this population over the past several years.

To guide the organisation's approach to work on disability in both (i) programmatic sectors and (ii) institutional systems and processes, the Disability Section led the development of the DIPAS, a strategy and an action plan to guide work in the 2022-2030 period. It is fashioned to contextualise UNDIS according to the UNICEF organisational mission and target population (i.e., children). The strategy provides a vision for disability inclusiveness for UNICEF and its partners. It outlines a disability inclusion priority agenda and a strategic framework for accelerating programming results based on evidence, lessons learned, and good practices. Hence, the UNICEF Evaluation Office (EO) commissioned an evaluation to focus on the broad-based construct of "disability inclusion" and to determine how disability inclusion work is facilitated through country offices and strategically supported through regional and headquarters inputs.

## Current UNICEF position on disability inclusion

The UNICEF portfolio on children with disabilities, which is now informed by the SP 2022-2025 and the DIPAS, follows four main goals: (i) empower and recognise children with disabilities as their best advocates, essential to the expansion and sustainability of inclusion; (ii) ensure that children with disabilities receive the required support across their life courses to live independently and be included in their communities; (iii) ensure that children with disabilities grow up in enabling environments with access to resources and opportunities to realise their full potential; (iv) ensure that children with disabilities benefit from a full range of UNICEF programmes and organisational investments that embrace inclusivity and diversity<sup>7</sup>.

To advance those goals, the organisation recognises six cross-sectoral strategic priorities: (i) the prevention of stigma, discrimination, neglect, and violence against children with disabilities and the promotion of diversity and inclusion; (ii) the improvement of disability-inclusive infrastructure, services, programmes and coordination platforms; (iii) access to comprehensive community care and support services; (iv) access to assistive technology and relevant services; (v) disability-inclusive action in humanitarian, emergency and fragile contexts, taking advantage of UNICEF role as a cluster lead agency; and (vi) full and meaningful participation of persons with disabilities<sup>8</sup>.

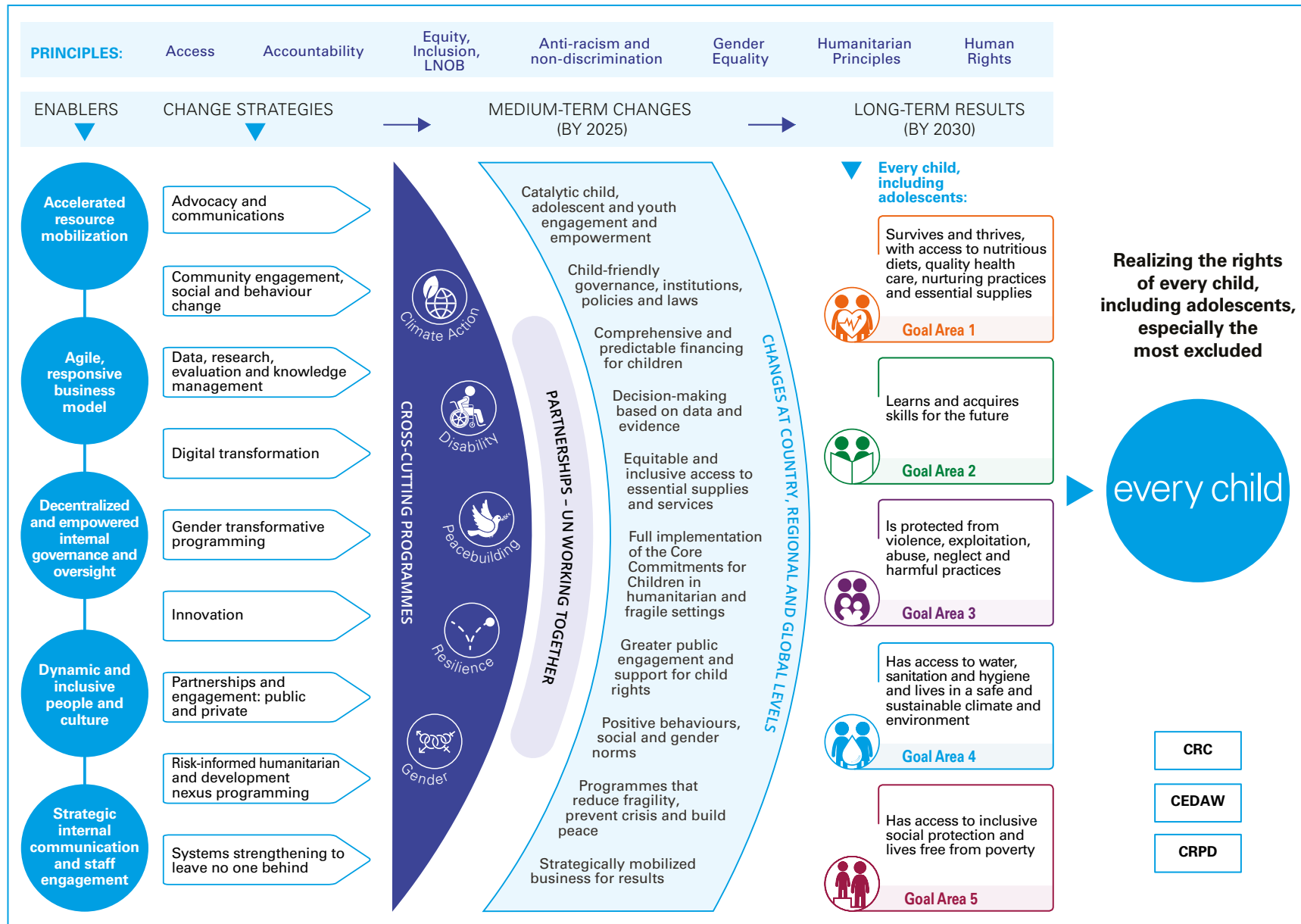
## Key UNICEF strategies for disability inclusion at the global level

UNICEF employs several key strategies for disability inclusion at the global level, including developing and providing guidance, capacity development, and supporting systems strengthening. Across the goal areas of the SP 2018-2021 and SP 2022-2025, UNICEF supports countries strengthening disability-inclusive primary health care and nutrition systems and supports inclusive education as the most effective way for all children to grow up in safe and nurturing environments to go to school and to learn and develop the skills they need to thrive. The organisation also supports its partners in ensuring that all children with disabilities realise their fundamental human right to access safe drinking water and sanitation, as required for their safety, dignity, and participation in society. Further, it supports its partners in making social protection systems and social spending responsive to disability so that children and their families receive services and support to break the link between disability and poverty. Figure 1 below illustrates the five goal areas of UNICEF.

Recent UNICEF policies, such as DIPAS, prioritise the organisation's programming and operational aspects. This includes the **Accessibility Toolkit**, which provides detailed technical support on how to apply universal design principles across premises and programs. Another toolkit, the Disability-Inclusive Humanitarian Action Toolkit, includes operational guidance on including children with disabilities in humanitarian response. It contains checklists and training modules for UNICEF staff.

In humanitarian contexts, UNICEF works to ensure that children and adolescents with disabilities are represented in humanitarian decision-making, that all crisis-affected children with disabilities have safe access to humanitarian assistance, and that services are provided in a disability-inclusive manner in emergency response, recovery, and rebuilding efforts. The 2022 Global Annual Results Report, Goal Area 5, estimates that, in emergency response contexts, 274 million people were in need of humanitarian support in 128 countries.<sup>9</sup>

**Figure 1.** UNICEF Strategic Plan



Source: Strategic Plan 2022-2025

## Implementation status of work on disability inclusion

UNICEF has shown significant advances in disability-inclusive work, and the number of children with disabilities that UNICEF reached increased from 2.2 million in 2020 to 4.5 million in 2022 across 142 countries.<sup>10</sup> Additionally, UNICEF supports governments in furthering the rights of children with disabilities through policy, cross-sectoral programming, strengthening data, and advocacy and awareness campaigns. UNICEF upholds the rights of children with disabilities, from promoting their best possible care to supporting their education and participation. Work on disability inclusion in UNICEF relevant to this evaluation reflected work in the 2018-2021 SP and the 2022-2025 SP. In addition, UNICEF has DIPAS as a standalone policy and strategy.

### Key stakeholders in disability inclusion

A wide range of stakeholders implement UNICEF-supported work on disability inclusion both inside and outside of the organisation, including, but not limited to, UN agencies, multilateral organisations and donors, bilateral donor organisations, the private sector, academia, governments, civil society organisations, and foundations. Often, guidance on disability inclusion comes from headquarters' Disability Section, which has a staff of eleven people and a small number of programme area disability specialists. According to headquarters staff, however, disability specialist positions are often not permanent, which impacts the sustainability of their work toward the organisational goal of disability inclusion.

At the regional level, each regional office has Disability Focal Points/Specialists who also play a role, although there are a limited number of staff dedicated to work on disability inclusion. Finally, at the country level, there are Disability Focal Points that engage in two-way communication with regional office and headquarters staff around work on disability inclusion and with governmental and non-governmental partners. Although the role of Disability Focal Point is often coordination, capacity development, communication, and engagement with internal and external stakeholders, the actual work on disability inclusion is often conducted in programmatic areas.

UNICEF does not deliver programming but partners with governments and non-governmental organisations to implement work on disability inclusion. Increasingly, UNICEF is working with OPDs in advisory relationships and contracting with them as implementing partners. OPDs are distinguished as organisations whose senior leadership and at least 51% of their membership have disabilities.

UNICEF also works with governments, national statistical offices, academic institutions, and OPDs to develop disability measurement, support collecting and disseminating disaggregated data, advance knowledge management, and invest in global research to inform all relevant stakeholders, including children with disabilities. In recent years, UNICEF has provided technical assistance to countries through the CFM, which was fully developed in 2016 in partnership with the Washington Group on Disability Statistics. The use of the CFM in national surveys is a key milestone and an essential part of UNICEF's contribution to monitoring the SDGs for children with disabilities. By 2021, 37 survey reports were released with data on children collected through the CFM.

UNICEF collaborates with these partners to support policy development and procurement strategies to scale up the provision of assistive devices worldwide. Integrating supplies into regular programmes through market-shaping and procurement mechanisms, UNICEF has rapidly scaled up the provision of assistive devices and accessible products in emergency kits, reaching over 152,000 children with disabilities globally in 2020.

# 3



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## Evaluation Purpose, Objectives and Scope

### Purpose of the evaluation and its potential uses

This evaluation has two purposes. The first is to enhance organisational learning and strengthen organisational accountability. The second is to employ a formative approach to determine the organisation's readiness to incorporate disability inclusion, specifically in relation to its work related to advocacy and programming at the country level. As part of this purpose, information from headquarters and regional offices will provide context in relation to ongoing initiatives, guidance, and support provided to country offices aiming to do work in disability inclusion.

This evaluation also aims to assess the extent to which UNICEF-supported disability-inclusive programming and advocacy have improved disability inclusion in the regions and countries where they have been implemented. To the extent possible, this evaluation will aim to understand the outputs and outcomes of investments in advocacy and programming for disability inclusion.

Although the findings may be useful to the entire organisation, the Disability Section and Programme Group are envisaged to be the primary users of the findings. This evaluation is intended and anticipated to be used by various stakeholders. Other primary users include section leads, UNICEF Innocenti, and focal points for disability inclusion in regional and country offices.

Further, the information will benefit anyone interested in understanding ways to improve access for children with disabilities to enjoy their rights and applying lessons learned to programming and advocacy efforts to become more effective in their work on disability inclusion. Table 2 provides an overview of primary and secondary users and the anticipated uses of the evaluation by respective stakeholders.

**Table 2.** Evaluation users and uses

Primary users	Uses
UNICEF headquarters: Disability Section, the UNICEF Programme Group (PG), and sectoral leads, particularly in EMOPS, child protection, social protection, education, health, and WASH. UNICEF Innocenti can also use this data to help fill evidence gaps.	Inform ongoing work toward the 2022-2025 SP and possibly inform planning for the 2026-2029 SP.
UNICEF country and regional office Disability Focal Points overseeing initiative-related disability inclusion in UNICEF-led and supported programmes.	Inform adjustments of guidance tools for country and regional offices on the conceptualisation of disability inclusion and practical approaches to achieving disability inclusion. These adjustments could be addressed when planning their new Country Programme Documents (CPD) or during Mid-Term Reviews.
Secondary and other intended users	Uses
UNICEF headquarters: Other PG or sectoral staff supporting disability inclusion efforts. These staff may be found within Education and Adolescent Development and Participation Teams, Sector Planning, Data and Analytics, Social Policy, WASH, and Health and Nutrition, among others.	Provide evidence and process data related to how disability inclusion is conceptualised and operationalised. This information should lead to better targeting of programme efforts of UNICEF as part of the Mid-Term Review process of the Strategic Plan 2022-2025.
External partners: Other United Nations agencies and development organisations. External partners, including OPDs, Civil Society Organizations, and implementing partners.	Inform UN agencies and development partners about how UNICEF leads disability inclusion efforts and the outcomes of such leadership. Understanding conceptualisation and programmatic enactment may support UN and external organisations in their own planning and in holding UNICEF accountable for its disability inclusion commitments.
External partners: Government partners actively involved in policy changes and programmatic or service delivery to children with disabilities.	Inform government partners on UNICEF good practices and progress in supporting accessibility and opportunities for children with disabilities to be full and rights-protected participants in their communities.
External partners: Implementing partners.	Inform partners on areas of further expansion and improvement. The findings can foster collaboration and learning among partners and strengthen collective efforts to achieve the inclusion of children with disabilities.

## Evaluation objectives, questions and delimitations

The **overall objective of this evaluation is to assess UNICEF approaches and progress made in support of disability inclusion.** As noted above, the evaluation aims to assess the extent to which UNICEF advocacy and programmatic approaches have been effective in promoting disability inclusion in the work it supports in countries and, consequently, the ways in which children are included in their societies. The specific objectives of this evaluation are:

- ▶ **Objective 1:** Assess the extent to which UNICEF conceptualisation of disability inclusion prioritised the rights of children, reflected the values of the organisation, adhered to normative frameworks and standards for children and persons with disabilities, and influenced disability-inclusive policies, processes, and practices.
- ▶ **Objective 2:** Evaluate whether UNICEF approaches and strategies were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights.
- ▶ **Objective 3:** Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled up to reach the majority of children with disabilities and whether it is sustainable.
- ▶ **Objective 4:** Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.

The objectives of the evaluation were addressed through answering the following evaluation questions:

- ▶ **EQ1.1:** What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?
- ▶ **EQ1.2:** To what extent does UNICEF notion of disability inclusion or disability inclusive approaches align with international standards for disability inclusiveness?
- ▶ **EQ2.1:** What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were

encountered across sectors and in various programming contexts?

- ▶ **EQ2.2:** To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights in various programming contexts?
- ▶ **EQ3.1:** What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities across sectors and in various programming contexts?
- ▶ **EQ3.2:** To what extent were UNICEF offices successful in advocating for the scaling up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?
- ▶ **EQ4.1:** What evidence is there that the key enablers<sup>11</sup> for the successful implementation of disability-inclusive programming are in place in each UNICEF office?
- ▶ **EQ4.2:** To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives?

This evaluation intentionally limits its focus on advocacy and programmatic activities. It does not focus on human resource considerations in relation to disability inclusion, accessibility of UNICEF offices, or the work experiences of employees with disabilities within the organisation. The rationale for this delimitation was that a parallel evaluation on these topics was underway simultaneously with this evaluation.



## Evaluation criteria

In the above questions, descriptive information was gathered, as well as data that allowed for the evaluation of findings within the broader context of the organisation. The following evaluation criteria were used:<sup>12</sup>

- ▶ **Relevance** of UNICEF strategy and programming to meet the needs of children with disabilities in their home countries.
- ▶ **Coherence** will be examined by assessing the extent to which UNICEF approaches, goals, and interventions are coherent across UNICEF sectors, programming areas, and country contexts and whether they are coherent with country policies and processes.
- ▶ **Effectiveness** of the interventions encompasses the extent to which UNICEF has been successful in promoting and achieving disability inclusion in the programmes it supports and whether there is evidence of results and intermediate outcomes among children with disabilities.
- ▶ **Sustainability** relates to scalability and coverage interventions and commitments to deploying country resources to mainstream and universalise programmes and initiatives beyond UNICEF inputs, with the buy-in of policymakers and other duty-bearers.

## Human rights approach

This evaluation was framed through a human rights approach, centering the rights of children with disabilities to live independent, productive, and community-engaged lives, as outlined by the Convention on the Rights of Persons with Disabilities (CRPD).

To provide an accountability lens for activities and approaches, evaluators drew from normative human rights instruments, such as the CRPD, and specifically utilised:

- ▶ **Article 24:** Focusing on education for children and adults with disabilities.
- ▶ **General Comment Number 4:** Providing further implementation expectations beyond the Convention itself.

This framework allowed the evaluation to examine how UNICEF's work in disability inclusion supported the rights of children with disabilities, with a focus on how programming aligned with the parameters of rights-based inclusive programmes outlined by the CRPD.

# 4

## Evaluation Approach and Methodology



The overall evaluation adopted a theory-based, non-experimental, mixed methods evaluation design to assess the elements that contributed to the enhancement of disability rights and inclusion. This approach aimed to clarify whether disability-inclusive programming effectively addresses the identified challenges and bottlenecks outlined in the Theory of Change (ToC). The evaluation utilised the ToC developed alongside DIPAS, which was subsequently tailored for sample countries lacking their own ToC and validated with a cross-sectoral group of program specialists and disability focal points in each country.

To further assess key components of the ToC, the evaluation integrated contribution analysis, which helps to confirm or refine the ToC. This methodology, paired with the overall evaluation approach, addressed questions related to effectiveness and provided insights into program performance. Evidence was gathered through a mixed-methods approach combining qualitative and quantitative techniques. A human rights-based perspective and a gender lens were applied, enabling an in-depth analysis of how programme implementation influences gender norms and how discrimination affects diverse groups, including women, girls, men, and

boys. This was grounded in principles of non-discrimination, gender equality, inclusion, and participation.

The evaluation employed inclusive and participatory methods and tools designed to address gender (in) equality while ensuring adherence to human rights standards. Data triangulation ensured that the voices of women, men, boys, and girls were heard and integrated, resulting in findings, conclusions, and recommendations that consistently reflected gender and human rights considerations.

Finally, recognising the evaluation's role in informing the next phase of the program, feedback loops and key engagement points with intended users were incorporated. This ensured the evaluation provided timely and actionable inputs to support decision-making and program design.

## Data collection and analysis: Rationales and limitations

**Data was collected for this evaluation through reviews of extant data and reports, analysis of budgetary inputs, more than 250 interviews and focus group discussions with UNICEF employees and their partners, and a culminating confirmatory survey completed by 48 country offices.**

The rationale for selecting these various sources was to provide an opportunity to triangulate information across data sources. Reports, for example, provided a published review of activities during the evaluation period covering 2018-2022. These reports included UNICEF internal and public reports, COAR data, and budgetary data. Interviews with stakeholders provided additional nuanced insights into activities, allowing evaluators to consider the context when interpreting data and findings. Finally, a confirmatory survey was conducted at the end of the evaluation to determine the magnitude of findings that were generated from qualitative data.

These **three primary sources of information were chosen** because, individually, each has strengths and limitations. Published reports have been vetted internally. First, any information found in a UNICEF programme, research, budgetary, or activity report was assumed to represent the organisation because it would have undergone internal editing and consistency checks. A limitation of reports, however, is that they are “two dimensional” - they provide information and answers to specific questions but cannot respond to queries or further questioning. Second, interviews with staff and stakeholders can augment published reports with nuanced and contextualised views but may be limited in perspective in relation to global work on disability inclusion. Finally, a global survey provides a population-level view of findings across country offices, but forced-choice responses do not allow for elaboration on themes by survey participants. Data was collected from the sources as follows: 1) Thematic analyses of reports were conducted to assess content related to the evaluation questions; 2) more than 140 key informant interviews and focus groups were conducted; and 3) a final survey was conducted to confirm findings.

### Data analysis

Thus, because all data points carry opportunities and limitations, a triangulated approach was undertaken for this evaluation. Both convergent and divergent information were considered in the data analysis plan. This plan **analysed all qualitative data (including text in reports and interview data) in two ways. First, data were analysed inductively by evaluators reading reports and transcripts, seeking out themes that would inform the evaluation questions.** Qualitative data were also analysed deductively, using the CRPD as a lens for interpreting the extent to which UNICEF programming upheld the rights of children with disabilities. The software NVivo was used for this analysis. Survey data was analysed for descriptive statistics using Microsoft Excel.

When data converged, they were considered dependable in answering evaluation questions. When there was divergence, the evaluation team sought clarity from content experts within the organisation or the EO to help interpret discrepancies. All interview questions were validated by an internal Reference Group attached to this evaluation.

### Data sources

This sub-section provides a detailed description of each of the data sources used in this evaluation.

**Document Review:** UNICEF documents addressing programme planning, monitoring, oversight, and finance were reviewed. Specific reports reviewed included:

- ▶ Situation Analyses (including documents that affect adolescents with disabilities)
- ▶ CPDs
- ▶ Country Activity Reports (COARs)
- ▶ Relevant programme guidance (in the languages they were written)
- ▶ Programme strategy documents or notes that outline the theory of change or causality analysis for achieving results for children with disabilities, as well as implementation strategies and results frameworks
- ▶ Country programme budgets, articulating resources to support disability activities
- ▶ Office management plans and annual work plans
- ▶ Risk assessment matrices and risk monitoring and response matrices

**Key informant interviews (KIIs) and Focus Group Discussions (FGDs):** The evaluation considered the perspectives of key informants in drawing conclusions. Table 3 below provides an overview of broad categories of participants who engaged in this evaluation. Further details on the numbers and types of interviewees accessed during field visits are provided in Annex 2.

**Table 3.** Groups of participants interviewed

Groups of persons interviewed
UNICEF Headquarters Staff
UNICEF Regional Staff
Country Office Staff (remote and on-site)
Government Officials
Beneficiaries (caregivers/parents/youth)
Beneficiaries (children with disabilities)

**Cross-validation survey:** All UNICEF country offices - approximately 150 offices - were invited to complete an online cross-validation survey upon completing the case study data analysis. Developed to test the generalizability of evaluation findings across UNICEF, the survey was addressed to the Disability Focal Point in each country office, who completed it with inputs from other programmes. Each country office was asked to return only one questionnaire. In total, 48 country offices completed the survey. A complete list of the countries that completed the survey is in Annex 3.

## Sampling frame and focus of the evaluation

The UNICEF portfolio of work on disability inclusion was the focus of this evaluation, with particular emphasis on programming. Programming areas investigated include adolescent development and participation, child protection, ECD, education, health, social protection, and water and WASH. These programmes were assessed in development and humanitarian settings, and the cross-cutting areas and strategies were evaluated under each programme area. The evaluation covered both programmes and strategies that focused on mainstreaming and targeted approaches for programming and advocacy for children with disabilities.

**Because work is occurring on a global scale, the evaluation developed a sampling framework to allow for a representative approach to collecting evaluation data. A vertical approach to data collection was undertaken, following UNICEF organisational hierarchy - headquarters, regional, and country levels.** The headquarters was at the top of the vertical approach, which produced guidance and policies and provided resources to country offices. All documents published from 2018-2022 and tagged “disability” in UNICEF SharePoint were reviewed, and 32 key informants from headquarters were interviewed. The Disability Section and the Reference Group identified interviewees. At the Regional level, all seven Disability Focal Points were interviewed, and all documents tagged “Disability” from ROs were reviewed. Finally, a sample of 14 Country offices was selected for in-depth study. Document review and interviews with key disability-related staff were conducted via Teams. From these 14 countries, four were selected for field-based data collection based on RO recommendation and geographic balance. These field visits allowed for engagement with UNICEF staff, partners, and beneficiaries of programmes.

The **14 countries sampled** for this evaluation were derived through a sequential and systematic process. First, a review of documents created by the Disability Section in each of the five years of this evaluation was completed; in each of the years 2018-2022, the Disability Section reviewed all COARs and extracted all mentions of disability inclusion, creating a yearly summary document. These five summary documents (one per year) were compiled, and the results were aggregated by region and by country. Second, for each region, the country offices were ranked by the



number of disability inclusion mentions in COARs, and the ones with the greatest number of mentions were identified. Third, within the top five countries in each region identified in the previous step, the top 3-4 country offices with the greatest number of reports representing both development and humanitarian response were identified for a total of 22 countries.

The preliminary sample of 22 countries underwent further refinement until only 14 countries were identified. Refinement of the sample was done in consultation with the Disability Section and Regional Disability Focal Points and/or Deputy Representatives to ensure the sample was vetted by the primary users of this evaluation.

The following criteria were taken into consideration:

- ▶ Regional representation - at least two countries from each UNICEF region.
- ▶ At least 20% of the sample countries are considered Least Developed Countries (this aligns with UN Least Developed Country population estimates).<sup>13</sup>

- ▶ At least 50% of the sample countries must be considered “humanitarian action” countries (this aligns with recent data on active humanitarian action response, in which 50% of the countries where UNICEF works are listed in a 2021 Humanitarian Action report).<sup>14</sup>
- ▶ Half of the countries with available data must have proportions of children with disabilities of 11% or higher with “functional limitations,” and half with 10% proportion or lower (according to UNICEF proportionality data, ages 2-17).<sup>15,16</sup>
- ▶ At least half of the countries listed must be engaged in “systems strengthening” per recommendations by the evaluation Reference Group.<sup>17</sup>
- ▶ Discussions/validation with data specialists to ensure the selected countries have adequate data.

The final 14-country sample is presented below in Table 4.

**Table 4.** List of countries reviewed for the exploratory case study

Country	Region	Least Developed Country <sup>18?</sup> (Y/N)	Humanitarian (Y/N) <sup>19</sup>	Functional Difficulty (%)	Systems Strengthening (Y/N)
Malaysia	EAP	No	Yes	–	Yes
Timor Leste	EAP	Yes	No	–	Yes
Armenia	ECA	No	Yes	–	Yes
Montenegro	ECA	No	Yes	6	Yes
Mozambique	ESA	Yes	Yes	–	Yes
Zimbabwe	ESA	No	Yes	9	Yes
Jamaica	LAC	No	No <sup>20</sup>	–	Yes
Paraguay	LAC	No	No	–	Yes
Lebanon	MENA	No	Yes	–	Yes
Palestine	MENA	No	Yes	12	Yes
Bangladesh	SA	Yes	Yes	7	Yes
Bhutan	SA	Yes	No	–	Yes
Cabo Verde	WCA	No	No	–	Yes
Ghana	WCA	No	Yes	19	Yes

Among the 14 countries selected for in-depth study, field-based data collection was conducted in Ghana, Lebanon, Paraguay, and Zimbabwe. As noted above, these countries were selected based on regional balance, RO recommendation, and country office availability. In total, perspectives were considered from more than 250 individuals. Table 5 below provides an overview of the broad categories of participants who engaged in this evaluation. Further details on the numbers and types of interviewees accessed during field visits are provided in Annex 2.

**Table 5.** KII/FGD overview

Groups of persons contacted	Number of interviews	Number of persons
UNICEF Headquarters Staff	32	33
UNICEF Regional Staff	7	10
Country Office Staff (remote)	34	38
Country Office Staff (on-site)	32	52
Government Officials	11	21
FGDs with beneficiaries (caregivers/parents/young adults)	7	31
FGDs with beneficiaries (children with disabilities)	6	35

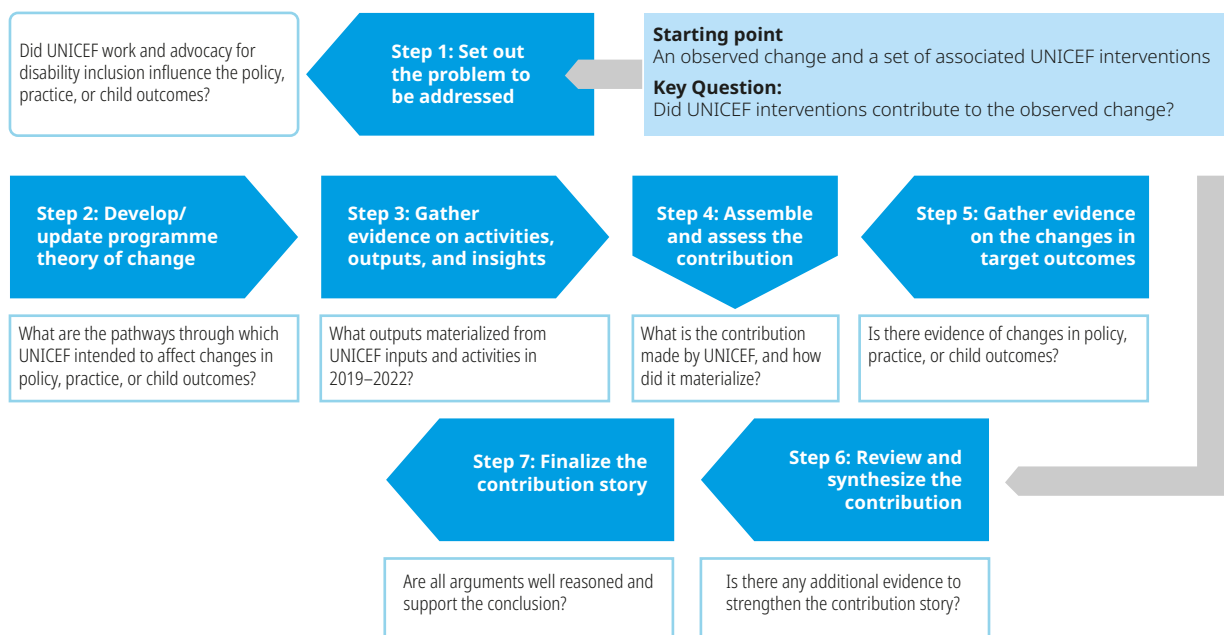
The sample provided robust data, but there were limitations to the sampling method. For example, all the countries sampled were engaged in disability inclusion work. Interviewing stakeholders in countries struggling to initiate work might have been helpful. Further, two of the countries in the in-depth sample recently achieved middle-income status, which may have under-represented lower-income countries.

**Cross-validation survey.** As noted above, a final survey was conducted after collecting and analysing qualitative evaluation data. The survey was distributed to the entire population of UNICEF country offices and completed by 48 countries.

**Contribution analysis** approach<sup>21</sup> was the theoretical approach to this evaluation, i.e., the evaluation aimed to identify the contribution that UNICEF made to disability inclusion in countries, and where gaps remained. Contribution analysis was both useful and necessary as in most cases multiple actors (government, donors, civil society organisation, community-based organisations, etc.), were making different inputs and contributions towards the outcome of expanding access to services and inclusion for children with disabilities.

**Validating of recommendations and theory of change:** Developing evaluation recommendations was a co-creation process between the evaluation team, the Evaluation Office and programme Group staff through a workshop that was convened for that purpose and to validate the draft theory of change.

**Figure 2.** Contribution analysis



## Stakeholder consultation process

Stakeholders were consulted throughout the evaluation, beginning at inception and concluding with a validation meeting, as follows:

- ▶ **Inception** - At the inception of this evaluation, a Reference Group contributed to the overall design and conceptualisation of the evaluation. The Reference Group included both UNICEF staff and external partners.
- ▶ **Evaluation** - During the evaluation, staff from headquarters, regional offices and country offices were interviewed, as well as global partners identified by the Disability Section, regarding their perspectives on UNICEF work in disability inclusion. During the four field-based data collection country visits, UNICEF, governmental, non-governmental, and community stakeholders were interviewed (including parents of children with disabilities and children with disabilities themselves).
- ▶ **Validation** - After Draft 1 of this report was completed, a validation meeting was held with the Reference Group.

- ▶ **Ongoing Communication** - The evaluation was conducted by independent consultants in partnership with the EO.

The rationale for including headquarters, regional and country offices, and community stakeholders was to better identify the ways in which work in disability inclusion is being conceptualised, advocated for, communicated, supported, implemented, and ultimately experienced by the children with disabilities targeted within each activity or initiative.

## Appropriateness of methods

Disability inclusion is a large and complex process that is experienced differently throughout the organisation. To understand both the scale and situatedness of how the organisation undertakes its work on disability inclusion, a vertical and horizontal model of data collection was needed. These are described fully in Table 6 below. The mixed method design allowed for an understanding of local context as well as global trends.

**Table 6.** Vertical and horizontal data collection

	<b>Aim</b>	<b>Communities consulted</b>	<b>Appropriateness for evaluation</b>
<b>Vertical Data Collection</b>	To understand how disability inclusion is communicated and supported from top organisational levels and experienced at the community level in countries through contextualised case examples.	<ul style="list-style-type: none"> <li>▶ Headquarters staff</li> <li>▶ Regional office staff</li> <li>▶ Country office staff</li> <li>▶ National government representatives</li> <li>▶ NGOs</li> <li>▶ OPDs</li> <li>▶ Children and adolescents with disabilities</li> <li>▶ Parents/Caregivers</li> </ul>	Identified processes that informed, facilitated, or inhibited work on disability inclusion in specific settings.
<b>Horizontal Data Collection</b>	To understand the magnitude and generalizability of issues identified in vertical data collection.	<ul style="list-style-type: none"> <li>▶ Country offices</li> </ul>	Provided an opportunity to aggregate information across settings to answer evaluation questions.

## Methods, rights issues, and ethics

This evaluation centred the CRPD in its conceptualisation and analysis; at every point, rights were considered through its normative framework. In addition to being a rights-centric evaluation, it conformed to the required international norms and standards for evaluations.<sup>22</sup> **This includes the UNEG Ethical Guidelines for Evaluation<sup>23</sup> and ten key norms: utility, credibility, independence, impartiality, ethics, transparency, human rights and gender equality, national evaluation capacities, and professionalism.** It also includes the UNICEF-adapted UNEG Evaluation Standards and UNICEF standards for disability-inclusive evaluation.<sup>24</sup> Accordingly, the combined UNICEF/external evaluation team maintained responsibility for safeguarding and ensuring ethics at all stages of the evaluation cycle. This included but was not limited to, ensuring informed consent in accessible formats, protecting privacy, confidentiality, and anonymity of participants, respecting the autonomy of participants, ensuring fair recruitment of participants (including women, girls, and socially excluded groups, particularly persons with different experiences or their representatives), and ensuring that the evaluation results in no way harmed participants or their communities.

## Reliability and validity of tools

Four key steps were taken to enhance the reliability and validity of the evaluation. These steps are listed below:

**Validating preliminary instruments.** Prior to commencing this evaluation, a reference group commented on its preliminary design, protocols, and tools. These comments and recommendations were incorporated into tools and protocols.

### Validating field visit information

The most in-depth qualitative data collected for this evaluation was during field-based data collection country visits. In one- to two-week visits in Ghana, Lebanon, Paraguay, and Zimbabwe, evaluators provided two opportunities for validation of findings. First, an in-country reflection meeting was held at the end of each country visit, allowing for country office representatives to comment on preliminary findings. Second, once case study reports were completed, country office representatives had an opportunity

to provide critical feedback in relation to the validity of conclusions. Between field visits, evaluators met with the EO to adjust interview protocols, as needed, based on field-based trials.

### Validating evaluation findings through a global survey

The purpose of this survey was to validate preliminary findings, and to establish the extent to which there is consensus or generalizability of the findings. Respondents were asked for their reactions to some of the broad emerging findings and issues on the conceptualisation of disability inclusion, the normative frameworks, effectiveness and sustainability of UNICEF supported strategies for disability inclusion, based on the findings harvested from KIIs, FGDs, and the 14 country case studies. The census approach (rather than selecting a sample) provided an opportunity to obtain additional insights and nuances from countries which were not sampled for the case studies or countries that do not have disability inclusion programmes. Even if some country offices do not speak directly to the findings – they contributed information on the contextual factors and barriers that prevent the prioritisation of disability inclusion work in their countries. The survey results were fed into the validation analysis which, in turn, fed into the overall findings, conclusions, and recommendations of the evaluation.

### Validating evaluation recommendations

In concluding this evaluation, a validation workshop with the Reference Group was held to validate the preliminary findings and recommendations before the final publication of the results. Additional workshops with the Disabilities Team and relevant divisions indicated responsible for implementing recommendations were held.

# 5



## Evaluation Findings

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### Findings by Evaluation Question

In this section, findings are reported against evaluation questions. Subsequent sections report on the ways in which these findings related to the evaluation criteria selected for this evaluation.

#### **5.1.1 Evaluation Question: What is the UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts? (Evaluation Criterion: Relevance)**

##### **Finding**

UNICEF approach to disability inclusion has effectively employed a rights-based framework, prioritising the rights of children with disabilities to access essential services and addressing stigma through context-specific programming and cross-sectoral initiatives. This approach aligns with the “Leave No One Behind” mandate and normative standards such as the CRPD. However, the organisation faces critical gaps in having a clear accountability mechanism, unified messaging, and dedicated resources that necessitate further institutionalisation of disability inclusion.

Numerous references in desk reviews and interviews conceptualised children with disabilities as a population that is stigmatised. Acknowledgement of the stigmatisation that children with disabilities face was either accompanied by recognition of the vulnerabilities of children with disabilities or through a rights-based conceptualisation of disability inclusion (i.e., children have the right to social services, education, and community participation). Often, disability inclusion was conceptualised as an act of both supporting a vulnerable population and upholding its rights to combat the stigmatisation that children with disabilities face. This was frequently accompanied by references to UNICEF’s Leave No One Behind mandate.

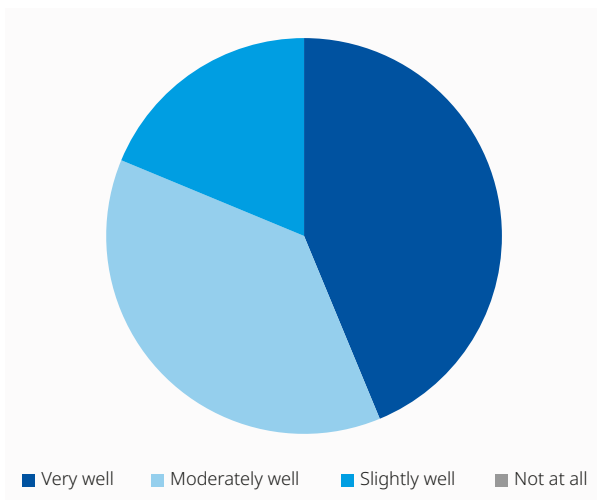
All countries sampled either used the word stigmatisation itself or described scenarios in which children with disabilities were stigmatised (examples included being left at home, being kept from school, or being institutionalised). Mozambique, Ghana, Bangladesh, Palestine, Jamaica, and Timor Leste also included documentation of stigmatisation as part of their work in this area. For example, a 2022 report from Mozambique stated that:



Stigma surrounding disability is a leading driver of discrimination, where beliefs about the cause of disability and treatments for disability make accessing reliable information and services more difficult, especially in rural areas. This stigma affects the social acceptance of people with disabilities, leaving them and their families isolated and marginalised by their community.<sup>25</sup>

Findings indicate a consistent pattern of identifying stigmatisation as a persistent barrier, through which a rights-based approach to orienting programming responses was present. A survey question asked how well country office work aligns with rights-based approaches outlined in CRPD. Among the 48 participating countries, 44% stated that their work aligns “very well” and 41% stated that their work aligns “moderately well.” Only 19% (7 countries) responded that work aligns “slightly well”, and no countries responded, “not at all.” Figure 3 provides an overview of this data.

**Figure 3.** Alignment with Rights-based Approaches



The presence of rights-based models has aligned with efforts to promote disability inclusion through SBC. This area of work evolved from the recognition that the activities implemented under Communication for Development (C4D) alone are not sufficient to combat stigmatisation because C4D emphasises communication in the development process but may not be as comprehensive or advocacy-focused as SBC. According to field-based interviews, SBC has a relatively small programmatic budget compared to other programme areas, but it is one way that UNICEF has directly addressed areas of stigmatisation at the country level.

### Messaging in SBC campaigns addressed pressing issues in-country offices and demonstrated a range of orientations toward disability inclusion.

Interviews with headquarters staff indicated that communicating rights is not an easy process and that guidance has taken longer than expected because of the nuances associated with communicating rights-based frameworks. Another headquarters staff member noted that UNICEF sometimes uses photos of children in “ill-fitting wheelchairs”, but such images do not portray agency in the child. Finally, a communications expert pushed against images that portrayed children with disabilities as objects of charity or as tokenistic heroes. It was outside of the purview of this evaluation to review all imagery in documents, but both country and headquarter-level staff warned against portraying children with disabilities in ways that are designed to solicit charitable donations, such as those described above.

A less frequent but noteworthy conceptualisation of disability inclusion was through an intersectional lens or an understanding of disability inclusion through a lens that acknowledges the multiple, intersecting, and possibly compounding ways that children are marginalised (i.e., a linguistically or ethnically minoritised child with a disability living in a rural community). This intersectional framing was more frequently vocalised at the headquarters and regional offices levels, but equally acknowledged at country offices when prompting was given. For example, a headquarters staff person working on humanitarian response described delivering emergency response in disability inclusive ways as “a question of intersectionality and of diversity” which was both a challenge and opportunity.

COs that specifically identified intersectionality as a lens through which they understood disability inclusion aligned it with other initiatives. For example, the State of Palestine targeted its approach to disability inclusion while also considering gender vulnerabilities. Timor Leste was the first country office to conduct a combined gender and disability review, which acknowledged the intersectionality of disability and gender and explored intersectional programming pathways that can help a small country office to better utilise existing resources. Paraguay took an intersectional approach in its education programming, attempting to understand how rural, Indigenous, or economically poor children who are also identified as children with disabilities were faring in programmes. Malaysia’s programming focuses on the intersection of disability, gender and Indigenous populations. Acknowledgement of intersectional

barriers that children (including children with disabilities) face was not explicit in the 14-country sample but is emerging.

### 5.1.2 Evaluation Question: To what extent does UNICEF notion of disability inclusion or disability inclusive approaches align with international standards for disability inclusiveness? (Evaluation Criterion: Coherence)

#### Finding

UNICEF Work on disability inclusion is aligned with international standards, particularly with the CRPD as a driver, as evidenced by the adoption of the rights-based “Twin Track” approach across programmatic levels; however, targeted activities for children with disabilities have been reinforcing exclusion and segregation in some countries.

Interviews for this evaluation indicate that UNICEF staff share a common understanding that children’s rights are what drives their work, and this is evident in discourse related to the commitments to Leave No One Behind and alignment with the CRC. Awareness of the specific rights of children with disabilities was primarily understood through the lens of the CRPD. National reports in every country leveraged the language of the CRPD when describing how work

was centred in a rights-based orientation. At all levels, the organisation appears to have embraced the CRPD as a normative framework for driving its work in addition to the CRC. On a programmatic level, the CRPD’s General Comments, along with UNDIS and the more recent DIPAS, all mention a “Twin Track” approach that considers, concurrently, including children with disabilities in mainstream programming and targeted programmes for children with disabilities.

The Twin Track approach is an organising framework that has helped country offices describe their work with children with disabilities. Because institutionalisation, segregated settings and integrated settings are still present in most UNICEF countries, country offices face the challenge of either working within existing systems or possibly failing to address the needs of children with disabilities. However, guidance in UNDIS states that all targeted programmes for persons with disabilities should lead to enhanced opportunities for societal inclusion (i.e., targeted activities that remain in segregated spaces while serving children with disabilities are not promoting their inclusion). Table 8 below provides an overview of a continuum found in the CRPD’s General Comment 4 (providing guidance on Inclusive Education) that can be adapted to understand the different ways in which UNICEF operates and how targeted programming may act in opposition to inclusionary goals.

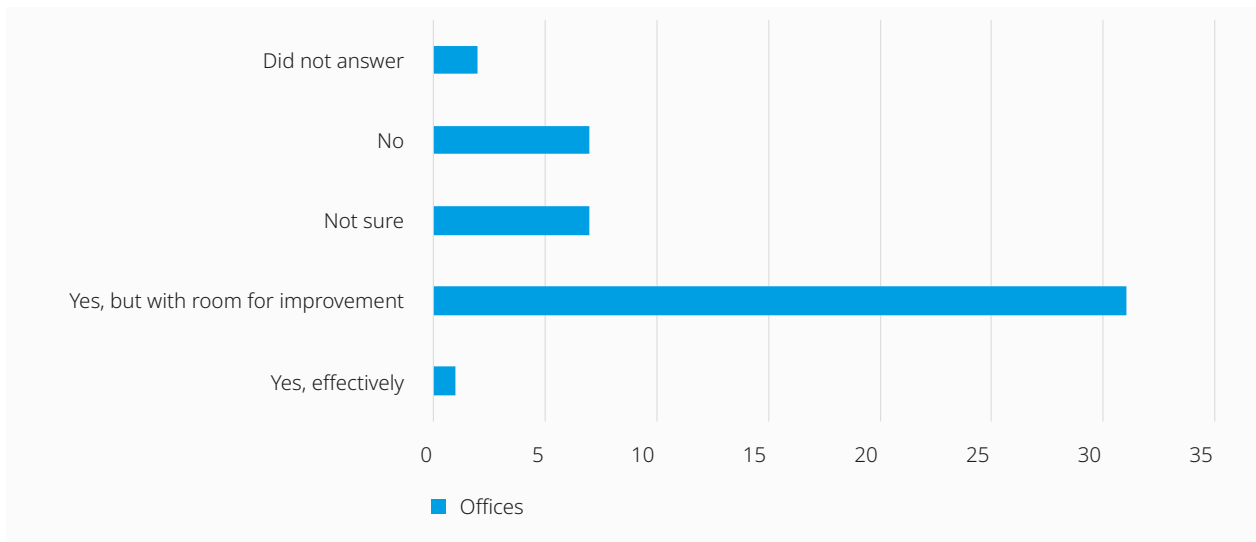
**Table 7.** Interpreting Twin Track approaches through the lens of exclusion, segregation, integration and inclusion

Term	Definition	UNICEF Programme
<b>Exclusion</b>	Children are unable to access services or opportunities, usually due to community stigmatisation or discrimination.	None, but lack of adequate data may have an excluding effect.
<b>Segregation</b>	When the education of students with disabilities is provided in separate environments designed or used to respond to a particular or various impairments, in isolation from students without disabilities.	Programming in segregated day programmes or schools for children with disabilities in Bangladesh, Ghana, Jamaica, Lebanon, Malaysia and Timor Leste.
<b>Integration</b>	A process of placing persons with disabilities in existing mainstream educational institutions, services or opportunities, as long as the former can adjust to the standardised requirements of such institutions.	Integrated schooling support is available in Bhutan, Mozambique, and Zimbabwe.
<b>Inclusion</b>	A process of transformational systemic reform embodies changes and modifications in content, teaching methods, approaches, structures, and strategies in education to overcome barriers. <sup>26</sup>	Inclusive education initiatives in all countries (policy advocacy or systems strengthening).

Data from surveys also indicated that the “Twin Track” approach can be challenging for country offices. Among the 48 respondents, only one country indicated that it is using “Twin Track” approaches effectively. The majority of countries (31, or 65%) responded “yes, but with room for improvement.”

An equal number of countries (7) responded that they did not know if they were using “Twin Track” approaches, and “no”. Two countries did not answer. Figure 4 presents data on “Twin Track” approach uses in country offices.

**Figure 4.** Answers to “Has your office adopted a twin-track approach to disability inclusion effectively in its programming?”



Finally, UNICEF staff frequently referenced Twin Track as an approach to meeting the needs of children with disabilities. Targeted programmes, however, were not targeted ways of enhancing inclusive experiences for children with disabilities. Instead, in some cases, they reinforced segregated or integrated approaches to working with children with disabilities, which does not align with rights-based models.

### 5.1.3 Evaluation Question: What are the key approaches, interventions and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts? (Descriptive Question)

#### Finding

In sample countries, UNICEF has primarily advanced disability inclusion through cross-sectoral policy advocacy and targeted inclusive education initiatives, but notable gaps remain in operationalising disability-inclusive programming. Structural barriers, including insufficient technical guidance on implementing the “Twin Track” and inadequate documentation of examples of good cross-sectoral practices, continue to limit the integration of disability inclusion across programming contexts.



In interviews with headquarters staff, there was a clear link to disability inclusion in nearly every sector, with a lesser specific focus on the adolescent population. Regional offices supported the work of all sectors in relation to disability inclusion. In country offices, education was unanimously the sector in which the most significant effort in relation to achieving disability inclusion occurred. In the 14 country office desk reviews completed for this evaluation, disability inclusion focused on efforts to make progress in inclusive education and, to a lesser extent, educational opportunities for children with disabilities in segregated or residential/boarding schools.

Inclusive education, as a practice of disability inclusion, was further conceptualised as access to education. The UNICEF report *Seen, Counted, included: Using Data to Shed Light on the Well-being of Children with Disabilities*<sup>27</sup> reports that children with functional difficulties are disproportionately out-of-school, providing a defensible rationale for a focus on access even if the word “access” was interpreted in different ways across countries. In some, access to education was conceptualised as an opportunity to benefit from a social service. For example, Malaysia’s 2019 *Theory of Change: Children with Disabilities*<sup>28</sup> plans activities so that “all children with disabilities in Malaysia access high-quality services and enjoy the fulfilment of their rights on an equal basis with children without disabilities” (pp. 1), focusing on children’s rights to enrol in schools – Zero Reject policy. Other country offices focused more specifically on accessible communication, school environments or pedagogies. For example, Ghana, Paraguay and Jamaica leveraged long-standing research on **Universal Design for Learning**<sup>29</sup> to promote educational accessibility. Cabo Verde focuses its education agenda on system strengthening and supports the Ministry of Education in expanding inclusive practices at all levels of the system.

Education was found to be a key sector and was comparatively better funded than other programmes in many sampled countries. However, disability inclusion work was also identified in child protection, social protection, health, nutrition, early childhood and SBC activities. UNICEF is an advocate for policy change in many sectors, which is described in detail below. In addition to sector-specific work, cross-sectoral<sup>30</sup> approaches to disability inclusion are highlighted in-depth in different parts of this report to demonstrate the opportunities and barriers to meeting DIPAS requirements. More than half of the 14-country sample (n = 8) undertook cross-sectoral work in relation to disability inclusion, although work was not always explicitly labelled as such. Instead, cross-sectoral work often came through “entry points” (Country Office Deputy Representative) for activities or initiatives that required inputs from multiple sectoral leads. In Armenia and Bangladesh, for example, systems strengthening work required coordinating activities with two ministries, both with mandates to serve children with disabilities. Ghana, Lebanon and Malaysia achieved cross-sectoral governmental buy-in for activities in early intervention, school screening and child protection programmes, respectively. Zimbabwe, Montenegro and Paraguay planned specifically for cross-sectoral engagement, while Mozambique invested in staff to support cross-sectoral coordination. Supplemental United Nations resources were present in Armenia, Bangladesh and Montenegro to work both cross-sectorally and across UN agencies, as these country offices were recipients of UNPRPD grants. In Armenia, for example, early childhood development (ECD) activities involved health, social protection and education sectors.

Evaluation data also indicate that UNICEF is heavily involved and invested in the cross-cutting area of policy advocacy related to disability inclusion. All 14 countries sampled reported some form of policy advocacy. Table 8 below provides a sample of the types of policies that country offices were addressing in relation to disability inclusion.

**Table 8.** Policy advocacy

Country	Policy advocacy focus
Armenia	Inclusive education and deinstitutionalisation
Cabo Verde	Inclusive education
Ghana	Inclusive education
Lebanon	Social protection
Montenegro	Inclusive education and deinstitutionalisation
Palestine	Right to education and employment
Paraguay	Inclusive education
Zimbabwe	Inclusive education

Survey data revealed that all countries were also involved in policy advocacy. Among the 48 offices that responded, 9 offices (19%) reported that their policy advocacy was “very effective”, and 50% of offices (24 countries) found their work to be moderately effective. About a third of countries considered their policy work marginally or not effective. Fourteen offices (29%) reported their work to be “slightly effective”, and only one country stated its policy advocacy work was not effective.

One way to better reach children is to leverage the touchpoints and expertise of UNICEF sectors for the inclusion of a child in services and communities. In this evaluation, systems strengthening was frequently identified as one of the most effective strategies for disability inclusion in UNICEF. This section also highlights data from country offices that demonstrated how offices were able to work across sectors successfully to support disability inclusion in cross-sectoral ways. For example, the Paraguay and Zimbabwe Country Offices have begun life cycle planning for country programming so that holistic approaches to disability inclusion can be budgeted and staffed across sectors. Life cycle, or life course, planning was advocated for by a headquarters staff who said:



CRC compels us to work with children under 18. A teenage child needs a different approach than a neonate. We need to operationalise DIPAS during periods of life (neonate, early childhood, adolescence) and see the supports in an age-appropriate manner for children. The challenge is that UNICEF is not organised like that. We are not saying don't beef up sectors. We argue for a convening group...We want to challenge some of these ingrained ideas. With cross-cutting teams coming together, sectors are powerful and cross-cutting teams need to work together, putting together tools and support for families.

A second example of planned cross-sectoral work is through coordination. The Mozambique Country Office currently has a Disability Specialist whose mandate is to coordinate cross-sectoral work toward disability inclusion. Previously, the Paraguay Country Office also had a Disability Specialist with the same mandate. In both cases, staff stated that the presence of a dedicated staff member with strong technical capacity enhances planning and programme offerings to facilitate disability inclusion. Finally, Montenegro undertook a cross-sectoral analysis of how to support children with disabilities. This research helped pave the way for future cross-sectoral planning and activity.

The success stories shared above provide case evidence of ways in which UNICEF has begun to plan and deliver programming across sectors. However, not all countries in this evaluation have developed effective cross-sectoral programming. One Deputy Representative reported that cross-sectoral disability work may be overlooked because this work is a “secondary focus” compared to other initiatives in the country. UNICEF remains organised by sectors, so work patterns tend to follow a silo approach. Countries in this study, however, appeared to find pockets of collaboration across sectors to support disability inclusion. Table 10 below provides an overview of specific cross-sectoral activities.

**Table 9.** Emergent approaches to cross-sectoral programming

Country	Activity
Armenia	Harmonising assessments across two ministries
Bhutan	Health support provided within inclusive and resource school settings
Ghana	School screening (health and education)
Jamaica	Harmonisation of health identification and social protection government systems
Malaysia	Joint programming approach between sectors
Palestine	WASH in ECD centres

Although some countries in the qualitative sample mentioned difficulties with cross-sectoral planning, it appears to be a practice that is present across country offices in different areas of the world. Among those who responded to how they planned for disability inclusion, nearly over times as many offices planned cross-sectorally (n=28) or using cross-sectoral life cycle models (n=3), compared to countries that only planned by sector (n=9).

Two key lessons can be learned from this finding. First, **most UNICEF work is not cross-sectoral. At the same time, pockets of cross-sectoral work are happening for contextually specific interventions initiated in-country offices. In this section, we identify cross-sectoral collaboration as an effective process. However, the effectiveness of programmes is difficult to measure without outcome data. However, engaging in whole child<sup>31</sup> or ecological<sup>32</sup> approaches to disability inclusion is an effective way of conceptualising UNICEF response, so is included in this section.**

### 5.1.4 Evaluation Question: To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and supporting the progressive realisation of their rights in various programming contexts? (Evaluation Criterion: Effectiveness)

#### Finding

UNICEF has effectively promoted disability inclusion in humanitarian action through systems strengthening, coordination, leadership, and inclusive emergency preparedness efforts. However, the absence of robust outcome data limits the ability to comprehensively assess the overall effectiveness of these approaches.

Every country office sampled for this evaluation participated in systems strengthening and policy advocacy to support disability inclusion. A senior headquarters staff on the disability team explained why this approach was so commonly found across organisational levels, stating, “Systems strengthening is one of the key approaches or strategies that UNICEF uses, and we see more and more work on disability inclusion in systems strengthening and technical assistance to governments.” UNICEF has supported strengthening systems for disability inclusion with governments and ministries through capacity strengthening in Child Protection, ECD, Education, Gender, Health, Nutrition, Social Protection and WASH. Although activities vary, efforts consistently focus on capacity building and policy guidance.

UNICEF policy guidance and advocacy focuses on inclusivity. In this evaluation, evidence from Armenia, Bangladesh, Bhutan, Cabo Verde, Ghana, Jamaica, Malaysia, Montenegro, Mozambique, Palestine, Paraguay and Zimbabwe pointed to policy changes that were in whole or in part attributable to UNICEF advocacy. This top-level advocacy was described as “upstream work” by a Deputy Representative because it targets the government and other decision-makers at the government levels. However, upstream policy change work often takes years to accomplish and requires ongoing advocacy and capacity development that sustain efforts throughout changes in government cabinets. A Monitoring and Evaluation official in a country office reported that their country often monitors sub-goals of policy development, such as the writing of policies and laws and their enactment. Implementation of new policies and laws often requires UNICEF support (see “Systems Strengthening” above).

Although development activities are prevalent in-country offices and an area of promise for disability inclusion, most of the UNICEF budget is dedicated to humanitarian assistance (65%). The latter includes both immediate responses and systems-strengthening work. For this reason, the evaluation purposefully included countries in the main sample that had humanitarian emergencies in the past four years. Humanitarian response is reactive and requires direct engagement from UNICEF staff at the emergency site supported by neighbouring country offices, the relevant regional office for L2 countries and EMOPS for L3 countries. Bangladesh's humanitarian response success was noted despite government resistance (accessible WASH facilities) and Lebanon (inclusive psychosocial support, WASH and social protection). Additionally, successes were reported by Armenia (which was able to provide immediate assistance to children with disabilities because of existing data in a border emergency) and Jamaica (which used existing registries of persons with disabilities to trigger cash payments following a hurricane). In Mozambique, the country office conducted a review after cyclonic events and concluded that children with disabilities were not considered in their emergency response. Zimbabwe's response to natural disasters in relation to children with disabilities is difficult to evaluate because of a lack of available data.

At the headquarters and country levels, UNICEF has played a key role in coordinating agencies and advocating for rights-based approaches. UNICEF is a leader, for example, in inter-agency work in humanitarian action, ensuring that such action is both disability-inclusive and rights-focused. At the country level, UNICEF has been a main driver within UN agencies in UN Country Teams (UNCT). UNICEF staff members frequently serve as Disability Focal Points in UNCTs, pressing for rights-based inclusion considerations in planning and coordinated activities.

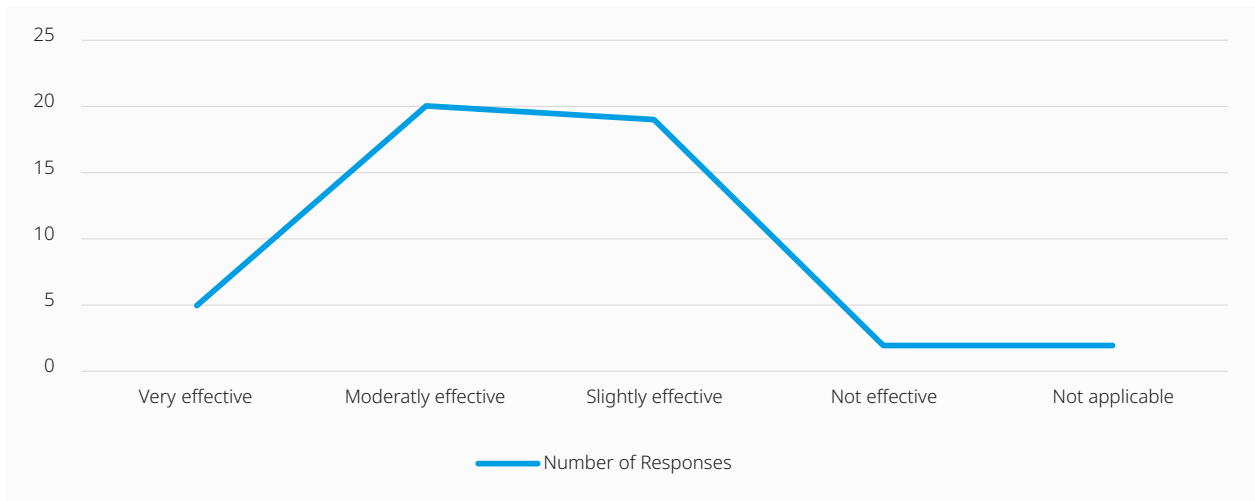
Humanitarian events are, by nature, unpredictable and require rapid reaction (often with little documentation). Two approaches to enhancing disability inclusion in emergencies that emerged from data gathered for this evaluation were strong coordination of agencies at the headquarters level and inclusive emergency planning at the country level. In four countries (Armenia, Ghana, Jamaica, and Malaysia), UNICEF has conducted training and held meetings with disability-inclusive disaster risk response (DRR) teams. Armenia's engagement was likely the most comprehensive in this area because the conflict in the Nagorno-Karabakh area had been ongoing. The

country office coordinated with UN agencies, government and NGOs to develop an Inter-agency Response Plan for families in refugee crises. Plans were developed based on available data in the country before the emergency, and rapid assessments to identify children who may need specialised assistance were conducted during a border registration. In these situations, data significantly impacted UNICEF's capacity to respond.

Identifying and overcoming the obstacles that prevent children with disabilities from participating fully in their communities has been a UNICEF responsibility since 1946 and an explicit obligation since September 1990, when the CRC came into force. The CRC, the CEDAW and the CRPD all include articles specific to children and women with disabilities. However, programming that focuses on - or is inclusive of - children with disabilities has reportedly been difficult to track. In the paragraphs above, data was described as a key resource for humanitarian planning. The countries described above have leveraged the data to create action plans for response.

However, most stakeholders at all levels of the organisation stated that a barrier to disability inclusion was a lack of data about children in general and children with disabilities in particular. The term "data" was frequent in qualitative interviews, and quantitative survey data reveals across country offices reveals that data use for programming and planning is in use, but not as effective as stakeholders might like. When asked, "How effectively does your office use disability data in its planning and programming," only five countries answered, "Very effective." The chart below provides an overview of survey responses.



**Figure 5.** Effectiveness of Disability Data Usage for Planning and Programming

Finally, a common bottleneck described by stakeholders was one in which children participated in programming. Still, implementers were not sure if the children had functional difficulties or an identified disability. This invisibilisation of children with disabilities in mainstream programmes led to questions about the effectiveness of programmes.

#### 5.1.5 Evaluation Question: What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities across sectors and in various programming contexts? (Evaluation Criterion: Effectiveness)

##### Finding

Despite millions of children with disabilities being reached through various UNICEF supported programmes, a significant number remain out of reach because they are invisibilised in their countries. UNICEF has made progress in identifying these children by supporting screening, identification and census activities. In some countries where UNICEF works, children remain completely excluded because they are institutionalised.

UNICEF programmes have reached millions of children, but data indicates that many more remain invisible in government and UNICEF programmes. Those who remain invisible are often the hardest to reach, meaning that the cost of inclusion may be higher. In interviews with country office staff, children with significant or complex disabilities, children who live near borders, and children who live in highly rural areas were all named as those who are most invisible in UNICEF programming. Invisibilisation is often a symptom of societal stigmatisation. Invisibilisation

can also result from a lack of disaggregated data, which causes children with disabilities to remain unidentified in the general population. Finally, invisibilisation may occur in the absence of budgetary investments. According to an RO interviewee, invisibilisation can be an outcome of resource allocation and the budgetary requirement of leaving no one behind.



I think what's behind this (invisibility) is that the unit cost to support your visibility is much higher than just distributing backpacks... (addressing invisibility and) children's rights is expensive because it has to be individualised. We need holistic support and when the unit cost is so high, we tend to deprioritise it because of the not just the financial inputs, but the human resource node, the labour intensiveness of this kind of work, especially in humanitarian situations, which is prevalent in our regions.

UNICEF has been highly successful in expanding programme reach by working closely with governments when they have regional and district-level infrastructure. However, children with disabilities remain invisible in many countries where UNICEF works and have often been characterised as most challenging to reach because of their rural, poverty or disability status.

UNICEF faces conceptual, definitional and data challenges about the visibility of children with disabilities at system and organisational levels, and even what is considered a disability. Data for screening and assessment was raised as a bottleneck to promoting disability inclusion in country offices. When UNICEF staff referred to data, references were often in one of three categories. The first was data focused on the demographics of the country in relation to the prevalence of children who might be identified as having a disability. The second type of data that was reportedly missing was the demographics and percentages of children who might be identified and reached through mainstream programming. The third missing piece of data was disaggregated impact data.

To address conceptual, definitional and data challenges at the country level, some countries have supported the use of the UNICEF/Washington Group CFM items (i.e., Ghana and Timor-Leste). In contrast, Armenia, Cabo Verde and Montenegro use the International Classification of Functioning, Disability, and Health - Children and Youth (ICF-CY) to standardise screening of functional difficulties, thus bypassing medicalised definitions of disability. Governments often have their own definitions, which may be based on Ministry of Health-informed assessments and norms.

The Bangladesh Country Office does not undertake any screening activities on its own but has worked with the Government of Bangladesh to harmonise its data sets on children with disabilities. Bangladesh, Lebanon, Mozambique, Palestine and Paraguay Country Office all rely on governmental administrative data, but when children have been identified as having delays or disabilities, the country offices have enacted programmes to support early intervention and stimulation. Some of these data-informed programmes for children with disabilities start as early as infancy (as evidenced by early childhood nutrition guidance about how to help children latch when they have craniofacial or other disabilities that interfere with breastfeeding).

The confusion over definitional aspects of disability and how many children are considered to have disabilities was explained by a headquarters data expert:



[Country offices can] rely on household data for the population size, (for information on) how many children with disabilities exist, these are official data. When a country uses CFM and the Multi-Indicator Cluster Survey (MICS), these are official statistics.

Administrative data are related to service delivery, EMIS [Education Management Information System], and health management systems; however, they use different sets of questions. Sometimes, they do so because they comply with legislation for eligibility or might have a narrower definition of who is eligible for services. This is not a problem. We should not expect a government to provide a cash transfer to 15% of the population.

The expert further relayed, however, that UNICEF does not have control over which segment of the population to prioritise in policies.

The quote above, the inconsistencies with data, and the need for more predictable data by programme staff, highlight a phenomenon that has been articulated by the social model of disability scholars since the model's inception: that disability is a social construct. The ways in which individuals experience functional difficulties, the ways in which medical professionals assign diagnoses, and the ways in which expectations of what is a so-called "normal" range of ability<sup>33</sup> impact how disability is understood and how individuals are characterised as having a disability. At the very least, the distinction between governmental definitions of disability (i.e., who is eligible for a disability pension or benefit) and broader, household-level functional difficulty data (i.e., who may need support to overcome a barrier that interferes with daily life) are essential to support programme planning.

Despite gaps in outcomes data, some countries made progress in data generation, especially in screening and assessment. In 10 of the 14 sampled countries, UNICEF was involved in screening, assessing and identifying children with delays, functional difficulties or disabilities that could inform work across sectors.

These activities aimed to provide a better understanding of the prevalence of functional difficulty or disability<sup>34</sup> and to trigger early intervention. Table 11 below provides information on how country offices engaged in disability screening and assessment.

**Table 10.** Screening and assessment practices

Activity	Purpose	Country
Harmonisation of Ministerial assessments and use of the International Classification of Functioning (ICF)	Harmonise government data, functioning/disability identification	Armenia (use of ICF), Cabo Verde, Bangladesh
School screenings for vision/hearing/development	Identify children who may need further assessment	Bhutan, Ghana
Development of School Readiness Assessment, Child Functioning Screening Tool	School readiness	Jamaica, Timor Leste
Support for National Strategy to include early developmental screening	Early intervention	Montenegro
Development Behavioural Scales validation	Early intervention	Palestine

A common theme in this evaluation has been challenges with data. This section identified that data on the prevalence of children with disabilities or functional difficulties is uneven, so participation rates may be inaccurate. Further, UNICEF has an organisational focus on systems change and scaled activities. The organisation invests heavily in situation analyses to support the development and planning of programmes but has less frequently followed up with children to understand the impact of their work. In this evaluation, the Bhutan Country Office noted that it followed up with children directly in education programmes, and the Paraguay Country Office (with the support of UNICEF Innocenti) plans to do so for education programmes in 2023-2024.

Although UNICEF has partnered successfully with governments to implement programming, a mark against the effectiveness of the organisation is that institutionalisation, with few exceptions, has remained a relatively unchallenged practice. The CRPD states that



State parties should abolish all forms of institutionalisation, end new placements in institutions, and refrain from investing in institutions. Institutionalisation must never be considered a form of protection of persons with disabilities or a “choice.” The exercise of the rights under Article 19 of the Convention cannot be suspended in situations of emergency, including in public health emergencies.

The CRPD further states that “all persons with disabilities have the right to live in the community, and it is discriminatory to decide that some people cannot live independently and should stay in institutions” (Section IV, paragraph 37). In eight of the 14 countries sampled for this evaluation, institutional facilities were present, yet only in the ECA region were sustained efforts to deinstitutionalise present. A staff member from the ECA regional office described the process of how the region took on deinstitutionalisation as a priority. The interviewee stated:



Because very early on, we saw evidence from data, which is a huge problem. We saw very early on that the number of children in institutions is decreasing as efforts are moving forward, but children with disabilities are those who are left behind.

Although the ECA region was active in deinstitutionalisation, there was little evidence in the desk review or interviews that pointed to direct advocacy for deinstitutionalisation in any other region. In contrast, UNICEF programs in nations outside of ECA that have institutions tend to work on the protection and professionalisation of social welfare workers rather than question institutionalisation itself. Signals of non-cooperation with institutions were present in Lebanon, where UNICEF cut contracting ties with

institutions, and Zimbabwe, which supports OPD advocacy in many areas, including deinstitutionalisation. Gathering data on the number of children who live in institutions in the sample countries for this evaluation was beyond the scope of the work, but UNICEF estimates that 105 out of every 100,000 children live in alternative care centres,<sup>35</sup> while the *Lancet* estimates a global median of 5.37 million children.<sup>36</sup>

Particularly troubling is the practice of selecting children for institutions due to disability.<sup>37</sup> These institutions often command high levels of resources that could be spent on supporting independent living<sup>38</sup>, and in the case of children, community living with their biological families or in foster care settings. *The UN Guidelines for Alternative Care of Children* suggest that the progressive elimination of institutions might include smaller group settings and higher standards for existing settings. In order to move away from institutions, community-based care must also be strengthened so that children can safely remain in their homes and communities. The 2021-2030 UNICEF Child Protection Strategy suggests that deinstitutionalisation must be coupled with ending child-family separations and strengthening family-based alternative care. In all cases, UNICEF has shown a preference for children to remain with families (if safe) or in communities in alternative family-based care over any form of institutionalisation. Table 12 below illustrates examples of country office engagement with institutionalisation.

**Table 11.** Engagement with institutionalisation

Country	Activity
Armenia	Direct policy advocacy for deinstitutionalisation
Bangladesh	No specific action was taken on institutionalisation, but broad-based support for inclusive education and improved case management for social welfare
Ghana	Social worker training, including modules to end violence and abuse in institutional settings
Jamaica	Collection of data on children who are institutionalised, development of directories of services for parents
Lebanon	Terminating implementation partnerships with institutions
Malaysia	Policy guidance on inclusive education
Montenegro	Direct policy advocacy for deinstitutionalisation
Zimbabwe	General support of organisations of persons with disabilities advocacy, including deinstitutionalisation

Survey data also points to a wide range of conditions and responses related to the institutionalisation of children with disabilities. Only four countries reported that their work has not been effective at all in promoting practices to avoid institutionalisation. Alternatively, one quarter (25%) of countries perceived their work was doing very well to address institutionalisation, almost one-quarter of offices (23%) perceived they were doing “moderately well,” and another 25% answered that they were doing “slightly well” creating an almost even response across participants. In total, nine countries (n=9, 19%) responded that promoting practices to avoid institutionalisation was not applicable to their work. It is not clear from the survey whether this was just not a country office priority or if there were no problems in the country related to the institutionalisation of children with disabilities.

In conclusion, this section focused on effectiveness. A prevalent theme in this evaluation is that little is known about the actual outcomes of programmes for children with disabilities. However, there are some country-level strategic indicators (CSIs) that point to disability inclusion in programming. There is, however, a growing UNICEF role in supporting the screening and identification of children with functional difficulties in different countries. Evaluation data also indicated that most of UNICEF work did not cross sectoral boundaries, although innovative programmes were emerging, demonstrating an effective process for engaging holistically with children. Finally, UNICEF has been a strident and effective partner to governments and successfully supported new policies and the human resources of their host countries. However, two OPDs pointed out that more work could be done to hold governments accountable to commitments made in policies and treaties. One area that relates to children’s rights is institutionalisation. UNICEF has had mixed effectiveness (country responses range from strong advocacy to no attempts at all) related to deinstitutionalisation.

### 5.1.6 Evaluation Question: To what extent were UNICEF offices successful in advocating for the scaling up of UNICEF-supported interventions, approaches and strategies in various programming contexts? (Evaluation Criterion: Sustainability)

#### Finding

UNICEF has successfully scaled disability-inclusive programmes working with governments across diverse contexts, but challenges remain in balancing programmatic support with rights-based accountability. Feedback from organizations of persons with disabilities highlights the need for stronger advocacy to ensure that governments not only expand programs but also fulfil their policy commitments to uphold the rights of children with disabilities.

Among the 48 offices that responded to the global survey, three-quarters perceived that they were doing “very well” or “moderately well” with governmental partnerships. A smaller group of countries (n = 8, 17%) reported that they were doing “slightly well.” One country reported that they were not doing well at all, and a final country curiously stated that governmental partnership was not applicable to their work. In the case study portion of the study, all 14 countries sampled for this evaluation utilised governmental infrastructure and resources to expand their reach. The above-described effective practices supported this outreach. Table 13 below provides an abbreviated overview of the ways in which UNICEF rights-based initiatives influenced governmental policies and services for children. Interviews in all country offices confirmed that government buy-in was critical to the longevity and reach of any programme or intervention. The desk review pointed to several examples of UNICEF initiatives that were initiated by UNICEF and eventually taken over by the government, with varying levels of ongoing support by UNICEF. A promising practice for the initiation of programming toward sustainability is cost. UNICEF Armenia, for example, does costing exercises on new initiatives to be transparent about government responsibilities for takeover. Such transparency may facilitate thoughtful investment of time and resources at the beginning of UNICEF programmes. A regional education officer suggested another way to strategically align with the government is to follow government interests. This officer said:



It does not make sense to start at the program level if there is no policy level support; if there is societal or governmental level support, there is a reason to push and put in their agenda. To have success at the programmatic level is to work in key areas where the government cares.

**Table 12.** UNICEF/government collaborations that resulted in sustained government policies and initiatives

Country	Expanded programming
Armenia	Child-focused case management
Bangladesh	Child protection, including a national child helpline
Bhutan	Support and expansion of special education needs (SEN) schools that focus on inclusive education supports
Cabo Verde	Inclusive education initiatives
Ghana	Teacher development activities in Universal Design for Learning
Jamaica	Teacher development activities for inclusive classrooms
Lebanon	National Disability Alliance social protection programme
Malaysia	Teacher development activities in inclusive education
Montenegro	Deinstitutionalisation efforts
Palestine	ECD and case management
Paraguay	Co-authorship of the national ECD plan
Timor Leste	Disability-accessible healthcare facilities
Zimbabwe	Nutrition programming for children with disabilities

In every country reviewed for this evaluation, UNICEF collaborated closely with governmental partners to develop policies, strengthen the capacity of Ministerial units, and support the governmental workforce through training and material development (e.g., social workers, healthcare workers, teachers, etc.). UNICEF has worked successfully with governments to promote and enact disability-inclusive programming. Government partnerships are one of the most important predictors of UNICEF success in country offices. The volume of work that has been accomplished through government partnerships is a demonstration of an effective use of resources to reach children with disabilities.

In field-based country case countries, however, in-depth case studies were conducted, and OPDs were critical of UNICEF for not holding governments accountable for maintaining national policies or conventions. In two countries (names withheld), OPDs conducted accountability and advocacy roles in the country and often felt that they needed more support. Findings from interviews in field-based country case studies reveal that partnerships with OPDs have mixed results, with OPDs often calling for more consistent contact from the planning stages onwards. There was a limited number of OPD interviews conducted for this evaluation, but in each country, OPDs recommended that UNICEF communicate more consistently and consider OPDs an important advocacy partner. In relation to partnerships with OPDs, one leader said, “the marketing is good, but the reality is not,” referring to the UNICEF practice of claiming OPDs as partners, but, according to this OPD (name withheld), further partnership reflection is necessary. In general, UNICEF staff recognised across all country settings that relationships are the greatest resource in conducting the organisation’s work. The Malaysia CO, for example, has taken positive steps in this direction by acknowledging the need for meaningful engagement and capacity strengthening with OPDs. Further positive examples of these relationships were found in Bhutan and Armenia, where OPDs served as implementing partners.

Beyond planning, OPDs were critical of UNICEF for the level of comfort it has established with governments, which challenges the finding above. An OPD spokesperson said in an interview:



A lot of resources are going to the government, but when it comes to Civil Society Organizations (CSOs), [they] don't get the same amount of resources. The challenge is not the quantum of what goes to governments, but the work of CSOs is to be a watchdog. We need a lot more resources in order to make sure that governments are accountable. The places where we fill in are a drop in the ocean. My recommendation would be for UNICEF to look into the level of support given to CSOs is important. CSOs are playing huge roles, and that will require more support to do the work we do.

Similarly, in another country, OPDs criticised UNICEF for investing in social protection programmes but not holding the government accountable for enforcing employment quotas for youth with disabilities. In both cases, UNICEF was effective in supporting the government but did not leverage its role to hold governments accountable for upholding their legal and policy commitments. Beyond these two countries, OPDs had mixed roles. In some, OPDs served advisory purposes, while in others, they were implementing partners in programming. The roles and relationships between OPDs and UNICEF are varied. One headquarters staff said, “Engaging with OPDs is not in the DNA of UNICEF.” However, in countries where extensive interviews with these organisations took place, there was a clear call to UNICEF to focus more on accountability for governments or at least support OPDs in doing so. OPDs are an important group of allies for disability inclusion, and partnerships had mixed effectiveness for programming and advocacy.

### 5.1.7 Evaluation Question: What evidence is there that the key enablers for the successful implementation of disability-inclusive programming are in place in each UNICEF office? (Evaluation Criteria: Relevance and Coherence)

#### Finding

The successful implementation of disability-inclusive programming within UNICEF offices is primarily enabled by two factors: internal champions and adequate resourcing, yet it is constrained by limited structural support and reliance on temporary funding which hinder long-term, cohesive implementation.

During KIIs and FDGs, staff at headquarters, regional office and country office levels frequently referred to someone in their office or section who was perceived to have a notable positive influence in advancing disability inclusion. This person was often referred to as a “champion.” Champions themselves mentioned that they became interested in disability inclusion work due to their lived experiences. Champions were primarily responsible for advocating, initiating, coordinating or strengthening activities related to disability inclusion.

Champions often undertook their work as a personal passion, but some also identified having structural support (time, effort allocation, budget) to coordinate, advocate and connect. This type of support was present for several headquarters interviewees whose role was exclusively focused on disability inclusion and for a limited number of staff at the regional level. In the 14-country sample, only two countries had Disability Focal Points whose work focused on disability inclusion on a full-time basis.

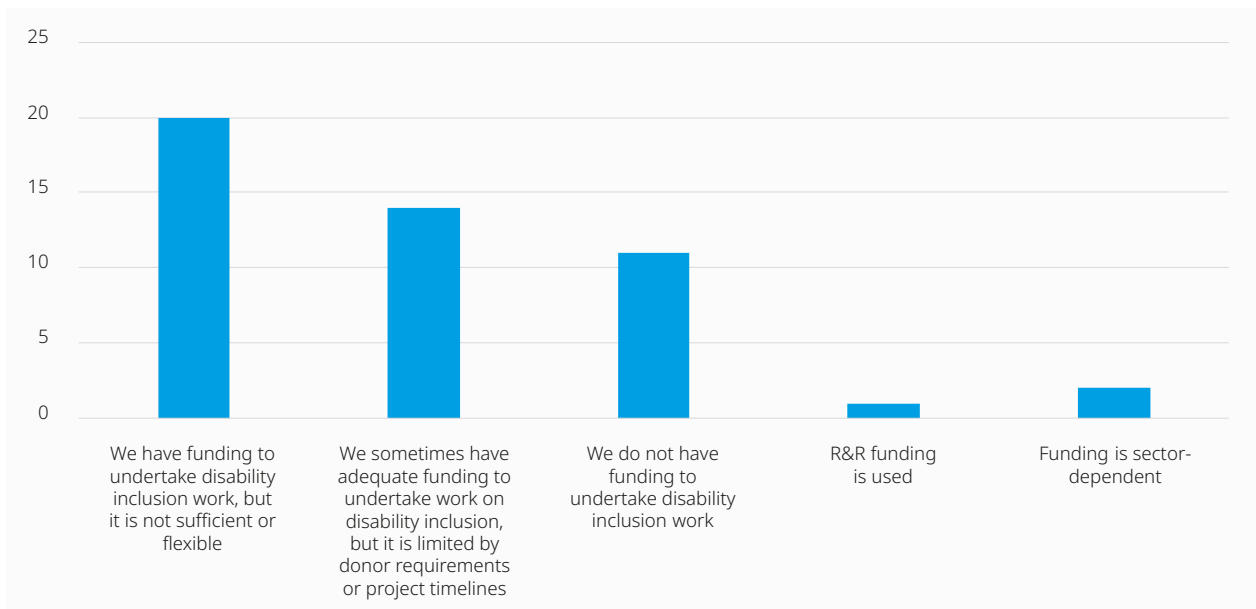
Champions at the country office level are often Disability Focal Points and are seldom professionals dedicated to disability inclusion in a full-time capacity. They take on multiple roles and tasks in their country offices. Some volunteer for the task, while others are appointed. While champions are creating changes in the organisation, their professional positions often do not allow for focused work on disability inclusion or space to coordinate activities across sections in their offices. Champions are largely acknowledged at regional and country office levels as essential to maintaining the focus on disability inclusion. However, a headquarters staff member in a leadership position was concerned about over-reliance on the goodwill of champions and ambassadors and suggested that disability inclusion must become “second nature” in all activities and “institutionalised” into all programming activities.

Within the sample for this evaluation, only two countries had a full-time staff member dedicated to cross-sectoral disability inclusion coordination and advocacy. Only three ROs had such positions. DIPAS calls for “all UNICEF regional offices (to) have at least one dedicated full-time disability specialist for programmes and operations, to coordinate and support disability inclusion in the region.” In sum, champions were enablers, but their work is not institutionalised or supported by the financial resources or job descriptions/security that allow for a full-time focus on disability. Such positions were found at the regional level but not to the extent required by DIPAS. At the country level, staffing and disability-inclusive activities are often dependent upon donors and project grants that require children with disabilities to be included in their projects. However, once finished, there is no continuity of funding to allow the staff to stay in their “champion” role, and the potential sustainability of the project/programme ends.

Almost all headquarters, regional and country office staff interviewed acknowledged the lack of specific disability inclusion funding as a barrier to adequate programming and implementation. This was the case in relation to being able to hire staff that are knowledgeable about disability inclusion, ensuring job security of those who are already in positions related to disability inclusion (i.e., disability focal points), or providing seed money to innovative disability inclusion activities. Providing specific disability funding was, in some cases, equated with a “signal” that the highest level of organisation leadership takes disability inclusion seriously and as comparable to other cross-sectoral priorities such as gender.

Survey responses reflected a challenging situation for disability-specific funding. A majority of country offices reported having funding, but the precarity of the situation was evident in responses, as was the inability of offices to generally pursue initiatives that may have been locally relevant and responsive to the needs of children with disabilities. Figure 6 (below) demonstrates survey responses to funding for disability-related programming.

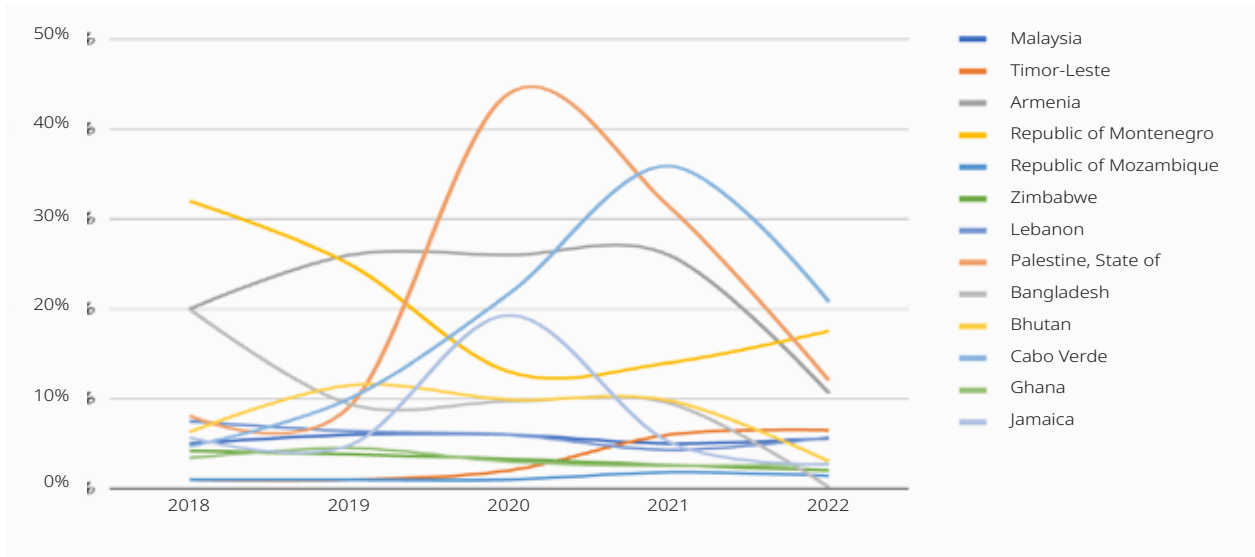
**Figure 6.** Funding for Disability Inclusion Funding



Spending on disability inclusion activities varied widely in the country offices sampled for this evaluation. Actual amounts of money spent on programmes were informed by the annual budgets of country

offices, which also varied widely. Figure 7 demonstrates annual expenditures tagged for disability inclusion by country. Table 13 presents the same information in a tabular format.

**Figure 7.** Annual expenditures tagged for disability inclusion, by year



**Table 13.** Average spending on disability inclusion programming in comparison to the overall programming budget

Country	2018	2019	2020	2021	2022
Malaysia	5.00%	6.00%	6.00%	5.00%	5.61%
Timor-Leste	1.00%	1.00%	2.00%	6.00%	6.53%
Armenia	20.00%	26.00%	26.00%	26.00%	10.63%
Montenegro	32.00%	25.00%	13.00%	14.00%	17.54%
Republic of Mozambique	1.00%	1.00%	1.00%	1.80%	1.41%
Zimbabwe	4.20%	3.80%	3.30%	2.60%	2.03%
Paraguay	30.00%	26.00%	7.00%	1.00%	0.42%
Lebanon	7.50%	6.40%	6.00%	4.30%	5.70%
Palestine, State of	8.10%	9.10%	44.00%	31.40%	12.05%
Bangladesh	20.00%	9.40%	9.70%	9.50%	0.16%
Bhutan	6.30%	11.50%	9.90%	9.80%	3.04%
Cabo Verde	4.70%	10.00%	21.70%	35.90%	20.78%
Ghana	3.40%	4.50%	3.00%	2.50%	2.74%
Jamaica	5.70%	4.80%	19.30%	5.20%	2.69%

Expenditures listed above demonstrate both those for targeted programmes and those in which children with disabilities were mainstreamed but tagged in reporting mechanisms. Targeted programmes often had good data on the participation of children with disabilities, but focus groups in the four case study countries revealed that reporting in mainstream programmes was often completed through estimates. In general, expenditures for disability inclusion as a percentage of overall budgets for programming appeared to decrease slightly from 2021 to 2022. As seen in the data above, large fluctuations reflected one-time or short-term investments in social protection, emergency response, or large-scale systems-strengthening activities such as teacher capacity strengthening or ECD initiatives. These fluctuations also occurred during the COVID-19 pandemic, so additional data may be needed to conclude more typical cycles.

There was no guidance from UNICEF on the percentage of the programming budget that should be dedicated to disability inclusion activities for the early years of this evaluation. Overall budgetary guidance to increase organisational budgetary expenditure by 2% found in DIPAS (which would encompass all activities, including staffing, programming, accessibility upgrades, etc.) and that at least 10 percent of activity-level expenditures across the organisation will be applied towards disability-inclusive programming by 2030. The DIPAS period began in the last year of this evaluation.

### 5.1.8 Evaluation Question: To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives? (Evaluation Criteria: Relevance and Coherence)

#### Finding

UNICEF offices have started adopting innovative disability-inclusive approaches, including cross-sectoral strategies like life cycle planning and integrating disability-inclusive programs into existing frameworks, alongside investments in assistive technologies and accessible digital tools. However, sectoral silos and insufficient structural coordination continue to limit the coherence, scalability, and effectiveness of these efforts across diverse contexts.

As noted previously, this evaluation found that cross-sectoral work on disability inclusion was not the norm. Cross-sectoral work was, however, happening in pockets. Strategies like implementing staffing for disability inclusion coordination and planning for points of convergence through life cycle planning have been previously described in this evaluation. An innovation was described as “layering” by participants, or the process of layering disability inclusion work into existing and ongoing work. This layering is the essence of mainstreaming and also takes an intersectional approach to disability inclusion. The following examples were present in the sample:

- ▶ Bhutan layered disability inclusion work into climate-resilience planning.
- ▶ Palestine layered disability inclusion into gender programming and planning.
- ▶ Timor Leste layered disability onto a mandatory gender programmatic review.
- ▶ Zimbabwe introduced layering into existing target communities, layering multiple and subsequent projects on top of one another for enhanced learning and impact.



Although layering was a localised approach that emerged from country offices, headquarters staff routinely stated that multi-sectoral approaches were a priority while simultaneously acknowledging the limitations of an organisation that is set up in what was described by several headquarters staff as “siloeed.”

In humanitarian response, for example, headquarters personnel noted that layering occurred out of practical responses to COVID-19 and other emergencies that required the simultaneous provision of, for example, emergency WASH services and cash transfer programmes. For headquarters, these layers are required as CCCs in emergency response.

Other headquarters personnel acknowledged both the promise and difficulty of providing guidance for cross-sectoral and multi-sectoral approaches while working in a sectorally oriented environment. Two participants noted:



We train people with all this, but on the other hand, we develop new silos, so we already are so siloeed as an organisation between social protection, child protection, health, education and WASH, those very vertical things, and we’ve got competition for funding, et cetera.

Another headquarters representative stated:



We have wanted to do more and accelerate but it has been a challenge. One of the areas is Early Childhood Intervention because it is so inter-sectoral. In the last few months, we have become more organised and looking at it more systematically. Now, it is more focused on children with disabilities and has brought a lot of people from various sectors around this. There are a lot of ad-hoc. But opportunities have not been plenty so far.

There is a clear point of tension between the sectoral provision of programming and the greater intersectoral collaboration required by DIPAS. Headquarters and regional office guidance on planning helps to address this tension, although headquarters staff acknowledge that limitations and barriers still exist. In this section, we highlighted layering as an approach used by country offices to find cross-sectoral pathways to disability inclusion and a possible way of engaging sector-level expertise and opportunities for collaboration.

In addition to programming innovations, UNICEF has invested in assistive technologies by increasing the number of staff members focusing on assistive technologies and increasing the supply of technologies available. The provision of assistive technologies has occurred in emergency settings (including refugee responses), ECD settings, and educational settings. A senior headquarters official praised this innovation, stating, “Assistive technology is still new for many people in UNICEF colleagues in the country offices; they understand the importance has increased.” Assistive technologies support opportunities for children with disabilities to communicate, have mobility, and participate in school, among many other activities. These technologies are designed for individuals (targeted programming) and intended to reduce barriers to inclusive opportunities.

A second initiative that presented a mainstream approach was the Accessible Digital Textbooks (ADT) initiative. Digital textbooks represent a universal design approach that embeds flexibility into how information is presented, how information engages students, and how students express themselves. Several countries in LAC are currently implementing programming with ADT, and several others in ESA have done the same. These will not eliminate the need for accommodations or other targeted assistive technologies for children with disabilities but may reduce the need for individualised support because accessibility features are built into the products available to all children.

## Findings in relation to evaluation criteria

The detailed findings above have linkages to the evaluation criteria selected for this evaluation. The text below provides an overview of each of the Evaluation Criteria used in this evaluation and a summary of relevant findings from Sections 5.1.1 - 5.1.8 above.

**Relevance** of the UNICEF strategy and programming to meet the needs of children with disabilities in their home countries.

- ▶ UNICEF work is driven by rights-based commitments, particularly in alignment with the CRPD, which relate directly to children's opportunities to become full participants in their communities. Resourcing and staffing for this work have often been inconsistent and sometimes rely on the knowledge and passion of individual "champions" in the organisation. New innovations such as cross-sectoral programming planning approaches and the use of technology tools have promise for meeting the needs of children with disabilities.

**Coherence is the extent to which UNICEF approaches, goals and interventions are coherent across UNICEF sectors and programming areas** and across country contexts, as well as whether there is coherence with country policies and processes.

- ▶ As noted above, the UNICEF approach to disability inclusion has been rights-based. Operationally, this has been enacted in the language of "Twin Track" programming (see DIPAS, UNDIS, and CRPD). The Twin Tracks of programming are mainstreamed and targeted programming for children with disabilities. Targeted programming has been inconsistently aligned with the broad-based inclusionary goals of CRPD and, at times, reinforces the exclusion of children with disabilities.

**Effectiveness** of the interventions encompasses the extent to which UNICEF has successfully promoted and achieved disability inclusion in the programmes it supports and whether there is evidence of results and intermediate outcomes among children with disabilities.

- ▶ UNICEF has effectively supported work on disability inclusion in countries through its policy advocacy and systems-strengthening activities. Programmatically, it has worked in several sectors,

but inclusive education is the most consistently effective programmatic intervention across country contexts. Humanitarian activities have seen mixed results (effective in some countries, but children with disabilities have been left out of interventions in others). Despite successes, effectiveness has been difficult to address for two reasons. First, there is an overall lack of outcomes data related to programming for children with disabilities. Second, children with disabilities remain invisible in countries, either because they are unidentified within programmes or reside outside of the scope of programmes (either at home or in institutions)<sup>39</sup>.

**Sustainability** relates to the scalability and coverage of interventions and commitments to deploy country resources to mainstream or universalise programmes and initiatives beyond UNICEF inputs, with the buy-in of policymakers and other duty-bearers.

- ▶ UNICEF has been most successful in scaling and sustaining its interventions through its cooperation with governments. Government uptake has proven the most effective way to sustain and grow large-scale change. Sustaining rights-based commitments across country contexts proved to be a greater organisational challenge as UNICEF navigated holding governments accountable for the rights of children while attempting to maintain sustainable engagement with governments.



## Objectivity and limitations of findings

The findings presented above primarily relied on reviews of reports and stakeholder perspectives. The findings were based on reported data, and the actual words of stakeholders were used to draw conclusions. The terminology, circumstances and phenomena reported were drawn directly from the lived experiences reported in interviews. Reported findings were found across settings, levels of the organisation, and stakeholder groups; they could therefore be considered trustworthy. At the same time, there were three inevitable limitations to what could be reported. First, published reports are often vetted and designed for public consumption. Internal struggles over direction in programming and competing priorities do not appear. As such, what could be gleaned from available resources may have lacked enough nuance to fully inform the findings. Second, stakeholder perspectives are situational and reflective of a particular standpoint. Although stakeholders in this evaluation did an excellent job of providing an organisational overview, all interviews were inevitably situated in individual contexts, which allows for an understanding of specific standpoints but may limit the generalisability of perspectives. This is especially true for work in specific countries and was the rationale for a global survey.

Finally, the findings are limited because many of the stakeholders interviewed were not in their current positions during the full evaluation period of 2018-2022. Reports provided triangulated findings but could not provide as much context due to the limited number of participants in their positions for the entire evaluation period. As such, readers should carefully consider findings in relation to their contexts, understanding that findings themselves are situated, and therefore, interpretation must also be considered within specific contexts and may not be applicable in every setting.

## Reasons for strengths, opportunities, and bottlenecks

The United Nations Evaluation Group (UNEG) recommends a section that outlines reasons for “recommendations and failures.” In this case, there were neither recommendations nor failures in UNICEF work toward disability inclusion. For all the successes and challenges described above, the context of UNICEF work on disability inclusion should be considered. This context makes it difficult to assign complete contribution to the organisation for its successes nor assign complete blame for the challenges it faces. However, the findings indicate that there may be organisational “levers” that can be grasped to inform future planning and prioritisation. These are presented briefly below and more comprehensively in the conclusions and recommendations sections to follow.

### Finding 1

**UNICEF approach to disability inclusion has effectively employed a rights-based framework, prioritizing the rights of children with disabilities to access essential services and addressing stigma through context-specific programming and cross-sectoral initiatives. This approach aligns with the “Leave No One Behind” mandate and normative standards such as the CRPD. However, the organization faces critical gaps in terms of having a clear accountability mechanism, unified messaging, and dedicated resources that necessitate further institutionalization of disability inclusion.**

- ▶ UNICEF consistently aligns with rights-based approaches in its work with children. The CRC guides all work, but the CRPD was most frequently cited as guiding disability inclusion work.

### Finding 2

**UNICEF Work on disability inclusion is aligned with international standards, particularly with the CRPD as a driver, as evidenced by the adoption of the rights-based “Twin Track” approach across programmatic levels; however, targeted activities for children with disabilities have been reinforcing exclusion and segregation in some countries.**

- ▶ Twin Track approaches are clearly identified as good practice in UNDIS, DIPAS, and General Comments of the CRPD. Programme designers and implementers, however, conflated “targeted” with “segregated” in several instances, due to staff capacity to distinguish the subtleties of targeted

programmes that aim to facilitate inclusion and targeted programmes that serve children with disabilities in segregated ways.

### Finding 3

In sample countries, UNICEF has primarily advanced disability inclusion through cross-sectoral policy advocacy and targeted inclusive education initiatives, but notable gaps remain in operationalizing disability-inclusive programming. Structural barriers, including insufficient technical guidance on implementing the “Twin Track” and inadequate documentation of examples of good cross sectoral practices continue to limit the integration of disability inclusion across programming contexts.

- ▶ The effective incorporation of disability inclusion across various program areas remains hindered by key systemic challenges. These include a lack of comprehensive technical direction on implementing the “Twin Track” approach, combined with limited documentation and sharing of successful cross-sector initiatives. The absence of these essential resources and guidelines creates ongoing obstacles to mainstreaming disability inclusion in different programmatic environments..

### Finding 4

UNICEF has effectively promoted disability inclusion in humanitarian action through systems strengthening, coordination, leadership, and inclusive emergency preparedness efforts. However, the absence of robust outcome data limits the ability to comprehensively assess the overall effectiveness of these approaches.

- ▶ UNICEF’s core mission is to support governments in programmes. Governments provided the best access to resources and scaling at a national level in the countries that were evaluated. Countries that planned for emergency response were more responsive and inclusive of children with disabilities. Children with disabilities were not considered in emergency situations in several of the countries evaluated.
- ▶ Outcome data was often an afterthought in programming. UNICEF placed effort on initiating programmes and supporting implementing partners; follow-up data to understand the impact was not a priority in budgets, activities or capacity plans.

### Finding 5

Despite millions of children with disabilities being reached through various UNICEF supported programmes, a significant number remain out of reach because they are invisibilised in their countries. UNICEF has made progress in identifying these children by supporting screening, identification and census activities. In some countries where UNICEF works, children remain completely excluded because they are institutionalised.

- ▶ Despite prioritisation, children with disabilities remain difficult to reach. Stakeholders and global data indicate that this is for three reasons: 1) children with various functional limitations or disabilities may be participating in programming but have not been identified as such because of lack of screening/assessment data; 2) children with disabilities may be kept at home and not have access to services or community opportunities as a result of exclusionary systems or families who keep children close to home; or 3) children with disabilities are institutionalised.

### Finding 6

UNICEF has successfully scaled disability-inclusive programmes working with governments across diverse contexts, but challenges remain in balancing programmatic support with rights-based accountability. Feedback from organizations of persons with disabilities highlights the need for stronger advocacy to ensure that governments not only expand programs but also fulfil their policy commitments to uphold the rights of children with disabilities.

- ▶ As noted above, the government has been UNICEF most effective partner in scaling up work on disability inclusion. Government relations in countries, as reported by stakeholders, can also be challenging as UNICEF navigates advocacy for accountability to rights-based commitments and pragmatic needs to support ongoing programming.

**Finding 7**

The successful implementation of disability-inclusive programming within UNICEF offices is primarily enabled by two factors: internal champions and adequate resourcing, yet it is constrained by limited structural support and reliance on temporary funding which hinder long-term, cohesive implementation.

- ▶ Because work on disability inclusion has not been fully institutionalised, it relies on internal champions to push agendas but lacks reliable and adequate funding to ensure activity is sustained.

**Finding 8**

UNICEF offices have started adopting innovative disability-inclusive approaches, including cross-sectoral strategies like life cycle planning and integrating disability-inclusive programs into existing frameworks, alongside investments in assistive technologies and accessible digital tools. However, sectoral silos and insufficient structural coordination continue to limit the coherence, scalability, and effectiveness of these efforts across diverse contexts.

- ▶ Cross-sectoral programming is required in new strategic plans. Although rarely found in this evaluation, new initiatives are opening new opportunities for the organisation. Promising practices such as assistive technology distribution and digital textbooks were identified as important elements in programming, but do not yet have strong results data

# 6

## Conclusions



Based on the data available, the following conclusions can be drawn regarding the current state of UNICEF work on disability inclusion, its possibilities for engagement in the future, and areas of attention for the future.

**Conclusion 1:** UNICEF has demonstrated a coherent rights-based orientation in its approach to disability inclusion, effectively aligning with its “Leave No One Behind” mandate and international frameworks such as the CRPD. However, significant gaps persist that hinder the full institutionalization of disability inclusion across all levels of the organization (informed by Findings 1 and 2).

- ▶ UNICEF has a global reputation as an organisation that promotes and upholds children’s rights. The organisation has consistently been informed by instruments such as CRC and CEDAW and has successfully leveraged the language and purposes of the CRPD to shape its work. Within the case study countries, other models existed that framed children with disabilities as objects of charity or pity or were defined by medical labels. Overall, this evaluation found that UNICEF staff maintained fidelity to rights-based models and portrayals of children with disabilities as rights holders.

**Conclusion 2:** UNICEF’s disability inclusion efforts have aligned with international standards, particularly the CRPD, through the adoption of a rights-based “Twin Track” approach. However, gaps in implementation have, at times, undermined the intended outcomes. In some cases, targeted programming that is not sufficiently integrated into broader systems and programs has inadvertently reinforced exclusion and segregation for children with disabilities (informed by Finding 2).

Targeted programming, which engages children with disabilities specifically, is part of a two-track approach recommended in several UN documents and strategies (the other track includes children with disabilities in general programming). While targeted programmes have merit because they can address identity-specific needs of children, they may also reinforce exclusion. Targeted programming in this evaluation had mixed results. In some countries, targeted programmes had an explicit aim of creating scaffolds that would support greater inclusion. In other countries, targeted programmes were provided as services (often filling gaps left by governments) but with no specific aims to link programming with broader inclusionary outcomes.

**Conclusion 3:** Inclusive emergency preparedness and cross-sectoral approaches show promise as entry points for advancing disability inclusion in UNICEF programming. However, their impact is hindered by gaps in technical guidance, disability-disaggregated data, and the documentation of successful practices (informed by Finding 3).

- ▶ A majority of UNICEF's operating budget is spent on humanitarian response. The organisation plays a critical role in global dialogues and coordination related to disability inclusion in humanitarian response. It has successfully introduced a disability inclusion agenda as a cluster lead in the Inter-Agency Standing Committee for humanitarian action. Interviews with stakeholders at the country level revealed that inclusive emergency planning was the best way to promote inclusion in humanitarian response. In the countries that succeeded in this endeavour, UNICEF country offices, supported by headquarters, initiated conversations with national emergency response units before emergencies occurred. When natural hazards, conflicts and other emergencies occurred, emergency agencies were prepared. All countries are required to be prepared for emergencies through the UNICEF Procedure on Preparedness for Emergency Response.<sup>40</sup> Reviews must be completed at least every 12 months through a four-step preparedness planning process using the Emergency Preparedness Platform (EPP) (risk analysis, scenario definition, key elements of UNICEF response, and preparedness actions)<sup>41</sup> to prepare to respond to their priority hazards. Country office interviewees reported that difficulties to including children with disabilities in humanitarian action often stemmed from this population being overlooked in planning.

**Conclusion 4:** Children with disabilities remain invisible and stigmatised in many of the countries in where UNICEF operates reflecting many barriers to achieving "leave no one behind" aspirations (informed by Finding 4).

- ▶ Despite strategic and programmatic efforts, case studies revealed that children with disabilities remain invisible and stigmatised in countries in which UNICEF works. Increased efforts in screening, assessment, and censuses (e.g., MICS, which includes the CFM) have helped to identify more children with functional difficulties technically. SBC efforts have also aimed to raise awareness, but children with disabilities still face stigma in their home communities.

**Conclusion 5:** Growing and sustaining work on disability inclusion in countries where UNICEF works followed similar patterns to other initiatives. Leveraging the power and influence of government appears to be the most expeditious and sustainable way to grow opportunities for work in disability inclusion (informed by Findings 5 and 7), especially for development activities.

- ▶ In this evaluation, stakeholders reported working with a variety of NGOs and governments to implement programming and initiatives. In all cases, scaling up and sustainability occurred most effectively through work with the government for development activities. Such work in disability inclusion focused on policy advocacy and supporting systems to be more disability inclusive. NGOs and civil society organisations still played effective roles in these processes. NGOs were successfully engaged for implementation when government capacity was low and immediate programming funding became available. Non-governmental actors, for example, were critical for humanitarian activities. Civil society organisations (especially OPDs) were also engaged to support systems accountability for the rights of children with disabilities but with mixed results. The latter case is one that will be discussed further in recommendations.

**Conclusion 6:** Disability inclusion is emerging as an organisational priority but is not yet institutionalised into the ethos of the organisation (informed by Findings 6 and 7).

- ▶ This evaluation found that there is a wide range of work occurring globally in relation to disability inclusion but that the work is fragile in relation to its institutional presence and sustainability. Disability inclusion is being driven by a network of advocates and champions within the organisation who serve as headquarters and regional office experts or country office level experts who facilitate and coordinate activity. Interviews in-country offices revealed, however, that disability inclusion is perceived as a specialist initiative and reliant on expert knowledge or believed to be centred in specific programme areas. While such expert knowledge is needed, this reliance also prevents the everyday practice of ensuring that children with disabilities are considered in every aspect of advocacy and programming work. This evaluation revealed that development and systems strengthening work on disability inclusion is best when a champion is proximal to activities and specific funding is available to target children with disabilities. In humanitarian contexts, coordination among agencies and planning supported inclusion. When the needs of children with disabilities were met from 2018-2022, it was because of adequate preparation and acknowledgement that children with disabilities would be in both development and humanitarian populations. Work on disability inclusion was less present if champions did not advocate for including children with disabilities in general programmes or advocacy efforts (mainstreaming) or if specific external funds were not targeting children with disabilities.

**Conclusion 7:** UNICEF is making progress in integrating assistive technologies and accessible tools into programming but this is hindered by inconsistent implementation, limited outcome evidence, and structural barriers such as sectoral silos.

- ▶ As part of its overall initiative related to work on disability inclusion, UNICEF headquarters and regional offices have secured favourable contracts and external funding and developed efficient procurement systems to bring assistive devices and inclusive technologies such as digital textbooks to end-users in countries. These initiatives hold great promise in reducing barriers in community participation and access to services in countries for children with disabilities. Stakeholder interviewees, however, also cautioned that these materials should not be thought of as a panacea. Devices and tools promote accessibility but rely on enabling environments to ensure that they are used in ways that promote improved access to community, service, educational and lifelong opportunities for children with disabilities.

The high-level conclusions above are based on the findings of this evaluation and reflect trends found in data at the headquarters, regional and country office levels. They also reflect that a tremendous amount of progress has been made to focus and coordinate work on disability inclusion. This progress has been facilitated by the work of champions within the organisation who often work with inconsistent funding but remain committed to a rights-based, inclusion-first approach to their work. The conclusions also highlight that work on disability inclusion is never finished and that the “mission” may never be “accomplished.” Instead, work on disability inclusion can build on a series of *accomplishments* and be constantly reoriented toward new and pressing ways in which children with disabilities face barriers to participation in their communities, access to vital services, and opportunities to thrive. The recommendations below are time-sensitive in that way. These recommendations reflect ideas for reorienting work based on current circumstances and barriers to inclusion. In two, three or four years, it is expected that these recommendations will need to be updated based on the inevitable progress that the organisation will make in its work on disability inclusion. At this point, recommendations are meant to provoke thought in organisational strategy meetings and regional and country-level activity planning.

# 7



## Recommendations

This evaluation report concludes with recommendations based on its findings and conclusions. The evaluation itself focused on “UNICEF work on disability inclusion.” UNICEF work in this area is wide-ranging, driven by rights-based narratives, and often contextualised within country/regional specificity. This evaluation specifically focused on advocacy efforts and programming. It did not focus on hiring practices, accessibility of UNICEF offices, or internal policies and bylaws because other evaluations of these topics were simultaneously underway. Instead, the recommendations below focus on actions that can be immediately undertaken at the headquarters level through guidance and investments but could also be adapted to country-level actions. To the extent possible, adaptations for regional and country-level activities are provided with each recommendation.

### Recommendation 1

**Institutionalise work on Disability Inclusion at every level of the Organization in alignment with Key Commitments of DIPAS**

- 1.1.** The Disability Section, with support from all HQ divisions and offices, regional and country offices, and the Supply Division, should establish accountability mechanisms to ensure that children with disabilities are included in all programming discussions and receive the necessary support, including assistive technologies.
- 1.2.** The Disability Section, in collaboration with the Division of Global Communication and Advocacy (DGCA), should develop and circulate key messages for UNICEF Leadership at all levels to consistently use in highlighting disability inclusion in key internal and external communications
- 1.3.** Headquarters, regional and country-level programme Leads should ensure that budget lines in all proposals for mainstreaming disability inclusion comply with DIPAS requirements to secure funding. Additionally, a dedicated disability inclusion fund should be established per DIPAS commitments.

**🕒 Time Frame:** Immediate.

**Recommendation 2**

Provide additional support for disability-inclusive programming, including “Twin Track” approaches, aimed at achieving inclusive outcomes to inform future programming

- 2.1. The Disability Section should develop and provide technical guidance to Regional and Country Offices on disability-inclusive programming, emphasising the proper implementation of “Twin Track” approaches.
- 2.2. DAPM should develop and capture disability-disaggregated indicators and data for the next strategic plan (2026-2029) to measure the impact of disability inclusion efforts across Goal Areas and Change Strategies.
- 2.3. The Disability Section, in collaboration with EMOPS and Disability Focal Points in Regional Offices, should identify, create a repository of, document, and distribute information on successful case studies of cross-sectoral planning and program delivery in disability inclusion, including partnerships with Organizations of Persons with Disabilities (OPDs) to inform programming.

 **Time Frame:** Immediate.

**Recommendation 3**

Initiate global advocacy messages to build capacity aimed at confronting and transforming the invisibility and stigmatisation faced by children with disabilities

- 3.1. The Disabilities Section, in collaboration with the Division of Global Communications and Advocacy, should develop and disseminate rights-based media messaging guidelines and specific examples from media messaging for SBC and media teams globally.
- 3.2. DAPM should expand its support to the uptake of the UNICEF/Washington Group Child Functioning Module in surveys and other data collection efforts, including administrative data systems
- 3.3. The Disability Section, in collaboration with Social Behavioural Change, should Implement targeted awareness campaigns to reduce stigma and increase the visibility of children with disabilities in communities, including those who are institutionalised.

 **Time Frame:** Immediate.

**Recommendation 4**

Increase efforts to ensure that UNICEF teams are positioned to embrace innovative disability-inclusive interventions, including emergency response mechanisms that are inclusive of and accessible to children with disabilities.

- 4.1. Programme leads at HQ, Regional, and Country Office levels should promote cross-sectoral approaches aligned with the DIPAS, ensuring coordinated efforts, resource allocation, and accountability across teams to drive innovative disability-inclusive practices and scaling.
- 4.2. The Disability Section should finalise and disseminate the toolkit on inclusive preparedness, including sections on available assistive devices through the UNICEF Supply Division.
- 4.3. UNICEF HQ Divisions, including Programme Group Teams and EMOPS, Regional and Country Offices should ensure that proposals for emergency response funding explicitly include provisions for disability inclusion, with allocated budget lines for necessary adaptations and targeted support.
- 4.4. EMOPS should ensure the involvement of Country-level Disability Focal Points in UNICEF preparedness planning at the country level and strengthen their role in emergency response

 **Time Frame:** Immediate.



## Overall Conclusions and Limitations

This evaluation provided a wealth of useful information about the ways in which UNICEF work on disability inclusion - specifically in relation to advocacy and programming work - was undertaken. Important lessons were learned. UNICEF remains and will remain a rights-focused organisation. Such rights played out clearly in the approach that the organisation took in its work on disability inclusion from 2018-2022. It oriented its advocacy and programmatic work to focus on rights and Twin Track initiatives in programming areas. Knowledge, skill, and commitment are growing in the organisation and are supported by improved access to data, assistive technologies and accessible tools for use in educational settings.

At the same time, children with disabilities remain invisible and stigmatised, so the work on disability inclusion cannot end. Clear conclusions and pathways to ways forward could be drawn from the data in this evaluation, including:

1. Further clarifying “Twin Track” initiatives to ensure they are not segregating children with disabilities.
2. Addressing stigmatisation and invisibility of children with disabilities through enhanced identification and social messaging.
3. Preparing for emergencies at the national level so that children are not left behind in responses.
4. Enhancing the internal capacity of staff and for cross-sectoral programmatic approaches that support the whole child.

The recommendations provide a set of activities that are aimed to be both specific and achievable in the short/medium term but also address the ongoing importance of becoming an inclusion-focused organisation, ensuring the identities of children with disabilities are central to UNICEF work, and building national and internal capacity to promote inclusion.

The information from this evaluation was voluminous and highlighted in the above chapters. Despite this, there were two limitations that, if overcome, would have further improved the outcomes of this evaluation. First, the global survey was not completed before the first draft was submitted, creating a limitation in the data from which conclusions could be drawn. This limitation was rectified in the second draft. Second, although representation in case **studies of males and females was equal, the data available to evaluators did not provide adequate opportunity for intersectional analysis of disability and gender. This lack of data provides insights into**

**future evaluations that may focus more specifically on the intersection of disability and gender.**

Importantly, there was almost no mention of this in any interviews or field visits, meaning that intersectional analysis of work on disability inclusion is an important future undertaking to consider.

# A1



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## Abridged Terms of Reference

<b>TITLE/PURPOSE</b>	To undertake an Evaluation of UNICEF work on Disability Inclusion <sup>1</sup>
<b>RECRUITING OFFICE</b>	Evaluation Office
<b>LOCATION OF ASSIGNMENT</b>	Home-based, with potential travel to NYHQ and/or globally
<b>LANGUAGE(S) REQUIRED</b>	English
<b>TYPE OF CONTRACT</b>	individual Consultants
<b>DURATION OF CONTRACT</b>	Ten (10) Months from February 2023 to December 2023

### Introduction

The Evaluation Office (EO) at UNICEF HQ in New York, provides global leadership and oversight for the evaluation function. The office is responsible for developing an agenda and work plan to evaluate UNICEF programmes and processes. We conduct and/or manage independent corporate evaluations and evaluation syntheses, provide technical assistance and quality assurance for evaluations commissioned at the decentralised level (country and regional offices, as well as other divisions in HQ offices), and develop evaluation methods. EO is also responsible for publishing a global plan of evaluations that accompanies respective corporate strategies.

As part of the Plan for Global Evaluations, the Evaluation Office (EO) has committed to undertake a cross-sectoral Evaluation of UNICEF work on Disability Inclusion.<sup>42</sup> The Evaluation Office is now recruiting individual consultants to support and execute the Evaluation for the second phase following the scoping phase that was undertaken during the first half of 2022.

## Background

Changing attitudes towards children with disabilities is a core UNICEF obligation. Protecting the rights of children with disabilities has been an integral part of UNICEF programming since the Convention on the Rights of the Child (CRC)<sup>43</sup> – the first international treaty to explicitly recognise the rights of children with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) is the foundational guiding instrument behind UNICEF work in this area, with its roots in human rights, non-discrimination, and equity. While the CRC provides a good basis for the rights of children with disabilities, it is the CRPD that comprehensively and explicitly considers every aspect of the lives of children with all types of disabilities beyond social participation and formulated on the basis of the current model of disability – the social model.<sup>3</sup>

Children with disabilities experience stigma and discrimination in every aspect of life, which have been exacerbated by the COVID-19 pandemic. Other challenges they face include limited access to health care, nutrition, safe water, sanitation, and hygiene (WASH) facilities and support for their well-being, which leads to poor physical and mental health outcomes. They also face persistent barriers to education stemming from discrimination, stigma, and the routine failure of decision-makers to address exclusion in school which makes them most likely to be out of school and thus miss the opportunity to develop the skills needed for employment and thus, they are disproportionately likely to live in poverty. Other challenges that children with disabilities face include the heightened risks of violence, abuse, neglect, and exploitation compared to their peers.<sup>4</sup> Indeed, children with disability, compared with children without disabilities, are<sup>44</sup>:

- ▶ 16 per cent less likely to read or be read to at home
- ▶ 20 per cent less likely to have expectations of a better life
- ▶ 21 per cent less likely to have water and soap for handwashing in their households
- ▶ 22 per cent less likely to have improved sanitation facilities in their households
- ▶ 24 per cent less likely to receive early stimulation and responsive care
- ▶ 25 per cent more likely to be wasted
- ▶ 25 per cent less likely to attend early childhood education

- ▶ 26 per cent less likely to have improved water sources in their households
- ▶ 27 per cent more likely to be out of upper-secondary school
- ▶ 32 per cent more likely to experience severe corporal punishment
- ▶ 33 per cent more likely to be out of lower-secondary school
- ▶ 34 per cent more likely to be stunted
- ▶ 41 per cent more likely to feel discriminated against
- ▶ 42 per cent less likely to have foundational reading and numeracy skills
- ▶ 47 per cent more likely to be out of primary school
- ▶ 49 per cent more likely to have never attended school
- ▶ 51 per cent more likely to feel unhappy
- ▶ 53 per cent more likely to have symptoms of acute respiratory infection

Over the past two decades, UNICEF has been focusing programming efforts and resources to support the inclusion of children with disabilities in health, nutrition, WASH, education, social protection and emergency programming. Such resourcing and programming have occurred at the sectoral level, often with further disaggregation by country offices. UNICEF works to transform attitudes, practices, and social norms around disability to make families, communities, schools, health care, and social services inclusive and accessible and to support the full participation of children with all types of disabilities in society.

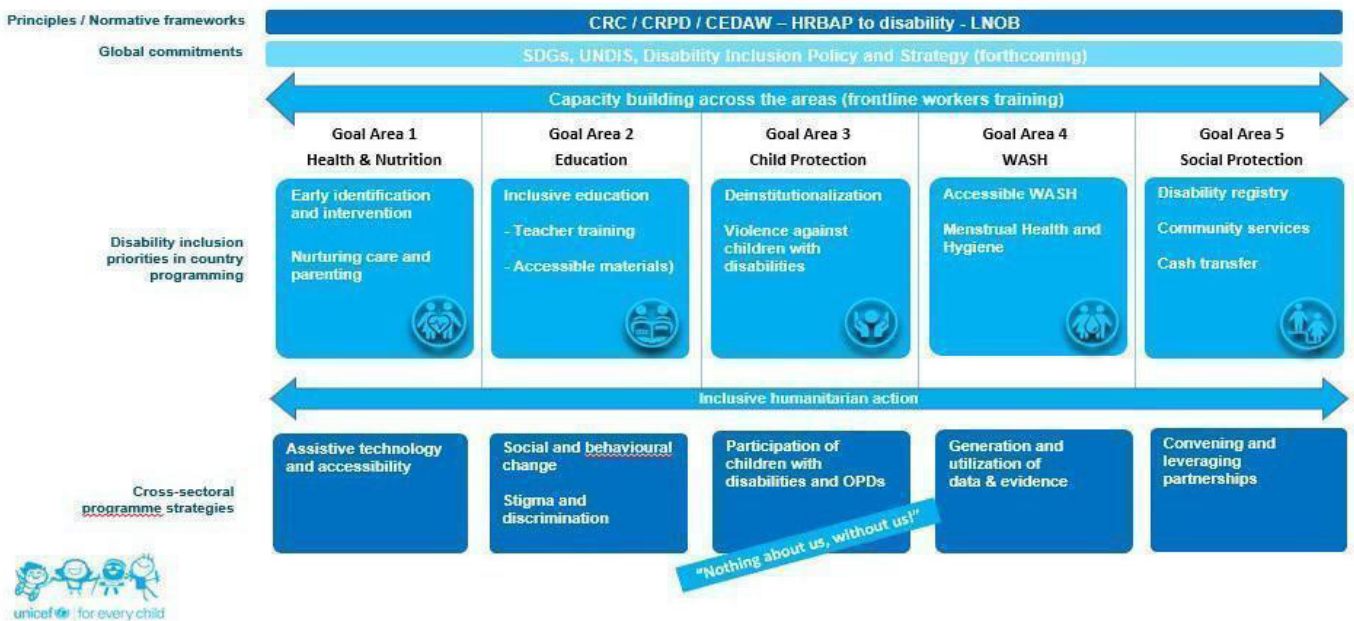
The UNICEF portfolio on children with disabilities follows these main goals: (i) Empower and recognise children with disability as their best advocates, essential to the expansion and sustainability of inclusion; (ii) ensure that they receive the required support across their life courses to live independently and be included in their communities; (iii) ensure that they grow up in enabling environments with access to resources and opportunities to realise their full potential; (iv) ensure that children and persons with disabilities benefit from a full range of UNICEF programmes and organisational investments that embrace inclusivity and diversity.

To advance those goals, the organisation recognises as cross-sectoral strategic priorities (i) the prevention of stigma, discrimination, neglect and violence against children with disabilities and the promotion of diversity and inclusion; (ii) the improvement of disability-inclusive infrastructure, services, programmes and coordination platforms; (iii) access to comprehensive community care and support services; (iv) access to assistive technology and relevant services; (v) disability-inclusive action in humanitarian, emergency and fragile contexts, including in programming and in UNICEF role as a cluster lead agency; and (vi) full and meaningful participation of persons with disabilities.

Across the goal areas of the Strategic Plan 2022-2025, UNICEF supports countries to strengthen

disability-inclusive primary health care and health and nutrition systems and supports inclusive education as the most effective way for all children to go to school, learn and develop the skills they need to thrive. UNICEF supports its partners in ensuring that all children with disabilities realise their fundamental human right to access drinking water and sanitation, as required for their safety, dignity and participation in society. It also supports its partners in making social protection systems and social spending responsive to a disability so that children and their families receive services and support in order to break the link between disability and poverty. The chart below illustrates how UNICEF works on disability inclusion across the five goal areas of its Strategic Plan.

**Chart 1.** Disability inclusion across UNICEF Goal Areas



**Source:** Disability in UNICEF Strategic Plan 2022-2025<sup>45</sup>

Showing significant advances in disability inclusive work, the number of children with disabilities that UNICEF reached with disability inclusive programming increased from 2.2 million in 2020 to 4.8 million in 2021, covering 148 countries.<sup>6</sup> Additionally, UNICEF supports governments to further the rights of children with disabilities through policy, cross-sectoral programming, strengthening data, and advocacy and awareness campaigns. UNICEF upholds the rights of children with disabilities, from promoting their best possible care to supporting their education and participation.

UNICEF works in partnership with governments, national statistical offices, academic institutions, and organisations of persons with disabilities (OPDs) to develop disability measurement, support the collection and dissemination of disaggregated data, advance knowledge management, and invest in global research to inform all relevant stakeholders, including children with disabilities. In recent years, UNICEF has been providing technical assistance to countries through the Child Functioning Module (CFM) launched in 2016 with the Washington Group on Disability Statistics. The use of the module in national surveys is a key milestone and an essential

part of the contribution UNICEF has made to countries in the monitoring of the SDGs for children with disabilities. By 2021, 37 survey reports had been released with data on children collected through the CFM.

UNICEF collaborates with partners to support policy development and procurement strategies to scale up the provision of assistive devices worldwide. Integrating supplies into regular programmes through market-shaping and procurement mechanisms, UNICEF has rapidly scaled up the provision of assistive devices and accessible products in emergency kits, reaching over 152,000 children with disabilities globally in 2020.

In humanitarian contexts, UNICEF works to ensure that children and adolescents with disabilities are represented in humanitarian decision-making and that all crisis-affected children with disabilities have safe access to humanitarian assistance, along with opportunities to participate in emergency response, recovery and rebuilding efforts. The 2021 Global Annual Results Report, Goal Area 5, estimates that, in emergency response contexts, 55 per cent of the UNICEF country offices systematically included children with disabilities in their programming work, an increase from 44 per cent in 2020.<sup>7</sup>

*Children with disabilities are among the most marginalised people in every society.*

*A range of barriers limits their ability to function in daily life, access social services (like education and health care) and engage in their communities. These include:*

- ▶ *Physical barriers – for example, buildings, transportation, toilets and playgrounds that cannot be accessed by wheelchair users*
- ▶ *Communication and information barriers – such as textbooks unavailable in Braille or public health announcements delivered without sign language interpretation*
- ▶ *Attitudinal barriers – like stereotyping, low expectations, pity, condescension, harassment and bullying*
- ▶ *Each of these is rooted in stigma and discrimination that reflect negative perceptions of disability associated with ableism: a system of beliefs, norms and practices that devalues people with disabilities-UNICEF*

**Source:** Children with disabilities | UNICEF. (2022). Retrieved August 22, 2022, from <https://www.unicef.org/disabilities>

Recently, UNICEF gave recognition to disability inclusion as a core strategic area of focus over the next decade. Disability is now a cross-cutting programme in the 2022-2025 UNICEF Strategic Plan, yet despite this institutional commitment, children with disabilities too often remain on the margins of programming across all five Goal Areas of the Strategic Plan. While the factors that contribute to this exclusion are many, stigmatising attitudes, practices, and policies persist in creating barriers to realising the full rights and dignity of children with disabilities. UNICEF uses C4D strategies to challenge the harmful assumptions that lead to disability stigmatisation at various levels. However, the thematic scope of disability inclusion should not be limited to C4D alone.

Further, the United Nations Disability Inclusion Strategy (UNDIS) lays out a clear system-wide framework and accountability mechanisms for UNICEF to ensure disability inclusion. The UNDIS has both a policy and an accountability framework. The policy establishes the highest levels of commitment and a vision for the UN system on disability inclusion for the next decade. The accountability framework establishes clear and achievable objectives against which UN organisations will be held accountable at individual entity and country team levels. The accountability framework consists of four focus areas and 15 indicators.<sup>8</sup> The four core areas are: (i). Leadership, strategic planning, and management, (ii). Inclusiveness, (iii). *Programming* and (iv). Organisational culture.

To guide the organisation's approach to the work on disability in both (i) programmatic sectors/areas and (ii) institutional systems and processes, the UNICEF Disability Section is developing a disability strategy and action plan prepared to guide the 2022-2030 period (DIPAS). This document aims at describing an action plan outlining a disability inclusion priority agenda and a strategic framework for accelerating programming results based on evidence, lessons learned and good practices. The Strategy distinguishes both programmatic approaches and organisational approaches. The Subject of this Evaluation will focus mainly on the programmatic approaches.

## Evaluation Purpose, Scope, Questions, and Intended Use and Users

### Evaluation purpose

There are two purposes for the Evaluation. The first is formative and seeks to better position UNICEF in delivering results for children with disabilities by identifying and filling knowledge gaps by: (1) Identifying the existing barriers and enablers that hinder or enable UNICEF disability inclusive programming to address the needs of children with disabilities; (2) Identifying existing UNICEF disability-inclusive programming approaches and models to reach out (with information and services), to create enabling environments, and to empower children with all types of disabilities. More specifically, identifying what lessons can be learned and what are the innovative approaches can be scaled up or transferred to other contexts, including humanitarian and peace-building contexts. A secondary purpose from the accountability side is to identify what results have been achieved so far, what are the key barriers and enablers UNICEF is facing to deliver and reach out to children with disabilities, and what more can be done to mainstream disability-inclusive approaches to programming.

### Objectives

The Evaluation will pursue the following objectives:

- ▶ To identify how effectively disability inclusion has been implemented over the 2018-2022 period.
- ▶ To identify barriers and enabling factors affecting UNICEF disability-inclusive programming, ensuring the inclusion of children with disabilities in all of UNICEF programmatic work.
- ▶ To assess what results have been achieved so far for children with disabilities
- ▶ To identify effective, innovative, and promising UNICEF disability-inclusive programming approaches ensuring the inclusion of children with disabilities in all its work and addressing the specific needs of children with all types of disabilities.
- ▶ To identify best practices that can be adjusted or transferred across development, humanitarian, contexts.
- ▶ To identify lessons that can be learned from global, regional, and country-level initiatives, as well as from various development and humanitarian contexts

### Evaluand

The Evaluation will focus on UNICEF-supported work on disability inclusion in the context of the CRPD, UNDIS and the (forthcoming) DIPAS. The Evaluation will examine the programmatic approaches and further refine them as necessary during the inception phase.

### Scope

The Evaluation will be global, focusing broadly on disability inclusive programming across UNICEF result areas. Within this framework, the geographic, chronological, and thematic scope will be further refined under the inception phase but are proposed as follows:

- ▶ **Geographic Scope:** Beginning with a global scope, the Evaluation will select two to four countries as the subject of a comparative case study. Some selected countries will demonstrate promising practices toward disability inclusion of Children with disabilities, and others will demonstrate bottlenecks or challenges. The Evaluation will also select up to 10 countries as a desk-based case study to further support the evidence base of the comparative case study approach.
- ▶ **Chronological Scope:** The chronological scope is 2018-2022, with primary focus on the strategic period of the 2022-2025 Strategic Plan, recognizing that this period has just begun (even those from the secondary chronological scope of the 2018-2021 Strategic Plan). Information from before 2018 is acceptable to use if needed.
- ▶ **Thematic Scope:** The Evaluation will consider disability as a Goal Area 5 programme result within the 2018- 2021 Strategic Plan period and, mindful of the recent changes, a cross-cutting priority within the 2022-2025 Strategic Plan period. The forward-looking approach to this Evaluation aims at assessing UNICEF disability-inclusive work across all programmatic sectors of the organisation, both in development and humanitarian contexts. The overarching theme of the Evaluation aims at identifying the vertical and horizontal factors that eliminate (or contribute to) stigma and invisibility and create enabling environments to support children with disability to reach their full potential and maximise well-being.

## Evaluation questions

The main objective of this Evaluation is to understand how UNICEF is addressing disability inclusion in programming, both in developmental and humanitarian contexts. Additionally, the Evaluation aims at assessing barriers and enabling factors (strategic, technical, and operational) affecting the organisation's ability to deliver disability-inclusive

programming and the UNICEF contribution to results for children with all types of disabilities. This exercise aims at identifying lessons learned and best practices on disability-inclusive approaches used at all levels of the organisation. To this end, the proposed key questions for the Evaluation to meet this objective are listed in Table 1 below.<sup>46</sup>

**Table 14.** Proposed evaluation questions

CORE AREA / OBJECTIVE	KEY EVALUATION QUESTIONS	POTENTIAL SUB-EVALUATION QUESTION*
<p><b>Desk Review phase</b></p> <p>To identify the barriers and enabling factors affecting UNICEF inclusive programming.</p>	<p>What are the factors contributing to or hindering the success of disability-inclusive programming and the implementation of such plans?</p>	<ul style="list-style-type: none"> <li>▶ What are the comparative advantages and possible bottlenecks faced by UNICEF in promoting and integrating disability-inclusive approaches to programming?</li> <li>▶ What are the most prominent strategic, technical, and operational factors contributing to and hindering UNICEF ability to realise disability-inclusive programming at all levels of the organisation fully?</li> <li>▶ What are the determinants of inclusive programming addressing stigmatisation, invisibility and accessibility?</li> </ul>
<p><b>Relevance/Coherence</b></p> <p>To map UNICEF disability-inclusive programming approaches to ensure the inclusion of children with disabilities in all its work and to address the needs of children with disabilities.</p>	<p>Which UNICEF disability-inclusive programming approaches are the most effective and promising to ensure the inclusion of children with disabilities in all its work and to specifically address the needs of children with all types of disabilities?</p>	<ul style="list-style-type: none"> <li>▶ To what extent is UNICEF promoting and integrating disability-inclusive approaches to all relevant programming areas, including cross-sectoral programmatic areas?</li> <li>▶ Have the disability cross-sectoral strategic priorities been well defined and operationalised with an evidence-based approach?</li> <li>▶ To what extent are UNICEF existing strategies and tools supporting or have contributed to advancing and mainstreaming disability inclusion in the organisation's programmatic work?</li> <li>▶ Has the disability-inclusive programmatic work been operationalised and planned to ensure the inclusion of children with disabilities in all its work and to achieve targeted results and outcomes for children with all types of disabilities?</li> <li>▶ To what extent are the organisation's disability inclusive strategy and operational plan conducive to greater synergies across all sectoral areas?</li> <li>▶ To what extent is the support provided for children with disabilities coherent with national and subnational context and priorities?</li> <li>▶ Have contradictions with other interventions and policies prevented the implementation and achievement of the development objectives, or are policies mutually reinforcing?</li> </ul>

<p><b>Effectiveness/ result achievement</b></p> <p>To assess the organisation's contribution to results for children with all types of disabilities</p>	<p>To what extent has UNICEF-supported disability-inclusive interventions and programmatic work contributed to the achievement of targeted results and outcomes for children with all types of disabilities?</p>	<ul style="list-style-type: none"> <li>▶ To what extent was UNICEF disability-inclusive programming able to effectively address the issues of stigmatisation, invisibility, and access?</li> <li>▶ To what extent is the organisation's disability inclusive strategy leading to greater multi-sectoral contributions to support the needs of children with all types of disabilities?</li> </ul>
<p><b>Lessons learned</b></p> <p>To identify lessons learned as well as the effective, promising, and innovative implementations used to ensure the inclusion of children with disabilities in all its work and to address the needs of children with disabilities.</p>	<p>What lessons can be learned from UNICEF work in supporting effective, innovative disability-inclusive programming?</p>	<ul style="list-style-type: none"> <li>▶ Which disability-inclusive programming approaches are the most effective, innovative, or best practices to ensure the inclusion of children with disabilities in all its work and to specifically address the needs of children with all types of disabilities? Are these approaches sustainable, and might they have the potential to be upscaled?</li> </ul>

## Evaluative criteria

Because of its specific aims, the Evaluation will assess UNICEF disability inclusion interventions against the following Organisation for Economic Cooperation and Development (OECD) and other evaluative criteria: relevance, coherence, effectiveness, and lessons learned.

- ▶ **Relevance:** Is the intervention doing the right thing? The extent to which the objectives and design of the intervention respond to beneficiaries' global, country and partner/institution needs, policies and priorities and continue to do so if circumstances change.
- ▶ **Coherence:** How well does the intervention fit? The extent to which other interventions (particularly policies) support or undermine the intervention and vice versa. This includes internal coherence and external coherence.
- ▶ **Effectiveness:** Is the intervention achieving its objectives? The extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups
- ▶ **Lessons learned:** Translate past experience into relevant information/knowledge for better decision-making and thus contribute to improved program or project performance, outcome, or impact. See, for further reference ILO: Lessons Learned: Utilising lessons learned from ILO project evaluations in policy decision-making: International Labour Office Evaluation Unit March 2012.

## Intended use and users

The intended use of this Evaluation is to identify and adopt policies, processes, and programming that promote disability inclusion and therefore enable a rights-based approach at the country, region, and headquarters levels of UNICEF. While the primary and secondary users of this Evaluation include UNICEF personnel, donors, and national governments, its primary stakeholders are children and adolescents with disabilities, their families, and Organizations of Persons with Disabilities (OPDs). The evaluation team and UNICEF personnel are ultimately accountable to these primary stakeholders.

The evaluation team bears a duty to uphold the rights of these stakeholders and involve them as partners rather than subjects in the evaluation activities. Further, the evaluation team must demonstrate awareness of how the intersection of multiple characteristics, such as gender, socioeconomic status, rural vs urban population, and racial, ethnic and/or national identities, may impact rights-based approaches to disability inclusion. The evaluation team should clearly define how they will engage children and adolescents with disabilities, their families, and OPDs, including those with the characteristics named, in all stages of the Evaluation.

- ▶ **Primary Users:** UNICEF personnel in the Evaluation Office, the Disability Team, programmatic sectors, Human Resources Management, and leadership at headquarters, regional, and country office levels are the primary users of this Evaluation.

- ▶ **Secondary Users:** Donors, national governments, other UN agencies, and external partners (including OPDs) are the secondary users of this Evaluation.

## Evaluation Approach and Methodology

### Approach

The Evaluation will adopt a phased approach, for which the first phase, a research phase, will be to further identify and understand the UNICEF approach to working with children with disabilities. This phase will not only examine the different models of intervention but also explore the determinant factors affecting UNICEF performance. This will not be limited to but will include, at minimum, the factors identified in the scoping phase, such as the role and impact of *Stigmatisation*, *invisibility* and *accessibility* that affects children with disabilities.

Indeed, stigmatisation, which is a social act of degrading a population within a society because of features, was commonly identified as a reason why children with disabilities face exclusion in the scoping exercise for this Evaluation. Stigmatisation may lead to either discriminatory practice (i.e., exclusion based on a particular characteristic) or differential treatment in relation to human rights (i.e., human rights are not upheld for individuals with disabilities in the same way they are for others identified as non-disabled).

Furthermore, Invisibilisation is also an important factor affecting children with disabilities. Indeed, children and adolescents with disabilities may not be considered at all in national policies and, thus, UNICEF programmes, which exacerbates exclusion and vulnerability. Invisibilisation, for example, might occur in humanitarian crises when the needs of children with disabilities are overlooked. Invisibilisation may also occur in UNICEF programming at times when children with disabilities are not considered in national programming decisions, or data on outcomes of programmes, do not identify outcomes of programmes for children with disabilities.

Another factor affecting children with disabilities is accessibility. Children and adolescents experience disproportionate barriers to employment, education, healthcare, social services, and social protection. Because of a lack of access to valuable services and often a lack of professionals with disability-specific training or orientation, children and adolescents may face additional risks from climate degradation, urbanisation, conflict, forced migration, and access

to nutritional diets and WASH services. Accessibility barriers were also exacerbated during the COVID-19 pandemic.

In sum, the three main barriers and challenges related to disability inclusion mentioned above will be at the centre of the research phase and explore how they affect both UNICEF and development partners' programs and strategies.

A second phase, informed by the first phase, will be the field visit phase, in which the Evaluation will focus on UNICEF and government partner performance in addressing the challenges faced by children with disabilities. A comparative case study approach is envisioned, where up to 4 in-depth cases will be selected (country and/or thematic), and up to 10 desk-based case study countries will also be selected but feeding directly into the comparative analysis for the synthesis study.

### Methodology

The Evaluation should use a mixed-methods approach to answer the evaluation questions. The qualitative methodology should include desk review and key informant interviews, while the quantitative methodology should include analysis of survey data and administrative data, as necessary. Each of these methods is summarised below and will be subject to an inception phase in which the final agreed approach will be described in the inception report:

- ▶ **Desk review:** The evaluation team will conduct a desk review of UNICEF documents, such as strategic plans, policies, and reports, with a lens of disability inclusion, and drawing especially from UNICEF Innocenti's Evidence and Gap Map (EGM) as necessary. In conjunction with the key informant interviews, the desk review will contribute to addressing the issues identified in the research phase and answering the questions. After this preliminary desk review is completed, the evaluation team could conduct another review of UNICEF reports, communications products used for the public, and programme guidelines, policies, and interventions using the indicators developed.
- ▶ **Key informant interviews:** The evaluation team will interview UNICEF staff from the Disability Team and development partners, including Children with Disabilities, as needed and to be decided at the inception phase. KII questions should be developed by the evaluation team and grounded in the normative framework of the Convention on the Rights of Persons with Disabilities (CRPD), the

Convention on the Rights of the Child (CRC), and other relevant UN instruments.

- ▶ **Data analysis, summarising and display:** The bulk of the data collected will be qualitative, generated from the document review and key informant interviews. As such, the main data analysis approach will be document analysis, also known as extant data analysis, often used in organisational performance assessments. Standard qualitative data analysis techniques of thematising, clustering and, in some cases, comparing and contrasting responses to the same questions<sup>10</sup> will be employed. For secondary data analysis on *indicators of disability inclusion* and normative questions, descriptive statistics will be generated from ratings. Comparisons between groups of stakeholders, as well as significance testing where feasible, should be undertaken. The type of analysis will depend on the type of data that is and will be made available for the Evaluation.

## Deliverables

The evaluation team is responsible for submitting the following deliverables:

- ▶ **Inception report:** The inception report should include a comprehensive background on the selected inclusive approaches; a finalised purpose, objective and scope; draft ToC for each inclusive intervention with UNICEF inputs; finalised evaluation questions; an evaluation matrix (including indicators through which the criteria will be assessed); a final list of data sources to be used; the methodology; finalised sampling strategy, data analysis plan and final data collection instruments and timelines for deliverables. A draft inception report should be shared with the reference group, after which the evaluation team should incorporate the received feedback and finalise the inception report. Following its finalisation, the evaluation team should field-test the data collection instruments in the first country and incorporate feedback in the final instruments, after which roll-out in the other countries should start. Excluding annexes, the report should be concise and not be longer than 40 pages.
- ▶ **Main Synthesis evaluation report:** The synthesis evaluation report is the main deliverable of the Evaluation and should synthesise findings and conclusions against each of the evaluation questions and recommendations across evaluated inclusive interventions and approaches and countries. The report should be in line with UNICEF-adapted UNEG Evaluation Report Standards. The report should contain an executive summary of the maximum of five pages, a description of the programmes evaluated, the objectives, methodology, main findings, conclusions and recommendations of the evaluation. Excluding annexes and the executive summary, the report should not be longer than 60 pages, excluding annexes and will be submitted to the reference group for comments which are expected to be fully addressed.
- ▶ **Country Evaluation Reports (4):** Country Evaluation reports should complement the synthesis evaluation report. The reports should provide a high-level overview of the inclusive intervention/approach evaluated in the country and the scope of fieldwork and then focus on the findings, conclusions and recommendations based on the analysis of this particular inclusive approach. Excluding annexes, each country evaluation report should not be longer than 30 pages.
- ▶ **Validation workshop:** Prior to the finalisation of the summary report, the evaluation team needs to conduct a validation workshop to collect views on the findings from the Evaluation Office and the Reference Group. Given the recommendations are from the Evaluation Office, the validation workshop will also discuss the draft recommendations, following a co-generation process, while maintaining the independence of the Evaluation team and under the leadership and ownership of the Evaluation Office. In addition, staff from UNICEF offices not visited during the assignment may be invited to participate in some sessions of the workshop, serving to corroborate the findings with experiences from other countries, further triangulating the conclusions and recommendations. The workshop is to be organised after the submission of the first draft summary report.
- ▶ **Datasets** The evaluation team should make available all data that has been collected, not limited to but including from survey, focus group and KII.

All minutes and reports will be in Microsoft Office Word format, while all presentations will be in Microsoft Office PowerPoint. No PDF or hard copy will be submitted by the evaluation team. The use of reader-friendly techniques such as bullet points, tables, graphs, photos, videos embedded in presentations and reports, and other visualisation methods is encouraged. All data collected,

documentation gathered, pictures/videos taken, and analyses produced for the Evaluation are to be made available to UNICEF in the appropriate format. Graphs and maps must be in editable format for layout purposes. The use of annexes is required for the evaluation tools, for all secondary information that is not directly related to the evaluation findings, as well as for any long technical documentation intended for a specific audience. PowerPoint presentations must include notes below each slide to make them easy to understand for people who could not attend the meeting.

All documentation must be in professional-level standard English and in compliance with UNICEF Style Book 2015 and UNICEF Brand Toolkit 2012. All key deliverables (including draft versions submitted to UNICEF) must be language-edited by a native speaker and a good writer. All key deliverables will be made available on the UNICEF public website and widely disseminated to all target audiences. The final evaluation report will be copy-edited by a professional service provider contracted by the Evaluation Office. See further below for more information on quality assurance requirements and processes for Evaluation in UNICEF.

## Risk Management and Ethical Issues

**Availability of information:** While there is systematic information on global initiatives and UNICEF priorities and programs focused on children with disabilities, the most critical risk is that programming elements may still be incomplete and not available in the Annual Reports (COARs), UNDIS reports, or that implementation of activities associated with the 2022-2025 Strategic Plan may not have generated enough information to undertake a meaningful assessment and/or critique at the country level. An effort should be made by UNICEF (Evaluation Office and Reference Group) to ensure that the Evaluation team gets as complete a picture as possible of the implementation status of current activities that contribute to disability inclusion at UNICEF.

The Evaluation team should seek information from different sources than children as much as necessary and use proxy data as much as possible. If no possible or desirable children might be consulted, and protocol duly submitted for ethical review and approval. This should be clarified during the inception phase. Also, ethical clearance will be sought as deemed necessary. However, consultants are invited to identify anticipated ethical issues throughout the

evaluation project and the measures and methods adopted to mitigate them.

The Evaluation will be conducted in accordance with UNICEF and UNEG ethics guidelines. It will not require an independent ethical review. Relevant guidance from the United Nations Evaluation Group (UNEG) and UNICEF are available online: UNEG Ethical Guidelines for Evaluations, UNEG Code of Conduct for Evaluation in the UN System, and the UNICEF Procedure for Ethical Standards in Research. Consultants will also be asked to sign some individual statements/commitments on ethical standards for evaluations and on child protection and prevention of sexual exploitation and abuse.

## UNICEF quality assurance standards and processes for evaluations

The Evaluation Office will provide quality assurance on all assessment tools and documents based on the UNEG' and UNICEF norms, standards, processes and tools. The consultant will be familiarised with these and is expected to observe them during the entire evaluation process.

Once approved, the final evaluation report will be submitted to UNICEF Global Evaluation Reports Oversight System (GEROS) for an independent quality review. The report and the review will be made available on the UNICEF Internet website in compliance with the commitment to transparency of evaluation findings.

## Timeframe and Deliverables

The Evaluation timeframe will be 10 months, beginning in February 2023 and ending in December 2023.<sup>47</sup> The work plan phases are summarised in the table below.

**Table 15.** Evaluation tasks and timeframe<sup>48</sup>

Phases	Deliverables	Time Frame/ division of labour
Recruitment of evaluation team Senior Evaluators (Evaluators 1 and 3) Junior Evaluators (Evaluators 2a and 2b)	Contract to execute the formative Evaluation issued to every; team member onboarded	December 2022
<p>Inception phase</p> <ul style="list-style-type: none"> <li>▶ Search and compilation of documents</li> <li>▶ Preliminary review of UNICEF planning documents</li> <li>▶ Refining/confirming the formative evaluation approach and methodology, including stakeholder analysis</li> <li>▶ Developing Instruments for the Evaluation</li> <li>▶ Compilation of the inception report</li> <li>▶ Briefing and planning meetings with Evaluation Office, Disability Team</li> <li>▶ Presentation to reference group meeting</li> </ul>	Deliverable 1: Final draft of inception report	March 2023
<p>Desk review and analysis phase</p> <ul style="list-style-type: none"> <li>▶ Compilation of documents (continued)</li> <li>▶ In-depth review of the literature and UNICEF planning documents</li> <li>▶ Stakeholder analysis executed and finalised.</li> <li>▶ Interviews with UNICEF leadership, and disabilities technical teams at all levels</li> <li>▶ Compilation of desk review report</li> </ul>	<p>Deliverable 2: Desk review and analysis report (also zero draft of the evaluation report)</p> <ul style="list-style-type: none"> <li>▶ Literature review chapter</li> <li>▶ Preliminary findings for descriptive questions</li> <li>▶ Evaluation instruments piloted and validated</li> </ul>	June – August 2023
<p>Field-based data collection phase</p> <ul style="list-style-type: none"> <li>▶ Interviews with UNICEF and non-UNICEF key informants in the field</li> <li>▶ Country office debrief.</li> <li>▶ Compilation of findings and conclusions</li> </ul>	Data collection reports	August – November 2023
<p>Reporting and validation of findings phase</p> <ul style="list-style-type: none"> <li>▶ Stakeholder workshop to validate evaluation findings.</li> <li>▶ Prepare inputs into the final draft report.</li> <li>▶ Compilation of the final draft report and recommendations</li> <li>▶ Presentation to reference group meeting</li> </ul>	Deliverable 3: first draft of the final report	November 2023
<p>Presentation and dissemination of the final report phase</p> <ul style="list-style-type: none"> <li>▶ Revision of the report to incorporate reference group comments.</li> <li>▶ Facilitation of dissemination webinar</li> </ul>	Deliverable 4: Final evaluation report and PowerPoint presentation,	December 2023



## List of Persons Interviewed

### Headquarters

1. Ahmed Ghanem – Disability Section, Programme Specialist, UNICEF
2. Alessandra Ipince – Knowledge Management Specialist, Innocenti, UNICEF
3. Alexandre Cote - Social Policy Specialist, Disability Focal Point, UNICEF
4. Anna Burlyaeva - Programme Specialist Children with Disabilities, UNICEF
5. Aniruddha Kulkarni - Child Protection Specialist, Disability Focal Point, UNICEF
6. Asma Maladwala – Education Specialist, Disability Focal Point, UNICEF
7. Bisi Agberemi - WASH Specialist, Disability Focal Point, UNICEF
8. Chemba Raghavan - Senior Adviser Early Childhood Development, UNICEF
9. Claudia Cappa - Senior Adviser Statistics and Monitoring, DAPM, UNICEF
10. Fabio Friscia - Adolescent Development Manager, UNICEF
11. Fernando Botelho - Programme Specialist for Assistive Technology, UNICEF
12. Gavin Adam Wood –Research Manager Knowledge Management, Innocenti, UNICEF
13. Geetanjali Narayan - Principal Advisor on Organizational Culture, UNICEF
14. George Laryea-Adjei - Director of Programming, Programme Group Leadership Team, UNICEF
15. Gopal Mitra - Chief Disability Section, UNICEF
16. Grainne Mairead Moloney - Senior Adviser Nutrition, Nutrition and Child Development Section, UNICEF
17. James Powell - Senior Advisor Innovation Portfolio, Culture and Scale, UNICEF
18. Jasmina Acimovic – Disability Section, Programme Specialist, UNICEF
19. Julie De Barbeyrac - Consultant, Education Secretariat, UNICEF
20. Kristin Lange - Disability Section, Programme Specialist O/P Geneva, UNICEF
21. Lucy Marie Richardson – Consultant – Disability Inclusion in Child Protection, UNICEF

22. Natalia Mufel – Disability Section, Programme Specialist, UNICEF
23. Pernille Ironside - Deputy Director Programme Effectiveness, UNICEF
24. Prakash Vaidyanathan - Deputy Director Digital Core Solutions, UNICEF
25. Rania Elessawi - Partnerships Specialist Social and Behaviour Change, Disability Focal Point, UNICEF
26. Raoul Bermejo - Health Specialist, PG Health, UNICEF
27. Ronen Rapoport - Business Analyst Digital HQ, UNICEF
28. Rosanne Wong - Gender, Planning & Programme Specialist, UNICEF
29. Rosangela Berman Bieler – former Disability Section Global Lead, UNICEF
30. Sreerupa Mitra - Project Manager, Culture and Diversity Team - Office of Executive Director, UNICEF
31. Victor Arita - Monitoring and Evaluation Officer, Culture and Diversity Team - Office of Executive Director, UNICEF

## Regional Offices

### EAPRO

32. Lieve Sabbe - Programme Specialist, Regional Disability Focal Point, UNICEF

### ECARO

33. Nora Shabani – Education Specialist, Regional Disability Focal Point, UNICEF

### ESARO

34. Kristel Juriloo – Children with Disabilities Programme Officer, UNICEF
35. Yetneberesh Nigussie Molla – Children with Disabilities Programme Specialist, Regional Disability Focal Point, UNICEF

### LACRO

36. Cynthia Brizuela - Education Specialist, Regional Disability Focal Point, UNICEF
37. Tania Gonzalez Veiga - Education Specialist, UNICEF

### MENARO

38. Aferdita Spahiu – Education Specialist, Regional Disability Focal Point, UNICEF

### ROSA

39. Vivekkumar Singh - Regional Disability Inclusion Consultant, UNICEF

### WCARO

40. Evgenia Tzeni Dalalaki – HR Learning & Development Manager, UNICEF
41. Ikuko Shimizu- Education Specialist, Disability Focal Point, UNICEF

## Country Offices Armenia

42. Alvard Poghosyan - Education Specialist, UNICEF
43. Silvia Mestroni - Deputy Representative, UNICEF
44. Maya Simonyan - ECD Specialist, UNICEF

## Bangladesh

45. Bharat Gautam - Research & Evaluation Manager Programme - SPEAR
46. Jamila Akhter - Child Protection Specialist, and Disability Focal Point for Child Protection, UNICEF
47. Jiwon Park - UNV Health Officer, and Disability Focal Point for Health, UNICEF
48. Laila Farhana Apanan Banu - Education Specialist, and Disability Focal Point for Education, UNICEF
49. Mahboob E Alam - Statistics & Monitoring Specialist Programme - SPEAR
50. Mohammad Zahidul Kabir - Children with Disability Coordinator, UNICEF
51. Nusrat Shabnam Turna - Communication Officer and Disability Focal Point for Communication, UNICEF
52. Veera Mendonca – former Deputy Representative, UNICEF

## Bhutan

53. Bishnu Misra, Education Specialist, UNICEF

## Cabo Verde

54. Ana Cristina Pires Ferreira, UNICEF
55. Carlos Brito, UNICEF

## Ghana

56. Agnes Arthur - Education Specialist and Disability Focal Point, UNICEF
57. Auberon Jeleel Odoom - Executive Director, Inclusion Ghana
58. Elias Richmond - M&E Officer Ghana Federation of the Disabled (GFOD)\*
59. Emily Sheldon - Executive Director, Africa Health Innovation Centre
60. Esther Njemfie - CEO, National Council of Persons with Disabilities (NCPD)\*
61. Eulette Ewart - Chief, Advocacy and Communications, UNICEF
62. Faustina Apeani - Administrative Assistant, Ghana Federation of the Disabled (GFOD)\*
63. Felix Oesapo - Chief, Health, UNICEF
64. Fiachra McAsey - Deputy Representative, UNICEF
65. Helena Mensah- Unit Director, Ghana Education Service
66. Ishmail Okenya - Monitoring and Evaluation Officer, NCPD\*
67. Jevais Abalo - Nutrition Officer, UNICEF
68. Kingsley Boachie - Research Officer, Ghana Education Service
69. Laurence Sarpong - Deputy Registrar, National Teacher Registry
70. Michael Blankson - Evaluation Officer, Africa Health Innovation Centre
71. Michelle Seyram Tsagli, M&E Officer, UNICEF
72. Nana Akua Anyidoho - Director, Social Policy Research Centre, University of Ghana
73. Nirav Nitin Shah - Manager, PM&E, UNICEF
74. Ms. Nora - Assistant, Ghana Federation of the Disabled (GFOD)\*
75. Nkechi Okoo - Researcher (Economist), University of Ghana
76. Osama Makkawi Khogali - Representative, UNICEF
77. Pauliina Mulhovo (Sarvilahti) - Chief, Social Policy, UNICEF
78. Peter Akomoadian - Executive Director, Ghana Federation of the Disabled (GFOD)\*
79. Rhoda Enchil - Education Specialist, UNICEF
80. Mr. Robert - Education for Visually Impaired Specialist, Ghana Education Service
81. Rose Ofosonye - National Coordinator for Inclusion, Ghana Education Service
82. Young Joo Lee - Child Protection Specialist, UNICEF

## Jamaica

83. Andre Miller - Social Policy Lead, UNICEF
84. Judene Edwards - Operations Manager, UNICEF
85. Doneth Edmunson - M&E Lead, UNICEF

## Lebanon

86. Amar Bayen - Monitoring and Evaluation, Makhani
87. Amer Makarem - Youth Association for the Blind\*
88. Antonio Franco Garcia - Social Policy Manager, UNICEF
89. Asma - Parent, FISTA
90. Assam Sharif - Co-founder, Lebanon Organization for Studies and Training (LOST)
91. Bahia - Parent, FISTA
92. Child with disability #1 (name redacted), FISTA
93. Child with disability #2 (name redacted), FISTA
94. Danielle Daccache - Senior Human Resources Associate, UNICEF
95. Diala Kachtech - Social and Behavioural Change Head, UNICEF
96. Edouard Beigbeder - Representative, UNICEF
97. Elie Farah - Social Protection, UNICEF
98. Esther Kamara - Joseph P. Kennedy, Jr. Foundation International Policy Fellow, UNICEF
99. Fadia - Association for Self-Advocate\*
100. Fahdya - Parent, SKILD
101. Fouzia - Parent, SKILD
102. Hala Moussa - Inclusion Officer, LOST
103. Helir - Social Protection, UNICEF
104. Hiba Shaaban - Chief, Education Section UNICEF

- 105. Hiba Taha – Programme Officer Social Protection, UNICEF
- 106. Hilda Khoury -Head of DOBS, MEHE
- 107. Hoda - Parent, FISTA
- 108. Hussein Yazbeck - Center Manager, Makhani
- 109. Ibrahim - Lebanon Federation for the Blind\*
- 110. Imad Achkar -Director General, Ministry of Education and Higher Education (MEHE)
- 111. Jamil El Khoury - PM&E Chief, UNICEF
- 112. Jani Safi - Special Educator and Project Coordinator, SKILD
- 113. Jaqueline - Parent, SKILD
- 114. Line Sayed - Programme Assistant (Social Assistance) UNICEF
- 115. Manal - Parent, FISTA
- 116. May Abi Samra - Gender Equity Specialist, UNICEF
- 117. Miriam - Parent, SKILD
- 118. Moussa Charaffedine- Lebanon Federation of the Disabled and Learning Center of the Deaf\*
- 119. Muthaina - Parent, FISTA
- 120. Nadine Ismail - Learning Center for the Deaf\*
- 121. Nisreen - Parent, FISTA
- 122. Raeda - Parent, SKILD
- 123. Rania Fares - Director, Rights and Advocacy Center, Ministry of Social Affairs
- 124. GTfaily - Lebanon Union for the Physically Disabled (LUPD)\*
- 125. Site Coordinator, FISTA
- 126. Site Coordinator, FISTA
- 127. Tatyana Salloum- National Consultant for Inclusive Education, MEHE
- 128. Yasmin Ibrahim - Social Protection, UNICEF
- 129. Youth #1 (name redacted) - NDA Beneficiary
- 130. Youth #2 (name redacted) - NDA Beneficiary
- 131. Zenab - Parent, SKILD

## Malaysia

- 132. Amarpreet Kaur - Knowledge Management Officer, UNICEF
- 133. Azlina Kamal - Education Specialist, UNICEF
- 134. Kwai Yan Lee - Planning, Monitoring & Evaluation Officer, UNICEF
- 135. Monisha Priyaa Balasufmaniam - Programme Officer, Disability Focal Point
- 136. Tiffany Mervin - Corporate Alliances Officer, UNICEF
- 137. Zoe Elizabeth Hua Eng Gan - Programme Specialist, Disability Focal Point

## Montenegro

- 138. Nela Krnie - Monitoring & Evaluation Specialist, UNICEF
- 139. Maja Kovacevic - Education Officer, UNICEF

## Mozambique

- 140. Baisamo Juaia – Nampula Chief Field Office, UNICEF
- 141. Celine Sieu - Evaluation Specialist, UNICEF
- 142. Claudio Favvrelle - Communication Officer, UNICEF
- 143. Dezi Cornelia Mahotas – Beira Chief Field Office, UNICEF
- 144. Juliet Muzondo – Programme Specialist, Disability Focal Point, UNICEF
- 145. Meri Poghosyan – Former Disability Focal Point, UNICEF
- 146. Yannick Brand - Deputy Representative, UNICEF

## Palestine

- 147. Iain Murray - Chief Planning, Monitoring & Evaluation, UNICEF (introductory meeting only)
- 148. Shereen Obaid – M&E Officer, UNICEF (introductory meeting only)

## Paraguay

- 149.** Alva Martinez - Director of Support for Students with Disabilities, Ministry of Education
- 150.** Ana Kucia - Coordinator, Vamos a Escuela program, Fundacion Alda
- 151.** Andres Ossorio - PM&E Officer, UNICEF
- 152.** Cesar Martinez - Vice Minister for Culture
- 153.** Sonia Dias - Human Rights Officer, Miniserio Culto
- 154.** Marta Villejos - Founder, Proyecto AGORA
- 155.** Child with Disability #1, student at UNICEF-supported school
- 156.** Child with Disability #2, youth who participated in UNICEF programming
- 157.** Claudia Pocheko - Education Officer, UNICEF
- 158.** Debora Godoy David - Head of Planning, Inclusive Education Unit, Ministry of Education
- 159.** Marià Isabel Roa - Assessor of General Education, Ministry of Education
- 160.** Ms. Lupe - Early Childhood Education Coordinator, Fundacion Alda
- 161.** Mari Gomez - Operations Manager, Paraguay Educa
- 162.** Maria Roblledo Verna - Social Policy Officer, UNICEF
- 163.** Maria Pozzo - Architect, consultant
- 164.** Melissa Diaz - Human Rights Director, Ministerio da Cultura
- 165.** Jody Ledesma - Executive Director, SENADIS
- 166.** Communications Officer, SENADIS
- 167.** Karimi Yaluff - Founder, First Step Foundation
- 168.** Roberto Galeano Monti - Executive Director, Fundacion Alda
- 169.** Outreach Coordinator, Federacion Juntos por Inclusion\*
- 170.** Sonia Carismo - Executive Director, Federacion Juntos por Inclusion\*
- 171.** Tatiana Conovas - Founder, Esperanza por Autismo\*
- 172.** Marta Flores - Founder, Fundacion Solidaridad\*
- 173.** Marcelo Goiburu - Director, Fundacion de Surdos\*
- 174.** Former Project Coordinator, Accessible Textbooks, Paraguay Educa
- 175.** Current Project Coordinator, Accessible Textbooks, Paraguay Educa
- 176.** Nila Gare - Technical Expert for the Production of Accessible Materials, Ministry of Education
- 177.** Patricia Alejandra Misiego - Early Childhood Development Officer, UNICEF
- 178.** Teofilo Urbieta - Volunteer, Public Policy Promotion, Parigual\*
- 179.** Vivana Limpas - Deputy Representative, UNICEF

## Timor-Leste

- 180.** Ainhoa Jaureguibeitia - Deputy Representative, UNICEF
- 181.** Ameena Mohamed Didi - Chief of Education, Disability Focal Point, UNICEF
- 182.** Apolonia Barreto - WASH Officer, UNICEF
- 183.** Domingos da Costa Sousa - Child Protection Specialist, UNICEF
- 184.** João Da Costa - Social Policy Officer, UNICEF
- 185.** Paulina Ari Setyawati Fernandes - M&E Officer, UNICEF
- 186.** Soumen Ray - Chief of PME & Social Policy, UNICEF
- 187.** Tapuwa Mutseyekwa - Advocacy and Communications Specialist, UNICEF
- 188.** Vicente Lopes - Education Officer, UNICEF

## Zimbabwe

- 189.** Adam Mukushi - JF Kapnek Trust
- 190.** Alex Adjagba - Chief, Health and Nutrition, IOC for Deputy Representative, UNICEF
- 191.** Alexandra Makaroff - Resource Mobilization, UNICEF
- 192.** Alfred Magudhu - Operations Manager, UNICEF
- 193.** Allet Sibanda - Child Protection, UNICEF
- 194.** Andrew Kardan - Social Protection, UNICEF

- 195.** Berlinda Nyanga - Insiza\*
- 196.** Boniface Nzara - WASH, UNICEF
- 197.** Bridget Dhaura - Mpilo Hospital
- 198.** Cindy Kushner-Mancebo - WASH, UNICEF
- 199.** Christine Peta - Director of Disability Affairs
- 200.** Daouda Diop - Deputy Representative (Operations), UNICEF
- 201.** Daisy Duru-Iheoma - Programme Planning & Monitoring, UNICEF
- 202.** Fortune Muparadzi - Resource Mobilization, UNICEF
- 203.** Hope Lunira - Apostolic Women Empowerment
- 204.** Ignatius Murambidzi - ZIMNAMH\*
- 205.** Jacqueline Kabambe - HADAP\*
- 206.** Joyce Matara - NASCOH\*
- 207.** Kenae Ramodimoosi - Operations Manager, UNICEF
- 208.** Kudzai Mukudoka - Nutrition Specialist, UNICEF
- 209.** Leona Mavudzi - Programme Planning & Monitoring, UNICEF
- 210.** Leonard Marange - FODPZ
- 211.** Lister Gutsire - Youth Advocate
- 212.** Luta Arifonzo - Operations Manager, UNICEF
- 213.** Masimba Kuchera - NASCOH\*
- 214.** Masimba Nyamucheta - HADAP\*
- 215.** Maxwell Rafomoyo - Education Specialist, UNICEF
- 216.** Ms. Memory - UNESCO, UNPRPD
- 217.** Ministry of Education Team
- 218.** Moreblessing Munyaka - Programme Planning & Monitoring, UNICEF
- 219.** Muchanyara Jarawaza - WASH, UNICEF
- 220.** Nyasha Mayanga - Child Protection, UNICEF
- 221.** Odrie Ziro - WHO
- 222.** Pepukai Chivore - Social Protection, UNICEF
- 223.** Peter Chinamora - Save the Children
- 224.** Pierre Ferry - Child Protection, UNICEF
- 225.** Precious Babbage - Gender and Child Rights Specialist, UNICEF
- 226.** Regis Manjoro - Zimbabwe Parents of Handicapped Children Association
- 227.** Rufaro Magadza - Youth Advocate
- 228.** Simbarashe Mambende - Operations Manager, UNICEF
- 229.** Tajudeen Oyewale - Representative, UNICEF
- 230.** Tanya Zebroff - FCDO\*
- 231.** Theresa Makwara - Zimbabwe Parents of Handicapped Children Association\*\*
- 232.** Terence Chanakira - WASH, UNICEF
- 233.** Tirivavi - Deputy Director/Commissioner of Refugees, Government of Zimbabwe
- 234.** Titus Moetsabi - Social Behaviour Change Specialist, UNICEF
- 235.** Washington Madzinga - Insiza
- 236.** Yongshan He - Child Protection, UNICEF
- FGD Parents of children with disabilities, ZPHCA, Harare (12 participants)
- FGD Children with disabilities, ZPHCA, Harare (10 participants)
- FGD Disability Ambassadors, JF Kapnek Trust (7 participants)
- FGD Teachers with disabilities at King George Special School (8 participants)
- FGD Children/adolescents with disabilities at King George Special School (15 participants)
- FGD Parents of children with disabilities, ZPHCA, Bulawayo (14 participants)
- \* Indicates Organisation of Persons with Disabilities (OPDs)
- \*\* Indicates Parents' Associations

# A3



## Cross Validation Survey Responses Received

1. Afghanistan
2. Algeria
3. Angola
4. Azerbaijan
5. Botswana
6. Bulgaria
7. Burundi
8. Cameroon
9. Comoros
10. Côte d'Ivoire
11. Croatia
12. Djibouti
13. Egypt
14. Eritrea
15. Ethiopia
16. Georgia
17. Guinea-Bissau
18. India
19. Iraq
20. Jordan
21. Kenya
22. Lesotho
23. Libya
24. Madagascar
25. Malawi
26. Mali
27. Morocco
28. Mozambique
29. Namibia
30. Nepal
31. Nicaragua
32. North Macedonia
33. Papua New Guinea
34. Serbia
35. Sierra Leone
36. Somalia
37. South Africa
38. South Sudan
39. Sri Lanka
40. State of Palestine
41. Syria
42. Tanzania
43. Tajikistan
44. Timor-Leste
45. Tunisia
46. Uganda
47. Zambia
48. Zimbabwe

# A4

## Evaluation theory of change



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The evaluation theory of change was adopted from a draft theory of change for disability inclusion that was recently developed alongside DIPAS. It will be validated with a cross-sectoral group of programme specialists and Disability Focal Points in each of the 10 countries that will participate in the exploratory case studies only, and in the four countries selected for field-based case studies. The evaluation team anticipates that patterns will emerge across the 10 countries, which will provide the confidence level about the proposed theory of change as a good representation of the results chain at the country level and UNICEF contribution.

### **Evaluation theory of change, the assumptions<sup>49</sup> and risks<sup>5051</sup>**

#### **If UNICEF employs the following programming strategies...**

- ▶ Advocacy for laws and policies in line with the human rights-based approach and support for implementation and reporting
- ▶ Systems strengthening for quality disability-inclusive programmes and services and supportive services and policies for families and communities

- ▶ Social/behaviour change and empowerment of children with disabilities and their families to demand rights
- ▶ Meaningful participation of children with disabilities and their families in the design, implementation, monitoring and evaluation of programmes
- ▶ Generation and utilisation of data and evidence to promote inclusion
- ▶ Convene and leverage partnerships for rights and inclusion, including building the capacity of OPDs in programming for children with disabilities
- ▶ Innovations with and for children, including in services and products based on universal design and accessibility, and innovations with and for children in assistive technology
- ▶ Cross-sectoral collaboration within UNICEF, between UN agencies and with national and local government structures focused on holistic rights-based support and services throughout the life cycle

**Then...**

- ▶ Government and service providers have increased capacity to provide disability inclusive cross-sectoral services throughout the life cycle.
- ▶ Enabling environments strengthened and children with disabilities have opportunities to realise their full potential.
- ▶ Scale up of disability inclusive models that enable all children to learn and play together.
- ▶ Increased data and evidence on children with disabilities to strengthen inclusive programming.
- ▶ Reduced stigma and discrimination towards children with disabilities at household and community level.
- ▶ UNICEF develops capacity to support governments on assistive technologies procurement, provision and programming.
- ▶ Government has institutional set up, adopts and implements legislation, and has multi-sectoral inclusive policy that complies with CRPD.

**So that...**

- ▶ All children with disabilities are empowered and supported to live with their families, participate in learning along their peers, community life, and are protected from violence, discrimination, and abuse.

**Resulting in...**

- ▶ All children, including those with disabilities, live in barrier free and inclusive communities where persons with disabilities across the life cycle get the support they require for full and effective participation.



# A5

## Explanatory note on contribution analysis

Contribution analysis will enable us to elaborate and validate the evaluation theory of change, its application at the country level, and its associated key assumptions to assess the contribution of UNICEF work in disability inclusion. We will investigate whether policies and implementation strategies have influenced programme results and the nature and scale of their contribution. To facilitate this analysis, contextual factors outside the control of UNICEF that influence the outcomes and change should be considered. By identifying and stripping back these possible rival explanations, the evaluation will be able to produce plausible and credible narratives about the effects and impacts on programmes and to reveal UNICEF's contribution to outcomes.

### BOX 3

#### Executing the contribution analysis for disability inclusion work in UNICEF

**For Each of the four normative questions (1.2; 2.2, 3.2 and 4.2), execute the following steps of the contribution analysis:**

**Step 1: Set out the contribution problem**

**to be addressed:** The starting point for the country contribution analysis. This involves identifying the contribution problem and examining what the context was before inputs were made and describing the observed change after the intervention to determine whether UNICEF interventions contributed to change at the country level. Given different country realities and needs, this may be different in each setting and, therefore, needs to be executed before the country work starts.

**Step 2: Update and elaborate programme theory of change:** Evaluators lead the effort to create or update the theory of change for the programme (to be adopted from the **evaluation theory of change** in this case), which illustrates pathways through which UNICEF sought to influence change in planning for disability inclusion programmes, their delivery and monitoring, and describing the results that were achieved.

**Step 3: Gather evidence against key aspects of interest within the theories of change:**

In this step the evaluators collect evidence on inputs, activities and outputs. This will be done in two phases: harvesting inputs, activities and outputs during a desk-based review, followed by in-country primary data collection from each of the four countries, which will seek to fill gaps in information.

**Step 4: Assemble and assess the contribution narrative and possible challenges to it:** Evaluators gather evidence of outcomes and impact. At the outcome level, this involves looking at whether there is strengthened commitment to policies, and examines whether interventions and strategies employed in disability inclusion work have resulted in improved outcome level changes (enabling environment strengthened, scale up of disability inclusive models, increased data and evidence on inclusive programming, reduced stigma and discrimination, etc.) and in child outcomes (inclusion of children with disabilities, their meaningful participation, etc.).

**Step 5: Gather additional evidence and possible challenges to it:** Evaluators assess the contribution story by comparing and contrasting the inputs over the period (Step 3) with the outcomes (Step 4) and making a considered assessment of the strength of the 'contribution story.' In essence, this step looks at the contribution story and whether there is sufficient and plausible evidence of a contribution, and/or rival explanations.

**Step 6: Strengthen the evidence for contribution:** Evaluators seek additional evidence that might back up the contribution story or otherwise explain the changes that have taken place. In this case the evaluators should also consider the evidence for the cross-validation survey.

**Step 7: Finalize the contribution story:** Evaluators revise the contribution narratives and produce a logical, well-reasoned story for each of the four normative questions.

## A6

## Evaluation matrix

**Objective 1:** Assess the extent to which UNICEF conceptualization of disability inclusion prioritised the rights of children reflect the values of the organisation and adhere to normative frameworks and standards for children and persons with disabilities and influenced disability-inclusive policies, processes and practice.

**Evaluation Question 1.1:** What is UNICEF's approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts (development/fragile/humanitarian)? **(Descriptive question)**

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>1.1.1: How does UNICEF define disability inclusion and/or disability-inclusive approaches across sectors and in various programming contexts?</p> <p>1.1.2: What policies, processes and practice does UNICEF use to advocate for and promote inclusion for children with disabilities</p> <p>1.1.3: What are the key lessons that UNICEF can leverage for future development of disability inclusive policies, processes, and practice.</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Descriptive statistics (tallies) of thematic findings</li> <li>▶ CPDs and COAR data for sample countries</li> </ul>	<p>Information gathered from exploratory and in-depth case studies may not apply to all countries.</p>

**Evaluation Question 1.2:** To what extent does UNICEF notion of disability inclusion or disability inclusive approaches align with international standards for disability inclusiveness? (Normative: relevance and coherence)

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>1.2.1: To what extent is there a shared understanding of disability inclusion among (i) UNICEF sectors/programme areas; (ii) programming contexts; and (iii) UNICEF and host country?</p> <p>1.2.2: To what extent do UNICEF policies/approaches for disability inclusion relevant to the needs of children with disabilities?</p> <p>1.2.4: To what extent do UNICEF policies/approaches for disability inclusion align with the CRC, CRPD, CEDAW, and organisations commitment for LNOB?</p> <p>1..2.4: To what extent has UNICEF advocacy influenced disability-inclusive policies, processes and practice in countries where UNICEF works?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Global survey</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews</li> <li>▶ Results from global survey of UNICEF staff</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Descriptive statistics (tallies) of thematic findings</li> <li>▶ CPDs and COAR data for sample countries</li> </ul>	Information gathered from exploratory and in-depth case studies may not apply to all countries.

**Objective 2:** Evaluate whether UNICEF approaches and strategies were effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights

**Evaluation Question 2.1:** What are the key approaches, interventions and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts? (**Descriptive question**)

Sub-questions	Data collection methods/activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>2.1.1: What are the key approaches, interventions and strategies that were implemented by UNICEF offices to achieve disability inclusion across sectors and in various programming contexts?</p> <p>2.1.2: What are the key barriers that were encountered by UNICEF offices to achieve disability inclusion across sectors and in various programming contexts?</p> <p>2.1.3: What lessons can be learned about strategies/interventions that were most effective in improving outcomes for children with disabilities across sectors and in various programming contexts?</p> <p>2.1.4: What, if any, are the unintended effects (positive and negative) of UNICEF programming strategies on children with disabilities?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Global survey</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews</li> <li>▶ Results from global survey of UNICEF staff</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Descriptive statistics (tallies) of thematic findings</li> <li>▶ CPDs and COAR data for sample countries</li> </ul>	Information gathered from exploratory and in-depth case studies may not apply to all countries.

**Evaluation Question 2.2:** To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights in various programming contexts? (development/humanitarian)? (**Normative: effectiveness**)

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>2.2.1: To what extent were UNICEF offices effective in working across sectors in designing disability-inclusive interventions, and in promoting their implementation across different sectors in the countries?</p> <p>2.2.2: To what extent were UNICEF offices effective in including children with diverse disability experiences in their work?</p> <p>2.2.3: To what extent was the identified set UNICEF programme strategies sufficient? Were they effective?</p> <p>2.2.4: To what extent were UNICEF offices effective in including children with disabilities and OPDs to champion their courses, in the design of programmes, or as implementing partners?</p> <p>2.2.5: How successful were UNICEF offices in designing programmes for children with diverse disability experiences?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Global survey</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews</li> <li>▶ Results from global survey</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Descriptive statistics (tallies) of thematic findings</li> <li>▶ CPDs and COAR data for sample countries</li> </ul>	<p>Information gathered from exploratory and in-depth case studies may not apply to all countries.</p>

**Objective 3:** Evaluate whether the progress made in disability inclusion and advancing disability rights can be scaled-up to reach the majority of children with disabilities, and whether it is sustainable

**Evaluation Question 3.1:** What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts (development/humanitarian)? (**Descriptive question**)

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>3.1.1: What is the coverage of disability inclusion programmes and interventions for children with disabilities, across sectors, in various programming contexts?</p> <p>3.1.2: What is the proportion of UNICEF disability-focused programmes and interventions that take place in inclusive settings in comparison to segregated/integrated settings?</p> <p>3.1.3: What adjustments are planned through CPD processes to engender sustainability of cross-sectoral disability-inclusive programming?</p> <p>3.1.4: What lessons can be learned about strategies/interventions that were most scalable and sustainable across sectors and in various programming contexts?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Global survey</li> <li>▶ Country Field visits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews</li> <li>▶ Notes and memos from field visits</li> <li>▶ Results from global survey</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Observation summaries from field visits</li> <li>▶ Utilisation of rubrics and identification tools for stigmatisation, invisibilisation, and access.</li> </ul>	<p>Information gathered from exploratory and in-depth case studies may not apply to all countries.</p>

**Evaluation Question 3.2:** To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts? (development/humanitarian)? Normative: sustainability

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>3.2.1: To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts?</p> <p>3.2.2.: To what extent were UNICEF offices successful in advancing interventions, approaches and strategies to take place in inclusive settings rather than segregated/integrated ones?</p> <p>3.2.3: To what extent were UNICEF offices successful in mobilising public and private resources for scaling-up of UNICEF-supported interventions, approaches and strategies in various programming contexts, in inclusive settings?</p> <p>3.2.4 To what extent do lived experiences of children with disabilities align with how UNICEF reports its successes or challenges in relation to disability inclusion?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Country Field visits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or available through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews with children with disabilities</li> <li>▶ Notes and memos from field visits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Observation summaries</li> <li>▶ Utilisation of rubrics and identification tools for stigmatisation, invisibilisation, and access.</li> </ul>	<p>It may not be possible to interview children with disabilities, hence leaving out a key stakeholder of UNICEF disability-inclusive programming.</p>

**Objective 4:** Assess the extent to which UNICEF offices are positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives and improve outcomes for children with disabilities.

**Evaluation Question 4.1:** What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilisation, (iii) leadership accountability, (iv) coordination (v) cross-sectional) (**Descriptive question**)

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>4.1.1: Is the identified set of enablers sufficient to engender success in disability-inclusive programming and innovation within the operating context of UNICEF offices?</p> <p>4.1.2: Which enablers are fully in place, partially in place, or not in place in offices?</p> <p>4.1.3: What are the key barriers encountered by UNICEF country offices and the organisation in general to achieve successful implementation of disability-inclusive programming, as described in UNICEF policies and strategies (e.g., DIPAS)?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Global survey</li> <li>▶ Country Field visits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews</li> <li>▶ Notes and memos from field visits</li> <li>▶ Results from global survey</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Observation summaries from field visits</li> <li>▶ Descriptive statistics</li> <li>▶ Inferential statistics, if possible</li> </ul>	<p>Due to time and budgetary constraints, there will only be four field visits. We will triangulate our data to ensure we have a rich data set.</p>

**Evaluation Question 4.2:** To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives **(Normative: relevance and coherence)**

Sub-questions	Data collection methods/Activities	Sources of data/information	Data analysis methods/triangulation	Possible Limitations
<p>4.2.1: To what extent has the office taken corrective steps to ensure that the operating environment is conducive to innovation in support of the goals of disability inclusion?</p> <p>4.2.2: To what extent has innovation been leveraged to ensure adaptability to humanitarian contexts?</p> <p>4.2.3: To what extent are the perspectives or guidance of persons with disabilities reflected in UNICEF decision-making/decisions?</p>	<ul style="list-style-type: none"> <li>▶ Desk review</li> <li>▶ Key informant interviews</li> <li>▶ Global survey</li> <li>▶ Country Field visits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Strategic plans, policies, and reports are available on SharePoint or through outreach efforts.</li> <li>▶ Transcripts from key-informant interviews with persons with disabilities</li> <li>▶ Results from global survey</li> <li>▶ Notes and memos from field visits</li> </ul>	<ul style="list-style-type: none"> <li>▶ Document analysis</li> <li>▶ Thematic analysis</li> <li>▶ Observation summaries from field visits</li> <li>▶ Descriptive statistics</li> <li>▶ Inferential statistics, if possible</li> </ul>	<p>Due to time and budgetary constraints, there will only be four field visits. We will triangulate our data to ensure we have a rich data set.</p>

# A7

## Data Mapping Table

	CRC CEDAW CRPD	EQ1.1 UNICEF approach to disability inclusion and disability-inclusive programming	EQ1.2 Alignment of UNICEF with international standards for disability inclusiveness	EQ2.1 Key approaches, interventions, and strategies that UNICEF offices have implemented	EQ2.2 Extent effective in achieving access and inclusion for children with disabilities & progressive realisation of their rights	EQ3.1 Evidence that disability inclusion is reaching children with disabilities, across sectors and in various programming contexts	EQ3.2 Successful advocacy for scaling-up of UNICEF-supported interventions, approaches and strategies	EQ4.1 Evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office	EQ4.2 Extent that UNICEF offices positioned to embrace innovative disability-inclusive interventions
Armenia	CRC 1993  CEDAW 1993  CRPD 2007/10	Rights based & system strengthening	Yes	Mainstreaming – education & deinstitutionalization; advocacy campaigns and data collection	Changing public attitudes, various legislation and policies, capacity building, and practices across sectors and levels	Humanitarian and system strengthening; state program for development of education with analytical and technical work on registering children with disabilities	Some scaling up, although difficult due to challenges with national government and lack of data	Significant partnerships, leadership of “champions,” average 20% of all activities with disability tag and cross sectoral working groups established	Contributions in social protection, child protection and education; future contribution in data collection and broad focus on inclusion

Bangladesh	CRC 1990  CEDAW 1984  CRPD 2007	Twin-Track	Yes, but care needs to be taken that segregated services do not become an end in and of themselves (i.e. MoSW runs special schools)	Accessibility, data management, guidelines for inclusive education, BBS survey included Washington Group Short Set	Most effective in education, communication and provision of assistive devices	Task force since 2020 and all programmes take children with disabilities into account as cross-cutting issue; inclusion is central issue	Child protection, training social and frontline care workers	Partnerships, financing, leadership and coordination and cross-sectorality all partially in place; an average 10% of all activities included disability tag	Disability-friendly latrines built in the Rohingya refugee camps
Bhutan	CRC 1990  CEDAW 1980/1981  CRPD 2010/2023	Rights-based approach, Twin-Track, and charity (kidu)	Alignment with CRPD (ratified with reservations)	Support to SEN (integration); EMIS, ECD and accessible construction	ECD (Bhutan Child Development Screening Tool), and EMIS	Education, SBC and EIEI all with limited geographic reach	Only partially successful with lack of government resources for uptake	Good partnership with donors and OPDs, with most work in education. 9% of all activities had a disability tag	Climate resistant planning under WASH; M&E tools; developed protocols for interviewing children with disabilities
Cabo Verde  <b>Note:</b> Joint Programme	CRC 1992  CEDAW 1980  CRPD 2007/2011	Rights-based, Twin-Track	Yes	System strengthening mainly in education and social protection	Difficult to access due to broad approach to SEN (rather than children with disabilities)	Lack of data is a barrier which leads to lack of visibility	Extensive partnership with government and nation-wide use of ICF reflect a unified view of disability through the social lens	Partnerships are in place but cross-sectorality and coordination are lacking. Leadership includes “champions” and expenditures tagged with disability have increased substantially over time	Nation-wide training and utilization of the ICF for determination of functional difficulties

Ghana	CRC 1990  CEDAW 1980/1986  CRPD 2007/2012	Rights-based  Twin Track with focus on mainstreaming	Yes	Systems- strengthening - primarily focused on inclusive education systems, with support for social workers and policy advocacy	Education and SBC (with GCO monitoring effectiveness of programmes)	Lack of coordination across sectors and cross sectoral work is not priority	Scaling up has occurred primarily in education, social welfare and child protection.	Strong partnerships but difficulty securing external funding. Cross sectoral work is limited to ECD and education. Expenditures tagged with disability averaged 3%	Focus on ULD and knowledge generation; SBC and youth employment/ entrepreneurial initiatives innovatively engaged adolescents with disabilities
Jamaica	CRC 1990/1991  CEDAW 1980/1984  CRPD 2007	System strengthening and Twin-Track support to government programmes	Yes	Focus on supporting government infrastructure in assessment, education, early childhood care and social protection	Policy development	System accessibility requirements	Knowledge generation has supported government to better reach children with disabilities	Good partnership with government; some external funding and some cross sectoral work. Disability- tagged expenditures averaged 7%	Digitalization of disability registry; ADT
Lebanon	CRC 1990/1991  CEDAW 1997  CRPD 2007 (no ratif)	Twin-Track	Mainstreaming programmes sometimes provide services in segregated or "integrated" settings	Partnerships and partnership accountability providing support to OPDs to move towards inclusion	Programmes are reaching children with disabilities, but the system does not allow for their inclusion	Evidence is related programmatic outcomes - how many children with disabilities are reached	Donor-driven programmes lack the time span necessary for scaling-up. Government pledged sustainability of inclusive education programmes	External partnerships and government cooperation are in place. Human resources are lacking and only 6% of all expenditures were tagged for disability	NDA, inclusive education and SBC "edutainment"

(State of) Palestine	CRC 2014	Rights-based framework	Yes	ECD & EIEI; development and validation of Behavioural Scales (DBS) to identify children under the age of 8 with developmental delays and disabilities	Two KAP Studies to gather baseline and end-line data about discrimination and stigma faced by children with disabilities; C4D campaign	Robust partnerships with governments, many UN family organizations, NGOs and local organizations	Successful scale-up of ECD	Partnerships are fully in place. The average expenditures tagged for disability accounted for 22%, with a high of 44% in 2020 and a low of 8% in 2018	Real-time digital monitoring software (RapidPro) to focus on the early detection of children with developmental delays and disabilities
<b>(Note:</b> no interviews were undertaken due to war starting during evaluation)	CEDAW 2014								
	CRPD 2014								
Paraguay	CRC 1990	Whole-child approach (transversal and holistic)	Yes – Leave No One Behind	ADT; accessible and safe school environments; social emotional learning materials; family support and evidence generation	Largely effective with difficulties reaching rural areas	Cross-sectoral work emerging in 2024	Programme partnerships with government especially in UDL and ADT	Strong partnerships with NGOs and life cycle planning to promote cross- sectoral work.	UDL and ADT; cross-sectoral interventions through life cycle planning
	CEDAW 1987								
	CRPD 2007/2008								
Malaysia	CRC 1995	Diversity inclusion and intersectionality	Yes. There is a mix of medical and charity models	Generation and dissemination of knowledge, zero reject policy in education; policy development support	Flexible, joint programming tailored to the context, government engagement, business/ corporate partnership, and cross-sectorality	KAP study (in 2016) led to development of a TOC in 2019 and an evaluation <i>#ThisAbility Flagship initiative</i>	<i>#ThisAbility</i> was initiated with a focus on children with disabilities but now covers all children; zero reject policy; promotion of joint ownership with government	Partnerships, cross- sectorality and coordination are in place, as well as resource mobilization (2 DFP) with about 5% of expenditures tagged for disability	Internal capacity empowerment, business model that creates independence from UNICEF RR and OR; partnerships with private sector – Business Practice Circular and Guidance Toolkit and advocacy package
	CEDAW 1995								
	CRPD 2008/2010								

Montenegro	CRC 2006  CEDAW 2006  CRPD 2007/2009	System-strengthening efforts	Yes	Education, deinstitutionalization and child protection; DAISY textbooks, extend access to pre-school	Child Development Screening Tool; EMIS; access to school and to vaccination	Long-standing partnerships; online collaborations with association of youth with disabilities	C4D and deinstitutionalization efforts have produced significant results	Partnerships, disability mainstreaming, coordination and leadership are all in place. Expenditures tagged for disability have fluctuated but averaged 19% through the evaluation period	Groundwork to understand the gaps in programming and support for the rights of children with disabilities; It's About Ability C4D campaign
Mozambique	CRC 1990/1994  CEDAW 1997  CRPD 2007/2012	Twin-Track	Yes	Inclusive education, disability data gathering, access to the child grant for children with disabilities, training of sign language interpreters	Lack of data and evidence; siloed implementation; only ECD works cross sectorally	Disability in narrowly understood; C4D making all country office content accessible	Narrow geographic coverage and activities take place in integrated settings	Partnerships and leadership are in place. Financial and human resources are partially in place and there is no coordination mechanism	Internal and external capacity development; accessible messaging on disability inclusion and modelling accessible environments

Timor-Leste	CRC 2003  CEDAW 2003  CRPD 2023	Sector-specific and opportunistic	Twin-Track with disability-specific activities in segregated settings	Education, Child Functioning screening tool in pre-school, operational guidance on the right to participation of adolescents and youth with disabilities	While there are reports that children with disabilities and their families are mainstreamed in activities across the board, there is no evidence	Disability inclusion is a new area of work	Extensive partnerships with OPDs and many initiated activities which have not yet matured for scale-up	Leadership is fully in place. Partnerships and cross-sectorality are partially in place, and expenses tagged for disability have increased overtime. However, there is lack of human resources	Gender and Disability Programmatic Review - first to be completed in the Region, to gain a better understanding of how to programme for multi-dimensional vulnerability; operational guidance on the right to participation of adolescents and youth with disabilities
Zimbabwe	CRC 1990  CEDAW 1991  CRPD 2013	Rights-based framework	Yes	Institutional arrangements for delivery of the cross-cutting programmes on disabilities, which included the development of a common theory of change and convening the Disability Working Group which reports to the Office of the Representative	Yes, but need for stronger collaboration with OPDs	Substantial evidence of interventions and activities being implemented, across sectors, many of which mainstreamed disability inclusion, while a few programmes targeted children and persons and children with disabilities	Programming is largely funded by external grants and partnership support	A favourable policy environment, strong leadership, connections, and partnerships with OPDs, coordination across and within government ministries, innovations, and funding stability were all identified as enablers for success in disability inclusion work	Demonstrated innovation in inclusion in smaller-scale projects that target specific needs



## Relevant International Treaties

### The Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC) was adopted by the UN General Assembly in 1989 and entered into force in 1990. The CRC is a comprehensive human rights treaty that outlines the rights of children and establishes states' obligations to ensure the well-being and development of every child. Fundamental principles of the CRC include non-discrimination, the best interest of the child, the right to life, survival, and development, and the child's right to express their views and have them considered. Additional CRC measures include:

- ▶ Civil rights and freedoms, which emphasise freedoms of expression, thought, religion and protection from violence, abuse, neglect and exploitation.
- ▶ Social, economic and cultural rights assert the right to adequate living standards, health and education.
- ▶ Special protection measures, which protect children in situations of armed conflicts and address exploitation, child labour and trafficking.

- ▶ Participation rights, which recognizes the right of children to participate in decisions that affect them.
- ▶ Implementation and monitoring mechanisms that states undertake to ensure that the rights outlined in the CRC are implemented.

The CRC is the most widely ratified human rights treaty in the world and has played a crucial role in shaping international standards for the protection and well-being of children and influencing legislation, policies and practices across the globe.

### Convention on the Elimination of All Forms of Discrimination Against Women

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is an international treaty adopted by the UN General Assembly in 1979. The CEDAW explicitly defines discrimination against girls and women, aiming to eliminate discrimination against them and promote gender equality in all aspects of life. It emphasises the need to ensure the full development and advancement

of girls and women to exercise their human rights and fundamental freedoms, including civil, political, economic, social and cultural aspects. The right to education, work, health and participation in public and private life are all enshrined in the CEDAW. By ratifying the CEDAW, states commit to taking appropriate measures to eliminate discrimination against girls and women in all its forms.

## The Convention on the Rights of Persons with Disabilities

The most foundational and comprehensive agreement regarding disability inclusion is the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which came into force in 2006. The CRPD “promote[s], protect[s] and ensure[s] the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and... promote[s] respect for their inherent dignity” (Article 1). The CRPD does not introduce any new rights but rather reinterprets the existing human rights treaties through the lens of persons with disabilities. The CRPD is a legally binding instrument that promotes the universal inclusion of persons with disabilities. An important aspect of the CRPD is that organisations of persons with disabilities and other members of civil society were included in the negotiation process, explicitly giving voice to persons with disabilities and the people that support them in the planning process.

To date, the CRPD has 188 ratifications and 164 signatories.<sup>52</sup> since 2006. The CRPD was the first comprehensive international agreement that bridged the divide between civil, political, economic, social and cultural rights for persons with disabilities. By centring the rights of persons with disabilities, the CRPD shifted the popular conception of persons with disabilities as objects of charity or pity towards viewing them as rights-holders, full and equal members of society. A list of the rights protected in the CRPD are listed in Table 16.

**Table 16.** Rights protected by the CRPD

Rights	CRPD Article
Equality before the law without discrimination	Article 5
Rights to life, liberty and security	Articles 10 and 14
Equal recognition before the law and legal capacity	Article 12
Freedom from torture	Article 15
Freedom from exploitation, violence and abuse	Article 16
Right to respect physical and mental integrity	Article 17
Freedom of movement and nationality	Article 18
Right to live in the community	Article 19
Freedom of expression and opinion	Article 21
Respect for privacy	Article 22
Respect for home and the family	Article 23
Right to education	Article 24
Right to health	Article 25
Right to work	Article 27
Right to an adequate standard of living	Article 28
Right to participate in political and public life	Article 29
Right to participate in cultural life	Article 30

## The Sustainable Development Goals (SDG)

The SDGs were established in 2015 to guide economic development, environmental sustainability and social inclusion. A guiding principle of the SDGs was “to leave no one behind,” indicating a commitment to vulnerable populations, including people with disabilities.<sup>53</sup> The 17 SDGs are underpinned by human rights,

with disability inclusion emphasised in several goals with clear indicators for inclusion. The 17 Goals have 169 targets, with seven explicitly referencing disability in five of the Goals (see Table 17 below). However, the lack of explicit discussion of people with disabilities in the remaining Goals does not mean that they are not relevant to people with disabilities. Disability is a cross-cutting issue, and all Goals are universal, meaning that all work towards achieving the SDGs should include persons with disabilities.

**Table 17.** Disability in the Sustainable Development Goals

<b>Goal 4</b>	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
	Target 4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including <b>persons with disabilities</b> , Indigenous peoples and children in vulnerable situations.
	Target 4.A	Build and upgrade education facilities that are child, <b>disability</b> and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
<b>Goal 8</b>	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
	Target 8.5	By 2030, achieve full and productive employment and decent work for all women and men, including for young people and <b>persons with disabilities</b> , and equal pay for work of equal value
<b>Goal 10</b>	Reduce inequality within and among countries	
	Target 10.2	By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, <b>disability</b> , race, ethnicity, origin, religion or economic or other status
<b>Goal 11</b>	Make cities and human settlements inclusive, safe, resilient and sustainable	
	Target 11.2	By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, <b>persons with disabilities</b> and older persons
	Target 11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and <b>persons with disabilities</b>
<b>Goal 17</b>	Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
	Target 17.18	By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, <b>disability</b> , geographic location and other characteristics relevant in national contexts

The SDGs provide a framework in which persons with disabilities are considered across multiple sectors. The targets and indicators call for including persons with disabilities in data collection, allowing countries to make more informed decisions and highlight

progress in establishing and protecting the rights of persons with disabilities.

More importantly, a disability inclusive approach can be identified in several indicators of the monitoring framework for Sustainable Development Goals (SDG).

### BOX 3

#### SDG indicators to monitor progress towards disability inclusion and disability rights<sup>54</sup>.

Derived from the SDG monitoring framework, the indicators below are designed to monitor disability inclusiveness in the implementation of the SDGs:

- ▶ Parity indices (female/male, rural/urban, bottom/top wealth quintile, and others such as disability status, Indigenous peoples and conflict affected, as data become available) for all education indicators [...] that can be disaggregated.
- ▶ Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single sex basic sanitation facilities; and (g) basic hand washing facilities (as per the WASH indicator definitions).
- ▶ Average hourly earnings of female and male employees by occupation, age, and persons with disabilities.
- ▶ Unemployment rate, by sex, age and persons with disabilities.
- ▶ Proportion of people living below 50 percent of median income, by age, sex, and persons with disabilities.
- ▶ Proportion of population that has convenient access to public transport, by sex, age, and persons with disabilities.
- ▶ Average share of the built-up area of cities that is open space for public use for all, by sex, age, and persons with disabilities.
- ▶ Proportion of persons that are victims of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 month.
- ▶ Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions.
- ▶ Proportion of the population who believe decision-making is inclusive and responsive, by sex, age, disability, and population group.
- ▶ Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, infants, work injury victims and the poor and the vulnerable.

As indicated in Box 3, these indicators include: (i) seven targets which address persons with disabilities with specificity in terms of accessible schools and learning opportunities, access to water and sanitation facilities and services, accessible public spaces and transport, empowerment and inclusion, and data disaggregation; (ii) two targets that address discrimination, a major cause of inequality and unequal access to opportunities and services for persons with disabilities; and, (iii) six targets that refer to persons in vulnerable situations, which also impact persons with disabilities. This does not preclude the articulation of additional indicators at the national level to monitor other aspects of access to social protection services, health coverage, violence against women, sexual and reproductive health, and birth registration in pursuit of universal access to services and opportunities (UNDP, 2017).

## United Nations Partnership on the Rights of Persons with Disabilities

The United Nations Partnerships on the Rights of Persons with Disabilities (UNPRPD) was established in 2011 by a subset of the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities. The UNPRPD is a partnership between UN entities, including UNICEF, governments, organisations of persons with disabilities, and broader society to “advance the rights of persons with disabilities around the world” (2021).

The UNPRPD has played an important role in disability inclusion in the UN, including supporting 94 joint programs at the country and multi-country level; training over 100,000 representatives from organisations of persons of disabilities, governments and

the UN in disability inclusion practices; improved 87 laws, policies and strategies that adopt the rights of persons of disabilities, and assisted in 213 system level changes, which has resulted in more inclusive services and data collection (2021). The UNPRPD funded the development of the UN Disability Inclusion Strategy (UNDIS), and funds available through the Partnership facilitate multi-agency planning and implementation. In this evaluation, four countries - Armenia, Bangladesh, Ghana, and Montenegro - leveraged these funds to support work on disability inclusion and published in-depth situation analyses on the rights of persons with disabilities, in addition to 22 others.

and evaluation of policies and programs in the UN system, such that all persons with disabilities will benefit equally. UNDIS plays a critical role in interpreting findings, contextualising conclusions, and operationalising recommendations of this evaluation.

## United Nations Disability Inclusion Strategy

The United Nations Disability Inclusion Strategy (UNDIS) outlines a clear system-wide framework and accountability mechanisms for UNICEF and other UN agencies to ensure disability inclusion. The UNDIS has both a policy and an accountability framework. The policy establishes the highest levels of commitment and a vision for the UN system on disability inclusion for the next decade. The policy supports the creation of an institutional framework for implementing the CRPD and the SDGs, as well as other human rights instruments, as well as development and humanitarian commitments.

The accountability framework establishes clear and achievable objectives against which UN organisations will be held accountable at individual entity and country team levels. The accountability framework consists of four focus areas and 15 indicators.<sup>6</sup> The four core areas are: (i) leadership, strategic planning, and management; (ii) inclusiveness; (iii) programming; and (iv) organisational culture. Also included in the framework are timetables, technical guidance and allocation of responsibilities during the implementation of the policy.

Through the UNDIS, the UN system commits to systematically embedding the rights of persons with disabilities into its internal and external programming. The UNDIS will help establish trust and confidence among persons with disabilities, ensuring that their dignity and rights are respected. By mainstreaming a human-rights approach to disability and utilising targeted measures, the experiences and concerns of persons with disabilities will be central to the design, implementation, monitoring

# A9



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## Armenia

Armenia is in the Europe and Central Asia region and is a small, landlocked country in the Caucasus region. The Armenian national government signed the CRPD in 2007 and ratified it in 2010. Since ratifying the CRPD, a number of reforms have been undertaken to further protect the rights of persons with disabilities, focusing on social inclusion (2017, 2021, 2022), CRPD implementation (2017, 2019, 2021), and the Law on the Rights of Persons with Disabilities (2021). The 2021 UNPRPD report, *Disability Assessment in Armenia*, estimated that 1.2% of children have a disability. The UNICEF Armenia Country Office (CO) has undertaken significant programmatic interventions, including humanitarian and systems-strengthening activities, to address the political and social challenges faced by children with disabilities. This work has primarily centred on deinstitutionalization and improving access to education, as well as supporting legislation to increase the rights of persons with disabilities. Armenia has faced conflict several times during the evaluation period (2018-2022) and again in 2023.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Armenia is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

Reports from UNICEF Armenia indicate that the country office abides by a rights-based approach to disability inclusion. The CO has been a strong advocate of this approach, collaborating with the Armenian national government to adopt inclusive policies for children and persons with disabilities. UNICEF Armenia has undertaken wide ranging efforts within systems-strengthening reforms and humanitarian response to support the rights of children with disabilities. These efforts include deinstitutionalisation, education, and supporting children with disabilities in humanitarian crises.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

The UNICEF Armenia CO report data and interviews indicate alignment with the CRPD. Armenia has several national policies and laws, and the CO continues to advocate for legal protection for the rights of persons with disabilities and implementation of disability policies.

### EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?

UNICEF Armenia mainstreams disability into CO programming, with reports and interviews indicating that the most successful approach to disability inclusion is close collaboration, both with the national government and organisations of persons with disabilities (ODPs). The CO primarily develops, pilots, costs, and evaluates any disability related programming, before presenting the information

to various governmental ministries, who then take on administering the successful programmes. The CO efforts in education and deinstitutionalization have been successful during the 2018-2022 period, as well as contributing to policy development and strategy documents, and operationalizing national movements to scale up inclusive preschool services. The CO has also played a key role in ensuring access to safe and secure early learning services, as well as building capacity in national and local authorities and early education professionals in planning, managing, and delivering early childhood education. UNICEF Armenia has had ongoing advocacy for the social inclusion of children with disabilities successfully integrated in key advocacy campaigns, which uplifted the voices of children with disabilities. These campaigns included visibility materials that focused on inclusion of children with disabilities through pictures and public service announcements. Barriers to disability inclusion programming in UNICEF Armenia include the lack of disaggregated data on children with disabilities and the lack of coherent data collection practices to inform programming decisions. There has been a focus on ensuring that children with disabilities are placed in mainstream schools, though the lack of teachers trained in inclusive education practices limits the quality and inclusiveness of schooling offered to children with disabilities. The lack of funding, fragmented services, structural barriers, and the lack of rural support are also barriers to disability inclusion in Armenia.

### **EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realisation of their rights in various programming contexts?**

UNICEF Armenia has supported major changes for the rights of children with disabilities, including changing public attitudes, various legislation and policies, capacity building, and practices across sectors and levels. Broad-spectrum efforts within social systems reform and humanitarian response, including the COVID-19 pandemic and the Nagorno-Karabakh conflict in 2020, by coordinating with UN agencies and international and local NGOs to implement the Interagency Response Plan. This Plan supported the Armenian government to provide urgent humanitarian assistance and protection services to approximately 4,000 children. The CO has supported significant cross-sectoral work (between education, social protection, and child protection)

on deinstitutionalization to ensure that children with disabilities are included in mainstream education, have access to social and health services, and are placed with their families, foster families, or in small group homes. The deinstitutionalization efforts have successfully decreased the number of vulnerable children, including children with disabilities, in educational institutions, from more than 2,400 children in 2018 to less than 1,135 in 2021, more than a 40% reduction. More than half of these children are children with disabilities. (COAR 2019, 2021 RAM disability report).

### **EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

As mentioned above, there has been very successful humanitarian and system strengthening efforts from the UNICEF Armenia CO during the evaluation period. Beyond deinstitutionalization and humanitarian conflict work, the CO has supported the State Program for Development of Education with analytical and technical work on registering children with disabilities. This work has shown an increase in the number of children with disabilities being identified and enhanced the regulatory framework on inclusive early childhood education and the regulations for functional assessment of children with disabilities.

### **EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

Social protection, child protection, education, and health sector efforts that include children with disabilities have increasingly been developed, with some almost fully scaled up. Interviewees mentioned that scaling up is difficult with the many changes in the national government during the evaluation period, which has limited national resources and commitment to implementing programmes at a national scale. Additionally, the lack of disability disaggregated data is limiting.

**EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?**

The UNICEF Armenia office has had significant success with diverse partnerships, working with the national and local authorities, the private sector, NGOs, community organisations, and international NGOs. Many partnership meetings included organisations of persons with disabilities for increased understanding of the issues persons with disabilities face. Country Representatives in office over the period of the evaluation were “champions” of disability inclusion and advanced engagement and advocacy across all programming. The financial commitment of the CO to disability related strategy is also a major contributor to the CO’s success in disability inclusion. The CO has spent over 4.4 million USD in disability-tagged expenses from 2018 to 2022. Disability-tagged expenses were 20% or more of all CO expenses from 2018 to 2021 (20% in 2018, 26% in 2019, 2020, and 2021). Beyond deinstitutionalisation, cross-sectoral working groups were established to harmonise procedures, plans and practices in disability assessment, certification and development of individual service delivery plans in collaboration with the national government and the UN the UN Partnership on the Rights of Persons with Disabilities.

**EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

The UNICEF Armenia CO has contributed significantly to disability inclusion in Armenia, particularly in the areas of social protection, child protection, and education. Humanitarian planning and implementation has successfully included children with disabilities and their families as well. Advocacy, improving inclusive education offerings, and disaggregated disability data are future focus areas, as indicated in the annual reports. They are primed to continue developing new interventions and programmes in the future, though funding might be a concern if the reduced disability-related expenditure continues beyond 2022. The CO is primed for continued innovative approaches to disability inclusion, particularly focusing on collecting more disaggregated disability data to inform programming and policy decisions. Another area of focus that the CO has recognized as needed, is to shift from integrating children with disabilities into mainstream classrooms to offering inclusive education and empowerment for children with disabilities.

## Theory of Change

This evaluation utilised a theory of change that was adapted from DIPAS. The full theory of change is found in the global evaluation report, but elements are listed below in relation to Armenia's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	Deinstitutionalisation efforts have been cross-sectoral, centering child protection, social protection, and education in programming.	Cross-sectoral work in this area has been successful and is slowly adding other sectors (e.g. health), to programming. Fully cross-sectoral work across all disability inclusion programming is still needed.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organisation does in relation to children with disabilities	ACO has worked to identify children with disabilities in various programming efforts, using the World Health Organisation International Classification of Functioning, Disability, and Health.	Children with disabilities are increasingly visible in Armenia CO programming, but beyond numbers of children affected by deinstitutionalisation efforts, there is little known about how programmes impact children with disabilities. More disaggregated data is needed at government and project levels.
Systems are strengthened to be more inclusive	Armenia CO has strengthened the capacity of government partners.	Armenia CO has strengthened government capacity to provide some services for children with disabilities. Further efforts are needed to ensure integration is not mistaken for inclusion.
UNICEF has become an innovative organisation in relation to promoting disability inclusion	Armenia CO has piloted innovative approaches to partnerships with the national government and organisations of persons.	Armenia CO's collaborations and partnerships are a key contribution to disability inclusion success in Armenia. Continued support from the national government is critical for continued success.
UNICEF engages in community advocacy and social and behavioural change activities	Armenia CO has centred communication for behavioural change, utilising prominent national figures to promote positive attitudes towards children with disabilities, as well as elevating the voices of children with disabilities. The CO also works regularly with ODPs to develop inclusive programming.	Collaborating with ODPs has increased the voices of persons with disabilities in national policy making efforts. The CO's work in this area has helped create successful humanitarian programming for children with disabilities. Strengthening SBC is critical in advancing collaboration, ensuring collaboration with children with disabilities directly, and their families.
Humanitarian action is disability inclusive	Armenia CO has developed several humanitarian action plans (conflict and natural disaster) that specifically address children with disabilities	Armenia CO humanitarian action plans must continue to advocate for disaggregated data to be included in all response reports.



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## Bangladesh

Bangladesh was one of the first countries to ratify and put into effect the Convention on the Rights of the Child (CRC) in 1990, and the Convention on the Rights of Persons with Disabilities (CRPD) in 2007. Bangladesh first legally adopted the principles of the CRPD and pursued its domestic legislative reforms subsequently. Since then, Bangladesh has taken a number of legislative and policy actions towards nationalizing these global commitments and creating a conducive policy environment for disability inclusion, such as the National Policy on Disability 1995, revised Children Act 2013; the Rights and Protection of Persons with Disabilities (RPPD) Act 2013; and the Protection of Persons with Neuro-developmental Disability Trust Act 2013. The UNICEF Bangladesh Country Office (BCO) has undertaken a range of programmatic interventions towards disability inclusion, including child protection systems-strengthening activities, provision of disability-friendly services in health, education, child protection, and WASH facilities, generating greater awareness among caregivers and communities on the rights and care of children with disabilities, and improving disability data, including responding to the humanitarian crisis of nearly one million displaced Rohingya refugees in Cox's Bazar.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Bangladesh is provided below.

### EQ1.1 What is UNICEF's approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

The UNICEF BCO is pursuing a *'twin-track'* approach to disability inclusion across all areas of humanitarian action and international development. The twin-track approach is an accepted framework for promotion of disability inclusion under the United Nations Disability Inclusion Strategy (UNDIS).

### EQ4.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

The Twin-Track approach is an accepted framework for promotion of disability inclusion, but care needs to be taken that segregated services do not become an end in and of themselves, instead of facilitating inclusion within the mainstream system. For example, the Ministry of Social Welfare (MoSW), whose concern is the welfare of persons with disabilities, manages the special education schools in Bangladesh. However, placing special schools outside the education ministry's mandate signals the predominant charity model to disability and poses challenges in, for example, standardizing curriculum and assessment systems.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

UNICEF BCO undertook a range of efforts for disability inclusion across sectors, especially in regard to accessibility and data management. In education, a special education needs and disabilities (SEND) framework, supported by UNICEF, was approved by the government. This framework is a guide for stakeholders on how to make primary education curricula, materials, and environment inclusive of children with disabilities. In Health, UNICEF began upgrading select health facilities to be more accessible and inclusive of patients with disabilities by conducting a situation analysis of current health facilities, the needs required, and then developing a government-approved training manual, training healthcare workers and finally using these steps to renovate select facilities. This effort will be rolled out to other health facilities across the nation. UNICEF supported the Bangladesh Bureau of Statistics (BBS) to administer a nationally representative survey based on the Washington Group short set of questions, which provided national estimates of disability prevalence for the first time.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

One of UNICEF BCO's most effective programme in terms of reach was in education. For the Primary Education Development Programme (PEDP4) Bangladesh's sector plan for 2018–23, BCO supported the government in developing the SEND framework and its implementation for children with disabilities. This included the adaptation of the Gender and Inclusive Education Action Plan (GIEAP), which demarcated broad areas to roll out inclusive education across the education system. BCO provided technical inputs on the communication strategy for PEDP4, which aimed to address stigmatization and discriminatory practices against children with disabilities. BCO also provided technical and financial support to the government in selecting assistive devices for primary school age children, and capacity building on the use of education management information systems (EMIS) for planning, management and integration of disability data.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

All program sections of BCO considered children with disabilities as a cross-cutting issue. A taskforce on children with disabilities has been at work since 2020 to enhance effectiveness and coherence across all sections, and support cross-sectoral coordination, results measurement and partnerships on disability inclusive initiatives. There was also a concerted effort for all relevant strategic documents, such as strategy notes, results frameworks, annual reporting, and donor proposals, to include the number of children with disabilities reached to ensure disability inclusion remained a central issue. However, interviews with UNICEF staff uncovered that there were still challenges in the coordination of disability inclusive initiatives between the different sections at BCO.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

BCO has been successful in advocating for the scaling up and strengthening of child protection systems, such as providing technical support to upgrade the national child helpline, though COVID-19 restrictions challenged access during the pandemic. UNICEF has also been supporting the training of social and front-line workers on disability screening tools. However, UNICEF staff noted that these trainings are insufficient, as social workers have little time or capacity to provide case management services for children with disabilities. In Bangladesh, there are only 2500 social workers in the entire country - about one case worker for 1000 children. BCO has been advocating for 10,000 workers, and the Ministry of Social Welfare is working on onboarding 6000 workers.

#### EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?

In Bangladesh, partnerships with the government, OPDs, and civil society are partially in place. Financing and resource mobilization are partially in place, and expenditures tagged as disability activities fluctuated over the 5 years of the evaluation period. Between 2018 and 2022, the BCO spent 10.9% of its total budget on average on disability initiatives, with a high of 20% of its budget being spent on disability in 2018 to a low of only 0.16% in 2022, and 9.6% from 2019 to 2021. Leadership accountability is partially in place, with the former Deputy Representative for a majority of the evaluation period pushing for greater disability related data collection, measurement and reporting across all programming. Coordination is partially in place, which supported a concerted effort in response to the Rohingya refugee crisis, but low capacity at the decentralized level continues to be an issue for all donors. Cross-sectionality is partially in place within the organization, with greater efforts being made to align BCO's sectors on disability inclusion through the recently formed Disability Task Force.

#### EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives

Assistive devices such as disability-friendly latrines were supported by UNICEF to be built in Rohingya refugee camps. However, the main challenge in incorporating innovative measures is the lagging capacity of UNICEF staff and government agencies. BCO staff highlighted how they can be better partners if they receive more training on technical aspects of disability inclusive work and have more colleagues with disabilities. The national capacity of the government to deal with disability inclusion across all sectors is also a significant challenge, leading to the issue being put on the back burner when it comes to competing priorities.

### Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is in the evaluation report, but elements are listed below in relation to Bangladesh's country activities.

ToC Element	UNICEF Contribution (indicative)	Conclusions/ actions to consider
Cross-sectoral coordination is in place to facilitate whole-child responses.	There is a concerted effort in the BCO for cross-sectoral coordination with a disability inclusion taskforce that has representation from all sections in the BCO working to collaborate on cross-sectoral programming.	The taskforce has developed an action plan and results matrix for all sections to report on disability inclusive milestones; however more coordination may be needed to align with DIPAS.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	UNICEF provided technical support to BBS to administer a nationally representative survey, using the Washington Group questions to allow for national estimates on disability.	The Education Management and Information System (EMIS) does not collect disaggregated data on children with disabilities. The fact that multiple ministries are responsible for this data makes knowing even how many children with disabilities of school age exist a challenge. Lack of data disaggregation needs to be addressed.

Systems are strengthened to be more inclusive	There was some evidence of consulting with Organizations of Persons with Disabilities (OPDs) in the program design stage of projects and interventions.	BCO staff highlighted that a robust presence of OPDs was missing and OPDs were not consulted in a majority of policies or project design. Greater efforts need to be made to build the capacity of and collaboration with OPDs.
UNICEF has become an innovative organization in relation to promoting disability inclusion	There is evidence of innovative assistive devices and tools supported in the Rohingya refugee response.	The technical capacity of BCO staff on disability inclusion needs to be strengthened with training. The national capacity of the government in dealing with disability inclusion also needs to be strengthened, along with better inter-ministerial coordination among relevant ministries (Education, Social Welfare, etc.), so that future innovative efforts can be well-utilized.
UNICEF engages in community advocacy and social and behavioural change activities	BCO is raising awareness through SBC messaging, working with people with disabilities on specific projects, including children with disabilities in mainstream messaging, and collaborating with global programs such as the one-minute foundation for one-off events such as workshops and training on how to make their content more inclusive.	Advocacy was present in SBC messaging, but the digital divide in Bangladesh remains a challenge. BCO has engaged in community level sensitization, but not necessarily with the national government about stigmatization, or marginalisation of children with disabilities in relation to the government's CRPD commitments
Humanitarian action is disability inclusive	Under challenging political circumstances, UNICEF successfully worked with a range of partners to mount an inclusive response to the Rohingya refugee crisis in Cox's Bazar, Bangladesh.	Humanitarian engagement by UNICEF with the Rohingya refugees will likely continue over the next few years. BCO should continue its advocacy with the government to be able to support and provide disability inclusive social spaces, services and assistive devices.



## Bhutan

Bhutan is in the South Asia region and is a small, mountainous, landlocked country in the Himalayan mountains. Policies for children with disabilities fall under the broader Gross National Happiness paradigm, and within the broader GNH agenda sits the National Policy for Persons with Disabilities (2019). Bhutan's national government signed the CRPD in 2010 and ratified it in June 2023 with three reservations: Liberty to Movement and Nationality (Article 18), Respect for home and family (Article 23), Work and Employment (Article 27), and Participation in political and public life (Article 29). The UNICEF-initiated Two-Stage Child Disability Study (2010-2011) estimated that 21% of children aged 2 to 9 years have at least one disability. The 2020 Annual Report suggested that only 25% of these children have access to early childhood care and development opportunities and that early intervention is largely lacking in the country due to lack of available services.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Bhutan is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

Reports from Bhutan indicated that the country office (CO) abides by a rights-based approach to disability inclusion, although this was not the framework of the national government until recently. Reports indicate that Bhutan uses a “Twin Track” approach, allowing for mainstreaming of children with disabilities and targeted programmes specifically aimed at children with disabilities. Interviews suggest that CO staff also engage with long-standing traditions of kidu (charity) and karmic understandings of disability.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

UNICEF CO responses in interviews and report data indicated that there is alignment with the CRPD. Bhutan only recently ratified the CRPD, and with reservations. CO staff stated that they would advocate for the government to remove the reservations.

### EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?

Bhutan primarily mainstreams disability into their programmes. Reports and interviews point to several approaches. Bhutan took a disability-inclusive approach during their COVID-19 response by deploying teachers to make home visits and to support sustained children's learning. The Bhutan CO also supports “SEN” (special education needs) schools as a main education programming approach. According to interviews, SEN schools are more integrative than inclusive, but receive strong support from the CO, especially in regard to teacher effectiveness.

Reports and interviews also indicate that Bhutan is strengthening the education system for a data-disaggregated EMIS system. In addition, in the area of early childhood development, the CO is supporting the development of the Bhutan Child Development Screening Tool and early childhood nutrition and intervention (to try to prevent disability). Finally, the CO has developed construction guidelines for accessible construction.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

The Bhutan CO reported three initiatives that were designed to improve access and inclusion for children with disabilities. The first activity related to identifying children with disabilities at an early age so that interventions could be undertaken. Bhutan CO facilitated this identification by developing the Bhutan Child Development Screening Tool, which can be used to identify children who may need more comprehensive assessment to identify if they have a disability. The CO successfully developed this tool. Further, the CO set out to improve data collection in schools on the presence of children with disabilities. The CO also successfully advocated for additional indicators in the nation's EMIS system. Finally, the CO sought to increase access of children with disabilities in school and number of children with disabilities who are vaccinated, but there is not sufficient data to know if these goals have been met.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

The Bhutan CO has areas of strength in terms of its work on disability inclusion, which have provided some in-roads for cross-sectoral approaches. For example, a strength area of the CO is education, which has also allowed for some messaging and SBC initiatives to create awareness about SEN schools. Further, early childhood programmes have been bolstered by early identification / early intervention activities and early nutrition programmes. Staff report that the reach of these programmes is still limited to a finite number of locations per region and estimate that many children with disabilities are not being served.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

Education and early childhood intervention programmes that include children with disabilities have gradually grown but are not fully to scale. Interviewees noted that there is a lack of government resources to scale-up nation-wide. Therefore, advocacy for scaling-up programmes has only been partially successful, as there are still a limited number of schools and early childhood centres that can be considered "inclusive."

**EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?**

BCO's main partner is government, although in relation to children with disabilities, it has established working relationships with special schools such as Draksho and partners with Bhutan's only organization of persons with disabilities. Bhutan is a remote location but has had consistent funders such as the Japanese International Cooperation Agency (JICA) over the years, which have supported UNICEF programming. BCO's relationship with government is primarily supportive and systems-strengthening, although BCO directly supports OPDs that are advocating for increased rights and full ratification of the CRPD, without reservations. Most of Bhutan's work on disability inclusion has occurred through education, and it has successfully supported a network of integrated and inclusive schools. Over the years of the evaluation, the percentage of expenditures tagged with disability has fluctuated from 6% in 2028 to 11% in 2019 to 3% in 2022, averaging 9% across the 5 years.

### EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives

Reports and interviews highlight two innovative practices. First, in the policy advocacy work that the CO is doing with Bhutan's GNH Commission, UNICEF has included children with disabilities in climate-resistant

planning. Sectoral work in climate response falls under WASH. A second innovation is through monitoring and evaluation (M&E). As part of a recent evaluation exercise on inclusive education, the country M&E team developed protocols for interviewing children with disabilities, including children who do not communicate verbally and do not use sign language.

## Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Bhutan's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	Cross-sectoral work on Bhutan Child Development Screening supports Early Identification and Early Intervention.	Some cross-sectoral efforts have been linked to education and ECD. A more comprehensive approach across sectors may be needed.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	UNICEF has developed innovative protocols to collect outcome data related to children with disabilities in addition to EMIS. Bhutan exclusively uses the UNICEF/Washington Group Child Functioning Module questions for consistency of data.	EMIS and CFM data allow for informed decision-making about disability-inclusive programmes. Next steps may include harmonising data across ministries (Education, Health Services, Social Services, etc.).
Systems are strengthened to be more inclusive	UNICEF has strengthened the capacity of government partners. UNICEF has supported OPDs to hold the government accountable to commitments.	Bhutan CO has strengthened government capacity to provide services for children with disabilities. Children's rights to inclusive services are still not in place but may emerge with continued advocacy and simultaneous support.
UNICEF has become an innovative organization in relation to promoting disability inclusion	Bhutan has piloted innovative approaches to inclusive climate resilience and data collection.	Bhutan CO's focus on quality data through screening and CFM has allowed for informed decision-making and is innovative among UNICEF offices. Conceptual ties to climate resilience and GNH ensure children with disabilities are present in national agendas.
UNICEF engages in community advocacy and social and behavioural change activities	UNICEF SBC efforts have been sensitive to karmic understandings of disability and tried to approach change in a culturally-relevant way.	Advocacy for greater inclusion in school and the workforce while acknowledging the importance of kidu and other charitable programmes for children with disabilities presents a two-pronged, context-relevant approach to disability inclusion.
Humanitarian action is disability inclusive	Bhutan has begun emergency preparedness planning in the event of a future earthquake.	Although Bhutan has not had a major emergency, and emergency preparedness is not a central priority of the CO, preparedness will support efficient and inclusive response should an earthquake or other emergency occur.



## Republic of Cabo Verde

Cabo Verde is a small archipelago and island country in West Africa. Cabo Verde has a stable democratic government with 3 recognized national languages: Portuguese and Cape Verdean Creole.

According to the 2021 Census, there are approximately half million people spread across the 10 islands that make up the archipelago although the largest proportion approximately 240,000 live in the island of Santiago. Approximately 150,000 are children under the age of 14 and it is estimated that at least 1/3 of them live in poverty. Despite the COVID-19 pandemic, poverty has been drastically reduced from 23 to 13% in 2020.

**NOTE:** In Cabo Verde (CV) UNICEF operates within a Joint Programme with UNDP and UNFPA. During the period of this evaluation, UNICEF programming was determined by the United Nations Country Programme Document (UNCPD) for 2018-2022 and the three organizations implemented activities jointly and independently. Thus, while programming and implementation was often a joint UN effort, UNICEF CV also contributed to government support independently as determined by the UNCPD. This case study focuses exclusively on UNICEF contributions during the period of this evaluation.

## Evaluation questions and findings

This section presents the eight key evaluation questions (see evaluation matrix on Annex X), and a summary of findings for each question. A summary of answers and considerations for disability inclusion in Cabo Verde is provided in the final section.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

The approach to disability inclusion at UNICEF CV is rights-based and follows a twin-track approach that includes disability mainstreaming and disability specific programming and activities.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

Programming, interventions, and strategies are guided by core UN normative frameworks (CRC, CEDAW, CRPD, and others) and aim to support the Cabo Verde government in fulfilling its commitment to reaching the set SDG Goals. Although UNICEF CPDs reviewed for this evaluation (2018-2022 and the most current 2023-2027) do not explicitly mention the United Nations Disability Inclusion Strategy (UNDIS) or the UNICEF Disability Inclusion Policy and Strategy (DIPAS), the activities included in Annual Work Plans reflect a set of commitments based on international standards for disability inclusion.

### EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?

UNICEF CV approaches, interventions and strategies focused on system strengthening, in particular in the education and social sectors. The CPD includes 5 distinct Goal Areas, but *Goal Area 2 – Every Child Learns* is the one where most explicit disability inclusive activities are included. Support to the government has been consistently provided with the long-term view of improving ECD and inclusive education. In CV inclusive education is broadly defined and

goes beyond support to children with disabilities. Thus, capacitation of professionals (at all levels, from central government to school) related to the use of the International Classification of Functioning, development of Individualized Education Plans, and curricular accommodations has been conducted nation-wide as well as decentralization of the management and supervision of the education system. Sensitization campaigns aimed at promoting ECD and inclusive education (including the right to education of children with disabilities) took place and a primer on the rights of persons with disabilities was prepared to inform UNICEF on how best to support the government and what services and supports are available for persons with disabilities. One important lesson learned is that regular consultations with national partners and ongoing dialogue is useful to overcome constraints and ensure the implementation of activities. Remote and digital education were introduced in the 2021 work plan. The new Education Sector Plan 2022-2026 (supported by UNICEF and GPE) is more broadly inclusive, considering out-of-school children, digital skills, gender balance and the universalization of pre-school education. Complementary action in social protection also took place, supporting early identification of delays and disabilities, a social benefits registry, subsidies to families with children with disabilities, engagement with OPDs, and a National Care Plan that includes children with disabilities and their families.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

It is difficult to assess the effectiveness of the approaches and strategies employed thus far. Perhaps due to UNICEF emphasis on students with Special Education Needs (SEN) which includes a school population with various vulnerabilities but is not exclusive of children with disabilities it is difficult to determine if, and to what extent, progress towards disability inclusion was effective. The inclusion of students with SEN in school cannot be used as a proxy for disability inclusion. The 2023 Common Country Analysis (CCA) reports that, despite progress in universal access and gender parity, access to schooling to children and youth with disabilities is problematic. Out of 1,900 children, youth and adults with disabilities “26% have never attended school and only 3.1% have higher education. Most teachers at all

levels - pre-school, primary, secondary, vocational or higher education - have a low or no capacity to address special educational needs”.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

Lack of data and of evidence related to disability inclusion is an acknowledged barrier to programming, both within UNICEF CV and across the UN Joint Programme. Only the reviewed 2021 UNDP report *Leave No One Behind* indicates that, although Cabo Verde signed the CRPD in 2011, the rights of persons with disabilities continue to be violated. The only data on disability available is from the 2010 Census which indicated a 5,7% prevalence (not inclusive of persons with intellectual impairments). Thus, as reported, lack of data leads to lack of visibility and, despite Law-decree 21/2019 that defines the normative rules for the prevention, rehabilitation, and participation of persons with disabilities, they continue to be vulnerable to exclusion, isolation and poverty. The Strategic Plan for the Rights of Persons with Disabilities 2022-2026 is currently under implementation.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

UNICEF CV has extensive partnerships with government and OPDs and important steps have been taken to ensure activities are aimed at medium and long-term sustainable results. However, the desk review did not yield data to this effect. The inference that the CV CO has been successful in scaling-up interventions is due to the visible progression of activities over the 5 years of the evaluation, many of which have had a compounding effect that will lead to disability inclusive results (i.e., the nation-wide use of the International Classification of Functioning (ICF) to determine functional difficulties rather than the antiquated medical model).

#### **EQ4.1 What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilization, (iii) leadership accountability, (iv) coordination (v) cross-sectorality)**

In Cabo Verde, partnerships with the government, OPDs, and civil society are partially in place. Financing and resource mobilization are partially in place, and expenditures tagged as disability activities fluctuated over the 5 years of the evaluation period. In 2018, only 4% of activities were tagged. In 2019, 2020 and 2021 there was a substantial increase - 10%, 21,7% and 35,9%, respectively. In 2022, expenditures tagged for disability decreased to 20,78%. Leadership accountability is fully in place at UNICEF and in the UN Joint Programme. Both Country Representatives in office over the period of the evaluation were “champions” of disability inclusion and advanced engagement and

advocacy across all programming. Coordination is not in place, although there are plans to engage in a concerted effort across agencies. UNICEF is the lead agency for the Disability Task Force. Cross-sectorality is not in place within the organization and across government. However, there is an expressed interest in exploring common areas across agency portfolios and within UNICEF programming.

#### **EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

As previously mentioned, the introduction, training on and implementation of the International Classification of Functioning to support the early identification of children with difficulties and delays is to be highlighted as an innovation.

## **Theory of Change**

This evaluation utilized a theory of change (ToC) that was adapted from DIPAS, the elements of which are listed below in relation to Cabo Verde’s country activities, and the contribution of UNICEF Cabo Verde during the period of the evaluation. The conclusion statements also offer some actions that UNICEF Cabo Verde should consider positioning itself to deliver on the commitments articulated in the DIPAS accountability framework.

<b>ToC Element</b>	<b>UNICEF Contribution (indicative)</b>	<b>Conclusions/actions to consider</b>
Cross-sectoral coordination is in place to facilitate whole-child responses	Cross-sectoral work in Cabo Verde is planned but not yet in place	Consider the ways in which UNICEF might be able to lead the UNCT by example, by looking at common areas of work in the upcoming annual plan.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	Data on children with disabilities is rare and unreliable. The use of the ICF both in ECD and in the EMIS is an important contribution	Use the data gathered by the EMIS to demonstrate to government officials the benefits of reliable data on functional difficulties for planning, as opposed to data related to the number of persons with disabilities which is often non-descriptive.
Systems are strengthened to be more inclusive	UNICEF CVCO supports all government structures to be more inclusive.	Continue to support the Ministry of Education in expanding the system in more inclusive ways. Consider documenting previously completed work in this area and develop/ strengthen a roadmap for inclusive education.

UNICEF has become an innovative organization in relation to promoting disability inclusion	Cabo Verde has introduced the ICF.	Support the government to utilize the ICF across all sectors and support the development of reliable and accurate data gathering mechanisms that can triangulate data across sectors.
UNICEF engages in community advocacy and social and behavioural change activities	UNICEF embraces SBC activities and sensitization activities geared to both professionals and the population in general.	Consider ways in which SDG-specific campaigns can include disability inclusion messaging.
Humanitarian action is disability inclusive	Cabo Verde responded to environmental crisis	Ensuring children with disabilities are included in all DRR activities will ensure adequate preparedness.



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## Ghana

Ghana has a strong policy context for disability inclusion. It ratified the Convention on the Rights of Persons with Disabilities (CRPD) on August 21, 2012, and shows a strong legislative commitment to disability inclusion through its Persons with Disabilities Act (Act 175, Enacted on August 9, 2006) which was recently updated with a memorandum. Despite these commitments, the UN Committee on the Rights of Persons with Disabilities reported in 2018 that further measures can be taken to reduce the daily environmental and attitudinal barriers faced by children with disabilities, including discrimination and stigmatization. The UNICEF Ghana Country Office (GCO) supports a social protection scheme aimed at primarily serving rural adults with disabilities (District Assembly Common Funds). The country also has strong inclusive education policies, which have allowed the GCO to support the government directly in its legislative and policy efforts to include children with disabilities in everyday life. Recent work in Social and Behavioural Change has also focused on reducing stigmatizing narratives about children with disabilities.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Ghana is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

GCO has framed its approach to disability inclusion through a rights-based framework. Although staff who were interviewed described varying levels of technical capacity related to disability inclusion, there was a collective commitment to the rights of children with disabilities to participate in their community. UNICEF staff acknowledged that the approach they broadly understood was a Twin-Track approach to disability inclusion, which has been outlined in the United Nations Disability Inclusion Strategy (UNDIS), although most of Ghana's activity in the area of disability inclusion could be considered "mainstreaming, (i.e., children with disabilities are included in existing and ongoing activities). GCO had a few "targeted" programmes that were focused specifically on children or youth with disabilities, but programming was primarily understood as most effective when children with disabilities could be mainstreamed onto ongoing work.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

The CRPD was named as the primary normative document for guiding work in programmes, and the Convention on the Rights of the Child (CRC) as the normative framework guiding communications work.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

PCO's focus on programming has primarily been on accessibility. This was manifested in five ways: 1) Accessible Digital Textbooks that could be used in schools; 2) Accessible and safe physical environments for schools; 3) Development of Paraguayan Sign Language materials; 4) Developing family support infrastructure for addressing barriers to schooling; and 5) Evidence generation across all programmes that target or include children with disabilities.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

GCO's most effective programmes in terms of reach were in education. The GCO has indicators that point to effectiveness of programmes. For example, new policies in education and training material usage both demonstrated that UNICEF contributions were being leveraged for government activities. Further, effectiveness was measured in social and behaviour change communications by the large numbers of people reached by messages. Additionally, stakeholders commented on the importance of large events like the Global Disability Summit held in 2022. Finally, smaller programmes such as the Upskill intervention in schools for youth who are deaf showed increased satisfaction and learning on pre-post surveys.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

A key barrier country-level leadership and staff identified was a lack of coordination across sectors. UNICEF staff had different opinions on why cross-sectoral approaches seemed to be missing in the GCO, but most concluded that cross-sectoral disability inclusion work was not a priority in the country. The main barrier or bottleneck to addressing disability inclusion in a comprehensive or cross-sectoral way, according to UNICEF staff, are the office's competing priorities and a lack of prioritization for a comprehensive disability inclusion approach within the office.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

Systems strengthening and scaling-up of projects has primarily been implemented through programme partnerships with government. GCO effectively scaled up programming in education, and through materials development in social welfare and child protection. Scaled, multi-sector activities are limited.

**EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?**

GCO has sustained strong partnerships with a variety of stakeholders, including organizations of persons with disabilities (OPDs), higher education institutions, implementing non-governmental organizations, and government. It has focused much of its work on systems-strengthening activities. External funding for direct programming, according to UNICEF staff and leadership, has become more difficult to secure as Ghana's economic status improves (i.e., external funders often direct resources to lower-income countries). GCO's work has primarily focused on the Ministries of Education and Gender, Children and Social Protection. Its strongest collaborations are in education, with limited cross-sectoral work occurring in relation to early childhood and school screening (involving health, education, and early childhood programming).

**EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

The first innovative area is its focus on Universal Design for Learning (UDL), which represents an intuitive way for teachers to think about accessibility. Second, the GCO's approach to knowledge generation is also innovative and unique because it engages in rigorous research to understand the complexities of the lives of children with disabilities. Third, social and behavioural change awareness campaigns have begun to include messages about children with disabilities and are beginning to address the stigmatization of children with disabilities in Ghana directly. Finally, youth employment/entrepreneurial initiatives innovatively engaged adolescents with disabilities and helped outline ways for adolescents who are deaf to access livelihood opportunities.

## Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Ghana's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	GCO's contribution to disability inclusion was primarily within single sectors, and largely focused on education.	Work within sectors on disability inclusion is present, but there is not a concerted effort in the office to identify cross-sectoral approaches to programming, which is required by the Disability Inclusion Policy and Strategy (DIPAS).
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	GCO has presented an effective model for better understanding the lived experiences of children with disabilities. Commissioned research with social scientists has helped the GCO to develop new insights in relation to prioritization of programming.	GCO has strong evidence-generating infrastructure and partnerships, which could be leveraged to provide leadership on questions about the outcomes of disability inclusion in the country.
Systems are strengthened to be more inclusive	UNICEF has worked closely with government to strengthen systems in education. Connections in other sectors are less prominent, but contributions to materials development were made across sectors.	UNICEF has worked closely with Ministries in a partnership approach, but UNICEF staff report that interest and commitment to disability inclusion varies widely across Ministerial lines, and thus impacts system strengthening work.
UNICEF has become an innovative organization in relation to promoting disability inclusion	GCO has four innovative areas of work that can be highlighted as innovative in UNICEF and may contribute to the learning of other COs: UDA, research, SBC, and adolescent engagement.	GCO has innovative pockets of work that can be highlighted in regional or international forums.
UNICEF engages in community advocacy and social and behavioural change activities	Community advocacy has mainly come through SBC messaging and one-off events (e.g., the Global Summit on Disability).	Advocacy was present in SBC messaging, but GCO has not engaged in deliberate discussions with the government about stigmatization, institutionalization, or marginalization of children with disabilities in relation to the government's CRPD commitments.
Humanitarian action is disability inclusive	GCO did not report substantive emergency programming between 2018-2022.	Geopolitical shifts in the Sahel region will likely increase humanitarian engagement by GCO in the next several years. An important future consideration is how disability-inclusive these engagements will be.



## Jamaica

Jamaica's Government signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol on March 30, 2007. According to the United Nations Treaty Collection database, 83 countries signed the Convention on the first available day, including Jamaica. However, the only country to also ratify the treaty in March 2007 was Jamaica. In 2014, Jamaica passed its Disability Act. This Act received its regulations in 2021 and came into effect on February 14, 2022. The UNICEF Jamaica Country Office (JCO) works closely to strengthen systems and capacity of the Government of Jamaica (GoJ). The Government has systems for social protection, early childhood stimulation and intervention, disability registry, and inclusive education. These systems, however, often face infrastructure and resource bottlenecks. UNICEF JCO has worked closely with GoJ to support existing governmental supply and service.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Jamaica is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

UNICEF JCO's main approach to disability inclusion is through "strengthening government response to the community" (UNICEF JCO staff). In this way, JCO seeks to work with GoJ on its existing programmes that serve children with disabilities (both programmes in which children are mainstreamed and in targeted programmes). UNICEF staff members relayed their approach as specifically one that enhances or streamlines government service programmes but does not seek to supplant or go astray from them.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

JCO's work is guided by both the CRPD and the Convention on the Rights of the Child (CRC). Mentions of these instruments were found in UNICEF technical reports but less frequently in their public-facing "how-to" documents. For example, the documents *Children in Jamaica* and *Caring for Children with Disabilities: Managing the Triple Threat to Families* do not mention CRPD or CRC as part of their overall rationale. Most data reports describe alignment with CRC and CRPD; the most recent *Situation on the Rights of the Child* (2018), mentions the CRC in the document, but not the CRPD. In the *Situation on the Rights of the Child*, children with disabilities are described in the context of special education and social protection.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented toward the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

UNICEF JCO's approach to children with disabilities primarily comes through early childhood/early intervention programmes, social protection, and special/inclusive education. A core feature of the work has been generating knowledge and data to inform government work. Interviews with UNICEF JCO staff pointed to several areas in which the JCO is seeking to improve services by creating a more complete understanding of the situation of children with disabilities. This was manifested through: 1) attempting to disaggregate data by disability in inclusive programmes (this was cited as an area of challenge); 2) initiating a Multi-Indicator Cluster Survey (MICS) with the UNICEF/Washington Group Child Functioning Modules in 2022; 3) Supporting families to get access to disability registry assessments (through support for fees and transportation costs); and social protection and scholarship programmes for children with disabilities and their families.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

Interviews with staff revealed that UNICEF JCO has invested a great deal of effort in policy development with some success. Policies like the Disability Act of 2022 were supported by UNICEF. A measure of success in policy advocacy was the enactment of the law, but how the law is/was implemented is unknown and perhaps outside of the scope of UNICEF. Staff interviewed for this evaluation described implementation processes as a "long uptake" about which it is difficult to measure progress or programmatic effectiveness.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

As noted throughout, UNICEF Jamaica's approach has focused on integration in government programmes. According to staff interviewed, one of its major aims is to fill gaps in access to systems. The JCO successfully noted that with their help, an additional 1,000 children were registered for disability benefits when the office helped support families to reach registration centres and pay fees. In education, JCO also supported teacher training, including online teacher training components that required teachers to develop plans for implementation. In general, direct reach to children with disabilities has been easiest to track in social protection programmes. Cross-sectoral work has not primarily occurred in policy advocacy (i.e., the Disability Act takes a cross-sectoral approach) and in JCO's work to connect data systems across ministerial lines.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

UNICEF JCO's work is integrated into the existing work of GoJ and its entities. For example, Jamaica has conducted several studies and situation analyses of issues related to children with disabilities, and most of the recommendations were aimed at the government, not UNICEF. One aspect of "scaling" highlighted in interviews was the capacity of UNICEF to help coordinate governmental entities so they could better reach children with disabilities. For example, children may receive some forms of medical assistance, which involves Ministries of Health and Labor/Social Security but housed within Labor/Social Security is the Jamaica Council for Persons with Disabilities, which may not be aware that a child is receiving medical assistance for a disability. JCO has worked to develop more nimble systems that can share information among ministries at a faster rate than previous paper-based models.

#### EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?

UNICEF work is, as mentioned above, highly supportive of the Government of Jamaica. In this way, the Government of Jamaica and its various units that engage with children with disabilities are its main partner. The office has financed several Situation Analyses and research studies on children, including children with disabilities. It also, however, has benefited from external support, such as the funding that drives its accessible textbook initiatives. Its reports have called for greater investment in systems for children with disabilities, but its operational work in this area has focused on government support and upgrading systems to help ministries coordinate and share information. JCO's work is strongest in social protection and education in relation to children with disabilities, and some cross-sectoral activities have been initiated in early childhood education and

services. Disability-tagged expenditures fluctuated over the 5 years of the evaluation from around 6% in 2018 and 2019, to 19% in 2020, and a sharp decline in 2021 and 2022 (5% and 2% respectively).

#### EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives

UNICEF JCO has leveraged innovative technology to help support GoJ in two specific ways. The first technological innovation was support for digitization of the disability registry system in Jamaica. The system was formerly paper-based and could take months to process information, creating a barrier to receipt of benefits. The second innovation is the participation in the UNICEF Accessible Digital Textbook initiative, which has provided literacy access to all children who use them, including children with disabilities.

### Theory of Change

This evaluation utilised a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Jamaica's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	JCO has not planned for cross-sectoral work but has engaged in cross-sectoral policy advocacy and cross-Ministerial coordination.	Disability has a comparatively smaller portfolio than other initiatives. Coordinating Ministerial units around common goals (such as case management or disability data) is a form of cross-sectoral work.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	JCO has commissioned several studies and SitAns, as well as a 2022 MICS with Child Functioning Modules. Not all reports leveraged CRPD language.	JCO's reports have made direct recommendations to government. Recommendations may be easier to advocate for if CRPD accountability is leveraged in advocacy efforts.
Systems are strengthened to be more inclusive	JCO has placed considerable effort into supporting existing systems and governmental initiatives.	GoJ's systems are complex, layered, and at times, inefficient. JCO's efforts to update and upgrade these systems may have been slow, and at times invisible, but had an important impact.
UNICEF has become an innovative organization in relation to promoting disability inclusion	JCO has utilized technological innovations to support disability inclusion in social service systems and schools.	JCO successes and comfort with technological systems may open new opportunities to support government implementers to utilize assistive technologies to support children with disabilities.

<p>UNICEF engages in community advocacy and social and behavioural change activities</p>	<p>JCO has engaged in government policy advocacy, but social and behavioural change (SBC) activities were not noted in interviews or reports.</p>	<p>In addition to government advocacy, JCO can undertake SBC work to address stigmatization of children with disabilities in Jamaica.</p>
<p>Humanitarian action is disability inclusive</p>	<p>JCO worked with existing data systems to fast-track cash benefits to families during recent hurricanes.</p>	<p>At present, hurricanes present the largest risk for humanitarian disaster in Jamaica. Planning and preparation to ensure persons with disabilities are targeted for social protection during these times may enhance inclusion.</p>



## Lebanon

The Lebanon Country Office (LCO) has undertaken numerous programmatic interventions, including humanitarian and systems-strengthening activities, to address the economic, environmental, political, and social challenges encountered by the nation of Lebanon over the past two decades. Work on disability inclusion has primarily focused on social protection, health, and education activities. The UNICEF Lebanon LCO reports strong collaboration with both Lebanon's government and civil society organizations. UNICEF activities related to disability inclusion between 2018-2022 were: Mapping of disability service organizations, disability-focused social protection grants (including an innovative grant for youth with disabilities), policy advocacy across multiple sectors, collaborations with organizations of persons with disabilities (OPDs), capacity building activities to sensitize caregivers about developmental delays in young children, and parent engagement programming aimed at increasing caretaking capacities to protect children. A large component of the national portfolio is focused on the education of children with disabilities, which is implemented in a range of settings. The programme has focused on increasing access and support for children with "mild" to "moderate" disabilities (by government definition) in general education schools. Children with "severe" disabilities (by government designation) are served through non-formal education (NFE) programmes outside of schools.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Lebanon is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

According to UNICEF staff interviewed, the LCO takes a 'Twin Track' approach to disability inclusion, meaning that it attempts to mainstream children with disabilities into all its programmes, but also has targeted programmes specifically for children and youth with disabilities. Examples of programmes that "mainstream" children with disabilities are the current inclusive education initiative shared by UNICEF and the Lebanon Ministry of Education and Higher Education (MEHE) and the social protection programme Haddi<sup>55</sup>, which provided child grants to children impacted by the Syrian and Palestinian refugee crises. The Haddi programme no longer exists, but was designed for all children, with specific considerations for children with disabilities within its scope. The LCO also had programmes that specifically targeted children or youth with disabilities. For example, UNICEF supported early intervention activities in community centres in an effort to provide children with disabilities with stimulation and therapeutic support. UNICEF also initiated and supports a National Disability Allowance (NDA) to youth 18-28 who have disabilities.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

The Twin-Track approach described above is a generally accepted way of planning for disability inclusion in the United Nations. There is, however, a distinction in how it is being implemented (at times) in Lebanon and how international instruments conceptualize it. UNDIS calls for all UN organizations to "include persons with disabilities in all aspects of society and development." However, in Lebanon, UNICEF supports organizations that provide either segregated or integrated services.

### **EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

The UNICEF LCO took two key approaches to facilitating disability inclusion. The first approach was to leverage partnerships. Both NGOs and government officials lauded UNICEF for its approach to partnership, which is said to be very collaborative and engaging. UNICEF LCO also engaged in partnership accountability. During the evaluation period, it cut ties with non-governmental institutions for children with disabilities, citing differences in approach. As noted in the section above, UNICEF has retained ties with some organizations that practice segregated or integrated approaches. A disability focal point described those relationships as a “work in progress” to make the NGOs more inclusive. Internally, UNICEF LCO leveraged a centralized Disability Focal Point (DFP) during the evaluation period to help organize disability inclusion work across sectors. The position no longer exists, and sector-specific DFPs and the Equity lead lamented that cross-sectoral work in disability inclusion has suffered because of a lack of dedicated staff. One programme staff member stated, “without that person, in-person work is being done in siloes, and no standardization.” Opportunities for a new position appeared unlikely at the time of the evaluation, with a senior administrator lamenting that there is no funding for the position in the LCO at present.

### **EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

This evaluation was an opportunity to provide a small snapshot of outcomes for a limited number of beneficiaries. Children in the FISTA programme, for example, felt cared for and were stimulated in the environment (compared to being at home) but faced no chance of being included in Lebanon’s schools. Parents of both SKILD and FISTA attending beneficiaries were highly satisfied with the care they were receiving, but some parents stated they struggled with the limited transportation allowances they were provided and wondered what would happen as their children grew older, or if programmes ended. Finally, NDA participants were able to pay rent and

access healthcare with subsidies but were no closer to employment as a result of the programme. The micro-findings of this evaluation were nuanced.

### **EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

UNICEF LCO generally reports its outcomes in terms of “reach.” For example, 110 schools are reached by inclusive education programming, approximately 8,500 youth with disabilities are reached by NDA efforts, and 200 children are reached by SKILD early childhood interventions.

### **EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

UNICEF LCO success with governmental and non-governmental partners has extended to donors, and there are frequent funding inputs for activities. According to UNICEF LCO staff, however, these activities are often donor-driven, which creates an opportunity for UNICEF to be responsive but does not fill other operational gaps, such as staffing issues. A further danger of such programmes is a lack of sustainability. Donor-driven projects both create new opportunities for UNICEF to provide needed programmes but may create a cycle of new programmes that may close later. Two of LCO’s signature programmes, however, recently received news that sustainability would be supported by Lebanon’s government. Despite a financial crisis, the government of Lebanon has committed \$1.5 million to the NDA programme and committed to the expansion of inclusive education programming in 110 schools. Such investments by the government are likely attributable to the quality of programming and positive partnership with UNICEF.

#### EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?

LCO has been highly successful in developing external partnerships and securing funding for its overall programming, some of which focuses on children with disabilities. It has been supportive of government but has held its non-governmental organization partners accountable for ensuring their work focuses on inclusion, not exclusion or segregation. Although some partners expressed concern, UNICEF has been able to drive inclusion in Lebanon in the non-governmental sector. LCO's work with the Government of Lebanon and in the country was primarily focused on education and social protection during the evaluation phase, with some overlap in early childhood programming and services. Sufficient human resources are not in place and approximately 6% of all expenditures were tagged for disability over the evaluation period.

#### EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives

The flagship programmes for disability inclusion, NDA and inclusive education, provide case studies for innovation that were described above. In addition to these activities, UNICEF Lebanon, like many countries, has addressed the stigmatization and invisibilisation of children with disabilities through outreach and communications. The CO's Social and Behavioural Change (SBC) unit has been especially active in using digital "edutainment" to promote positive messaging about children with disabilities. As reported by SBC staff, these short films have reached over 100,000 viewers. However, the LCO's approach to communications was informed by a human resources (staffing) decision to bring in a United Nations Volunteer communications expert with lived experience with a disability.

### Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Lebanon's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	LCO leveraged partnerships to facilitate their work on disability inclusion. During the evaluation period, the LCO also utilized a centralised Disability Focal Point as a way to coordinate activities.	Partnerships can provide capacity for programming, but the internal capacity to understand technical aspects of planning and implementing disability inclusion across sectors is also needed.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	LCO has worked to identify children with disabilities in programming, or who might be eligible for programming, using tools like the UNICEF/Washington Group Child Functioning Module.	Children with disabilities are increasingly visible in LCO programming, but little is known about how programmes impact the lives of children with disabilities.
Systems are strengthened to be more inclusive	LCO has provided systems strengthening to the Ministry of Education and Higher Education and the Ministry of Social Affairs. There was no data available for other Ministries in this evaluation.	MEHE and MOSA officials reported increased capacity as a result of UNICEF work. Other Ministerial data was not available.

<p>UNICEF has become an innovative organization in relation to promoting disability inclusion</p>	<p>Innovative activities such as the National Disability Allowance and rights-focused Social and Behavioural Change have provided models for engagement around disability inclusion. LCO also had a country-level Disability Focal Point who coordinated all disability-related activities in the office.</p>	<p>Both the NDA and SBC activities have drawn upon the experiences of persons with disabilities themselves to guide and inform activities. In this way, both the programmes and their approach to planning are innovative.</p>
<p>UNICEF engages in community advocacy and social and behavioural change activities</p>	<p>LCO indirectly advocated for communities when it developed accountability mechanisms for non-governmental organizations to ensure they were inclusive.</p>	<p>Cutting ties with or requiring changes in approach from exclusionary community partners is a strong step toward advocating for inclusion. LCO successfully navigated these advocacy changes.</p>
<p>Humanitarian action is disability inclusive</p>	<p>Much of LCO's work is in response to emergencies in Lebanon. The CO has demonstrated how to use a Twin Track approach to emergency response.</p>	<p>LCO has both attempted to mainstream children with disabilities in emergency response (Haddi) and target children with disabilities (NDA, WASH programmes).</p>



## Malaysia

Malaysia is a large country in Southeast Asia. It is a federal constitutional monarchy, with a population of over 33 million people, of which an estimated 9 million are children under the age of 18. The country is multi-ethnic and multi-cultural, with half of the population ethnically Malai, and the other half constituted of Chinese, Indian and other indigenous peoples' minorities. The official language is Malai with English as a second language commonly used. The 2020 UNICEF *Situation Analysis of Women and Children in Malaysia* indicates that Malaysia has an aging population, and rapid rate of urbanization, being a major destination country for children and families on the move from Southeast Asia the Middle East and African countries. There are persistent gender inequalities as well as growing social disparities and inequities despite a steady economic growth and a low poverty line.

## Evaluation questions and findings

This section presents the eight key evaluation questions (see evaluation matrix on Annex X), and a summary of findings for each question. A summary of answers and considerations for disability inclusion in Malaysia is provided in the final section.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

UNICEF Malaysia conceptualises the work of disability inclusion within the broader scope of diversity inclusion, whereby discourse related to inclusion includes children with disabilities but is focused on developing a system-wide response to a variety of issues, including inequity, children in contact with the law, child sexual abuse, children with disabilities, child marriage, education, and the registration and documentation of children born in Malaysia. As mentioned in an interview "the DIPAS represents all children". By focusing on the concept of intersectionality, the Malaysia CO is able to speak on behalf of all children while tailoring their message to the particular audience, and thus ensure children are viewed as multi-faceted individuals.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

Programming, interventions, and strategies are guided by core UN normative frameworks (CRC, CEDAW, CRPD, and others) and aim to support the Malaysia government in changing their perceptions of children with disabilities and fulfilling its commitments to all its citizens. In Malaysia there is a mix of medical and charity models, with a prevalent view of children and youth with disabilities as passive recipients of services, with limited individual agency. Disability is often related to notions of divinity, with disability being a punishment cast upon the person with a disability, and a reward cast on the person helping them. There is a low number of children with disabilities registered at birth and this increases invisibility, which perpetuates the social and cultural knowledge, perceptions, and attitudes towards children with disabilities that limits their ability to recognise their rights.

### **EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

Disability inclusion is a core part of the Malaysia CO's Leaving No One Behind agenda, and collective inputs to national development planning, and is embedded in the work of different agencies on migrants, refugees, undocumented persons, stateless, women and children, and the bottom 40%. A theory of change for children with disabilities was developed in 2019, which was informed by a barrier analysis, reflecting the status of disability inclusion. The CO is recognized as a strong lead for mobilizing and amplifying networks and partnerships and having a central role in generating and disseminating evidence to inform action and providing system strengthening and capacity building (internal and external). The CO established a disability inclusion working group in 2020 to mainstream disability across all UN areas and both Disability Focal Points are women with disabilities. The CO plans to work with the National Statistical Agency to develop disability disaggregated data for persons with disabilities and recognises that one of its current barriers is their limited partnerships with OPDs. UNICEF Malaysia's advocacy has contributed to the 'zero reject policy' which aims to ensure that all children, including children with disabilities, have access to education. This policy was introduced in 2019 and has led to over 20,000 children with disabilities enrolling in school, albeit in segregated or integrated settings. The CO has also provided technical input on various national policies, including the National Blueprint for Inclusive Education.

### **EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

Through a flexible-joint programming approach tailored to Malaysian contexts, the CO has been able to harmonize business processes for greater efficiency and effectiveness in protecting and extending access to all children at risk, including children with disabilities. Programme planning uses a 3-prong approach: government engagement, business/corporate partnership, and cross-sectorality. Because of deeply entrenched cultural and religious stigma and discrimination, the Malaysia CO

has developed a working model that is unique in the region, whereby working with businesses and corporations is as important as working with the central government. System-strengthening is key, but so is working with local government (i.e., Child Friendly Cities), thus influencing policy and implementation through a bottom-up approach.

### **EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

Until recently, very little data has been collected on children with disabilities. Due to invisibility, stigma, and difficulty accessing services, support, and protection efforts, children with disabilities do not have equitable access to education, healthcare, and social protection. However, gathering evidence and data on children with disabilities is high on the Malaysia CO agenda and was initiated with a KAP study in 2016 which set the stage for evidence-informed advocacy and to shape the SBC communication campaigns. The preparatory work for the 2019 Theory of Change further informed the extent to which UNICEF was effective in reaching children with disabilities as well as the *Formative Evaluation of UNICEF #ThisAbility Flagship initiative 2017-2019*. Activities related to children with disabilities and disability inclusion are mainstreamed throughout all sections and programmes and all data sets include data on children with disabilities.

### **EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

UNICEF Malaysia has been able to advocate for scaling-up of various activities. The #ThisAbility initiative begun by the CO in 2016 to create positive change for children with disabilities. However, in 2019, the CO decided to no longer refer to disability as a flagship, but rather focus on mainstreaming disability inclusion in all its programming. This effort is ongoing. In education, the "zero reject policy" has provided access to education settings (even if many of those are segregated) to children with disabilities and exposure to new inclusive education policies. In social policy, the focus has been on sustaining policy revisions that are child-friendly and increasing government autonomy regarding data collection. The promotion of joint ownership for results has led to mainstreaming disability inclusion.

**EQ4.1 What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilization, (iii) leadership accountability, (iv) coordination (v) cross-sectorality)**

Partnerships with the private sector, children (including children with disabilities) and government are in place, but engagement with OPDs has been identified as a weakness and it is an important stream of work for 2024. Financing and resource mobilization are fully in place. The Malaysia CO has 2 DFPs (both women with disabilities) and the CO staff is empowered to advocate for children with disabilities. Expenditures tagged with disability have fluctuated between 5 and 6 % over the 5 years of the evaluation but the CO is well positioned financially. Leadership accountability is partially in place at the CO. In addition to the DFPs, the office staff is more often identified as the disability inclusion “champions”. Coordination is fully in place, with disability inclusion weaved through the entire work plan. Cross-sectorality is partially in place, but further effort is needed to ensure each section is engaged in cross-sectoral work.

**EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

Several innovations have marked the work on disability inclusion in Malaysia, starting with its flexible and context-specific programming. Internal advocacy and capacity development have led to a cross-sectoral work methodology and staff empowerment. Many of the staff interviewed felt they had the necessary skills to advocate on behalf of children with disabilities without having to rely on one of the DFPs. In addition, the CO is deeply invested in building a business model that is different from other COs and their large and very successful fundraising team has ensured that the UNICEF CO is not dependent on project funding. For example, a partnership with a real estate developer resulted in the design and construction of a disability-inclusive community playground in the City of Elmina. Construction was completed in November 2020 with validation sessions undertaken in April 2021. A Best Business Practice Circular and Guidance Toolkit and advocacy package has been developed was launched in 2022 and the engagement of children and youth with disabilities in the playground design was highlighted at the Global Forum for Children and Youth in December 2021.

This and other business relationships have also provided UNICEF with the opportunity to capacitate the private sector on issues related to disability which, in turn, can apply pressure to government structures and ensure policy and legislative alignment. Malaysia CO is currently engaged in research (with HQ) on the additional cost of raising a child with a disability.

## Theory of Change

This evaluation utilized a theory of change (ToC) that was adapted from DIPAS, the elements of which are listed below in relation to Malaysia's country activities, and the contribution of UNICEF Malaysia during the period of the evaluation. The conclusion statements also offer some actions that UNICEF Malaysia should consider positioning itself to deliver on the commitments articulated in the DIPAS accountability framework.

ToC Element	UNICEF Contribution (indicative)	Conclusions/actions to consider
Cross-sectoral coordination is in place to facilitate whole-child responses	Cross-sectoral work in Malaysia is planned but not yet implemented office-wide.	Consider the ways in which some sections might be able to take lead of activities with other sections partially "layering" support in some activities.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	Gathering reliable data on children with disabilities continues to be a challenge	Use the data collected thus far to advocate for the investment on data collection mechanisms that conform with international standards (i.e., ICF and Child Functioning Module) and make data collection a condition to engagement with government agencies.
Systems are strengthened to be more inclusive	UNICEF advocates and supports all government structures to be more inclusive.	Continue to support government structures to be disability inclusive. Utilize corporate relationships to leverage government engagement.
UNICEF has become an innovative organization in relation to promoting disability inclusion	Malaysia CO has developed a business model that takes into consideration their specific socio-political context.	Continue to engage with the private sector. Consider ways in which the current CO business model might be an example to other COs in the region.
UNICEF engages in community advocacy and social and behavioural change activities	UNICEF has engaged in SBC activities since 2016 and continues to do so, albeit with a broader message of diversity (instead of singling out disability).	Consider repeating the 2016 KAP study to document change (if any) and inform future activities.
Humanitarian action is disability inclusive	Disaster Risk Reduction activities in school have taken place. However, because children with disabilities are in segregated setting their needs might be overlooked.	Ensuring children with disabilities are included in all DRR activities will ensure adequate preparedness.



## Montenegro

Montenegro is a small country in Southeast Europe with a moderately developed legal and institutional framework. Montenegro has an upper-middle income economy. According to the 2022 Census, there are approximately 617,000 people living in Montenegro, with approximately 135,500 children ages 0-17. The UNICEF Country Office in Montenegro (COM) has undertaken a range of programmatic interventions, primarily focusing on education and child protection systems-strengthening activities. Through partnerships with governmental agencies and legislature, UNICEF Montenegro has supported successful program implementation in multiple sectors. Collaboration with the government has included supporting the introduction of universal child benefits for all children ages six and under in 2021 and the development of the Strategy for Inclusive Education (2019-2025).

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Montenegro is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

UNICEF Montenegro has supported significant legislation and systems-strengthening efforts during the evaluation period. The COM has fostered strong international and national partnerships, leading to successful programmatic implementation across sectors. The most robust programming has been focused on inclusive education and deinstitutionalization. There has been considerable progress in removing vulnerable children, including children with disabilities, from institutions, placing them either with their families or foster families. Additionally, access to education for these children has improved over time, though the quality and inclusiveness of the education is still lacking. In the later parts of the evaluation period, disability inclusion has expanded beyond the education and child protection sectors, with the CO supporting health, WASH, and nutrition programming, evaluation and research, and continued advocacy for the rights of children with disabilities.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

UNICEF COM reports and interviews indicate that there is alignment with the Convention on the Rights of Persons with Disabilities (CRPD). Montenegro ratified the CRPD in 2009 and has passed a significant amount of disability legislation since, including social and child protection laws, rights to education, and protection from discrimination. The COM also led the development of the Situational Analysis of CRPD and SDG implementation and disability inclusion in Montenegro as part of joint UN two-year programme to promote the rights of persons with disabilities in the country. This effort was funded through the UN Partnership on the Rights of Persons with Disabilities. In 2021, UNICEF Montenegro's cross-sectoral analysis on supporting children with disabilities and their families was selected as one of 11 finalists globally in the 2021 Best of UNICEF Research competition.

### **EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

As listed above, UNICEF Montenegro has undertaken a wide range of efforts for cross-sectoral disability inclusion, with initiatives centred on education, deinstitutionalization, and child protection through supporting the 2019-2025 inclusive education strategy, increasing school enrolment, and access to quality school education. In addition to work in these sectors, the CO has been instrumental in advocating for changing societal and cultural attitudes about children with disabilities. UNICEF Montenegro supported programmatic interventions to improve inclusive education culture, including adapting textbooks into digitally accessible information system (DAISY) format, and building capacity for teachers to use DAISY textbooks.

The CO supported the Strategy for Inclusive Education (2019-2025), which was developed using a cross-sectoral approach at the national and local level to ensure that all children with disabilities are identified, enrolled, and supported in mainstream education from pre-school through secondary education. It also emphasizes the need for intersectoral cooperation to provide quality services to children with disabilities and their families at national and local levels. The COM worked to expand access to preschool enrolment and quality inclusive education for children with disabilities, as well as to include children with disabilities in advocacy and public engagement.

Major barriers to disability inclusion are low coverage and quality of early childhood education and regional inequalities, such as poor early detection and intervention services and weak mechanisms for referrals. There is also an inadequate level of support for children with disabilities in schools. Beyond education, there is a lack of relevant data on disability and limited inter-sector cooperation. Another significant barrier is the lack of disability disaggregated data and the lack of indicators to collect this data. There continue to be barriers to social inclusion and discrimination. Additionally, there are gaps for children with disabilities with access to health services, education, and social and child protection services.

### **EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

The UNICEF COM reported three initiatives that were designed to improve access and inclusion for children with disabilities. The first activity related to identifying children with disabilities at an early age so that interventions could be undertaken. The COM facilitated this identification by developing the Child Development Screening Tool, which can be used to identify children who may need more comprehensive assessment to identify if they have a delay/disability. The CO successfully developed this tool. Further, the CO set out to improve data collection in schools on the presence of children with disabilities. The CO also successfully advocated for additional indicators in the nation's EMIS system. Finally, the CO sought to increase access of children with disabilities in school and number of children with disabilities who are vaccinated, but there is not sufficient data to know if these goals have been met.

### **EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

Partnerships and collaborations between UNICEF Montenegro and the government, organisations of persons with disabilities, and international organisations have resulted in many children with disabilities (and their families) being supported by COM programming. For example, UNICEF Montenegro has a strong history of partnering with youth organisations, including the Association of Youth with Disabilities, the Association of Scouts, Juventas, and Special Olympics Montenegro. Through this work, the CO has provided psychological and legal support for over 1,000 families of children with disabilities with these associations. Online collaborations with the Association of Youth with Disabilities has resulted in the CO's programming reaching over 31,000 children and adults with disabilities. Much of the collaborative work in the CO participates in involves connecting children with disabilities with appropriate health, (formal and informal) education, and social protection services.

### EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?

UNICEF Montenegro's advocacy for changing attitudes about children with disabilities has been scaled up to the national level and had significant success, with 83% of citizens supporting inclusive education (up from 74% in 2019). Deinstitutionalization advocacy efforts have also resulted in 81% of citizens believing that fostering is better than institutionalisation, up from 69% in 2019. Social protection, education, health, and child protection programmes have gradually grown but are not fully to scale. Interviewees indicated that the lack of funding has constrained scaling up.

### EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?

UNICEF Montenegro has a strong history of partnering with youth organisations and other non-governmental organisations, ODPs, the government, and international organisations. UNICEF Montenegro has strengthened its cross-sectoral approach with a

strong focus on gender equality, equity and disability mainstreaming in all programme components. UNICEF Montenegro has also had significant expenditures for disability programming in 2018 and 2019 (32% and 25% respectively), though it has declined slightly in the 2020-2022 period (13%, 14%, and 17.5% respectively). Country Representatives in office over the period of the evaluation were "champions" of disability inclusion and advanced engagement and advocacy across all programming. Coordination is in place, with plans to continue to engage in a concerted effort across agencies.

### EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives

UNICEF Montenegro has completed the groundwork to understand the gaps in programming and support for the rights of children with disabilities. The COM has supported several award-winning initiatives (i.e. It's About Ability) and it is primed for continued innovation. There are plans for increasing disability disaggregated data collection, analysis, and reporting. The CO is aware of barriers to disability inclusion as a cross-sectoral effort, particularly in non-education and child protection sectors.

## Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Montenegro's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	Deinstitutionalisation efforts have been cross-sectoral, centering child protection, social protection, and education in programming.	Cross-sectoral work in this area has been successful. Fully cross-sectoral work across all disability inclusion programming is still needed.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organisation does in relation to children with disabilities	Montenegro CO has worked to identify children with disabilities in programming, though governmental identification practices continue to use medical model practices.	Children with disabilities are increasingly visible through Montenegro CO advocacy and in programming. However, the lack of disaggregated disability data for Montenegro means that little is known about how many programs impact the lives of children with disabilities.

Systems are strengthened to be more inclusive	There is significant evidence that the Montenegro CO uses systems strengthening approaches towards disability inclusion, including working with OPDs. Significant capacity building has also been provided by the CO.	Montenegro CO has strengthened government capacity to provide services for children with disabilities. Collaborations with ODPs has also effectively increased CO reach to children with disabilities and their families.
UNICEF has become an innovative organisation in relation to promoting disability inclusion	Montenegro CO has utilised innovative practices with assistive technology and devices in the education and early education areas.	Montenegro is well positioned to showcase their innovations across the region and beyond.
UNICEF engages in community advocacy and social and behavioural change activities	Montenegro CO has successfully advocated for changing attitudes towards children with disabilities and deinstitutionalisation.	Advocacy for greater inclusion in school and the workforce, as well as accepting children with disabilities as they are, continue to positively impact the public's attitudes towards children with disabilities, reducing discrimination and stigmatisation.
Humanitarian action is disability inclusive	Montenegro CO has developed some humanitarian action focused on disability, mainly related to health and the COVID-19 pandemic.	Although Montenegro has not had a major emergency, and emergency preparedness is not a central priority of the CO, preparedness will support efficient and inclusive response should another pandemic occur.



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## Republic of Mozambique

The Republic of Mozambique is a country in the southeastern African region with approximately 34 million people of a median age of 17 years old. Its official language is Portuguese and the largest city is Maputo, with close to 1,200,000 population. The country has an extensive array of natural resources but continues to be considered one of the poorest and most underdeveloped in the world. Since 2015, Mozambique has faced an increased national debt, made more critical by the Covid-19 pandemic, violent confrontations in the north of the country, and two cyclones (Idai and Kenneth) in 2019. Close to half of all children in Mozambique (49%) live below the poverty line. The 2017 census indicates that only 2.7% of the population of Mozambique has a disability but the data is conservative, reflecting the use of the medical model of data collection. Poverty and disability are intimately connected, with studies showing that persons with disabilities in Mozambique are poorer than the rest of the population, and they are also less likely to complete any level of education.

## Evaluation questions and findings

This section presents the eight key evaluation questions (see evaluation matrix on Annex X), and a summary of findings for each question. A summary of answers and considerations for disability inclusion in Mozambique is provided in the final section.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

UNICEF Mozambique has gradually enhanced its focus on disability inclusion. Two Country Programme Documents (CPD) were reviewed for this evaluation. The first CPD (2017-2021) made only one reference to children with disabilities and no reference to disability inclusion, whilst the second CPD (2022-2026) was intentionally developed with an inclusion lens: “inclusion and gender equality are at the heart of the country programme” (p.6), demonstrating a gradual and increasing commitment to addressing disability inclusion in the MCO. Reports indicate that the MCO uses the “twin track” approach, allowing for mainstreaming of children with disabilities and targeted programmes specifically aimed at children with disabilities.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

While Mozambique ratified the Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol in 2012, the Mozambican Government is still in the process of developing the Disability Act, which will reportedly provide a roadmap for the protection and promotion of the rights of persons with disabilities in Mozambique. However, the overall national context is one of stigma, discrimination, lack of awareness about the rights of persons with disabilities, and a legislative landscape that is discriminatory and segregationist, which greatly impact UNICEF Mozambique’s ability to implement their disability inclusive programmes in full accord with international standards. The MCO and Mozambican government have advanced a shared understanding of disability inclusion across sectors/ programme areas and programming contexts since (at least) 2018 with the preparation of the Global Disability Summit. This was further strengthened in

2020 with an investment on internal and governmental capacity development. UNICEF often partners with an umbrella organization of persons with disabilities (OPD), and a shared conceptualization of disability inclusion exists.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

UNICEF MCO implemented a variety of key approaches, interventions and strategies across sectors and contexts following a twin-track approach. Disability mainstreaming activities focused on supporting the national Inclusive Education Strategy, technical support to the development of the violence against children mechanism operational planning for schools, and working with the Ministry of Gender, Children and Social Action and the Social Policy section, focusing on disability data, access to the Child Grant, and adapting the data collection tools and assessments to make sure they are inclusive of children with disabilities. Disability-specific activities focused on training and placement of Sign Language interpreters in some health centres, testing of new tools for early detection of delays and disabilities, psychosocial support, rehabilitation and medical services or legal services to more than 1,000 persons with disabilities as response to the Covid-19 emergency. In addition, since 2022, there has been an intentional effort to make all social media and digital content accessible to persons with disabilities.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

Programme-wide, there is a lack of data and evidence on the reach UNICEF activities have on children with disabilities and their families and it is not possible to determine the extent to which UNICEF activities were effective in including children with diverse disabilities. This is an observed and acknowledged obstacle and, overcoming this obstacle is at the forefront of upcoming activities in the current CPD. UNICEF MCO uses a multi-sectoral approach to programming including disability inclusion. However, despite the efforts

of the Disability Specialist to support planning and capacitation of CO staff, as well as several sector-specific disability focal points, disability inclusion activities continue to be implemented within the siloes of each section. Disability inclusion in ECD is the one area where a cross-sectoral approach is more visible, likely due to the nature of ECD programming (health, nutrition and education). All other activities took place within specific sectors. While the new CPD anticipates a cross-sectoral approach to disability inclusion and CO leadership is fully committed to this goal, the cross-sectoral planning and implementation of disability inclusion activities faces financial, human and technical capacity obstacles.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

As reported in various documents reviewed for this evaluation and interviewees, disability is narrowly understood in Mozambique, with a focus on children with sensory disabilities, to the detriment of children with other types of impairments. For example, one of the most scalable and sustainable interventions at MCO is related to the efforts by the C4D section to, in partnership with OPDs, make all social media and digital content accessible to persons with disabilities and further sensitize and capacitate other partners on making social media disability inclusive. Additionally, UNICEF and TV Surdo have trained 67 adolescents with disabilities on television production, and they went on to produce programs to raise awareness about the rights of young people with disabilities, reaching an estimated 80,000 people. Despite these and other efforts, the lived experiences of children with disabilities in Mozambique continues to be marked by stigma, discrimination and there are continued situations of violence against children with disabilities. There is no violence protection system mechanisms and coverage of children with disabilities, despite UNICEF training of violence call-line respondents and other community care workers. Women and girls with disabilities continue to be excluded due to barriers to access to information and inaccessible materials despite an emphasis on sexual and reproductive health. And, while sign language interpreters have been trained and placed within some health centres, the remaining health staff is still not capacitated to provide quality care to persons with disabilities. Children with disabilities, particularly children with severe disabilities or albinism, are still

hidden at home and suffer violence by other children and adults. In Mozambique, there is a continued reliance on stereotypes and negative beliefs about children with disabilities and albinism, confirming the myth that rationalizes practices of kidnapping and killing children and people with albinism.

### **EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

The narrow geographic coverage of the programme in Mozambique confines implementation and scaling up. UNICEF activities take place almost exclusively in integrated settings – a priority for the Mozambican government. The upcoming influx of resources provided by the UNPRPD grant will support the scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts, focusing on inclusive settings.

### **EQ4.1 What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilization, (iii) leadership accountability, (iv) coordination (v) cross-sectorality)**

Partnerships are fully in place, as the MCO has good partnerships with various ministries, the government structures at large, FAMOD and other OPDs. Finance and resources are partially in place but insufficient due to a continued reliance on donor-funded projects; some activities are funded by the sections within which they take place, with prominence for the child protection section. Between 2018 and 2022, the MCO marked 1,4% of all its expenditures with the disability inclusion tag. Human resources are partially in place but insufficient, with staff turnover and job insecurity an obstacle to the sustainability of the disability inclusion agenda. “Champions” (i.e., Rep, Dep. Rep., section chief) were identified as catalysts for activities that are disability inclusive, and drivers for both expenditures and results related to disability inclusion. Coordination is not in place, and disability inclusion has not been institutionalized in the MCO. Coordination of activities across sectors has been difficult due to 1) need to respond to emergency and humanitarian crises; 2) lack of internal capacity and awareness, 3) competing priorities within and across

sections. Cross-sectorality is partially in place but insufficient due to increased cross-sectoral commitments (i.e., nexus, PSEA, disability, gender, climate, etc.). The MCO has tried to have dedicated specialists for each area but sustaining them and their work is challenging. That said, cross-sectorality has been achieved at various moments, especially between ECD, SBC, disability, gender, and youth programming. However, the disability specialist is not able to support every section and staff (varied technical capacity).

### **EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

The MCO has taken corrective steps by investing in (internal and external) capacity development, modelling the creation of accessible environments and ensuring the current CPD is based upon the principles of inclusion. Innovation within C4D has been leveraged, ensuring that UNICEF messaging on disability inclusion is accessible by the population at large and persons with disabilities. The perspectives of persons with disabilities have been reflected throughout all disability inclusive activities, as represented by OPDs. It is widely acknowledged that partnerships with OPDs and the presence of persons with disabilities within the office structure (TA/Consultant) have positively influenced the conceptualization, planning and implementation of disability inclusion activities.

## Theory of Change

This evaluation utilized a theory of change (ToC) that was adapted from DIPAS, the elements of which are listed below in relation to Mozambique's country activities, and the contribution of UNICEF Mozambique during the period of the evaluation. The conclusion statements also offer some actions that UNICEF Mozambique should consider positioning itself to deliver on the commitments articulated in the DIPAS accountability framework.

ToC Element	UNICEF Contribution (indicative)	Conclusions/actions to consider
Cross-sectoral coordination is in place to facilitate whole-child responses	Cross-sectoral work is the main pillar of the current CPD.	There were instances of cross-sectoral work but more internal and multi-agency coordination will be needed to align with DIPAS.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	Secondary data gathered with the support of OPDs and persons/children with disabilities themselves have supported UNICEF decision-making	Strengthening the government capacity to collect data related to functional difficulties (as opposed to using the antiquated medical one-question model) and continuing to gather data with OPDs should be a priority.
Systems are strengthened to be more inclusive	Much of the work carried out by the MCO has been on system strengthening. However, the limited geographic scope of the work limits UNICEF's influence at the national/system level.	Continue to work with local and provincial government representatives replicating the message of inclusivity that is provided at the central level.
UNICEF has become an innovative organization in relation to promoting disability inclusion	Mozambique has piloted innovative approaches in C4D that have the potential to be replicated across the region.	UNICEF MCO can lead regional efforts related to C4D and children with sensory disabilities while expanding the reach of their work to include children with other types of impairments.
UNICEF engages in community advocacy and social and behavioural change activities	UNICEF MCO is committed to Social Behaviour Change activities in partnership with OPDs.	Advocacy for greater inclusion should start with the meaningful participation of children with disabilities and their families, starting at the conception/planning phase of activities up to their monitoring.
Humanitarian action is disability inclusive	In the years covered in this evaluation Mozambique responded to several emergencies.	While MCOs' various humanitarian responses are well documented and include activities related to children with disabilities, there is lack of data to assess if UNICEF response to emergencies is inclusive of children with disabilities.



## State of Palestine

Not many children in the world have been in as a protracted state of conflict as have children in the State of Palestine (SOP), with the decades-long war and occupation making life extremely difficult for them. In 2017, an estimated 2.1 % of Palestinians were reported to have some type of disability, and the Gaza Strip is reported to have a higher prevalence of disability (2.6% percent of the population), compared to the West Bank (1.8% of the population). About 20 per cent of those with disabilities are children under the age of 18. The UNICEF supported Multiple Indicator Cluster Survey (MICS) from 2019/2020, administered by the Palestinian Central Bureau of Statistics (PCBS), found that 14.9% of children aged from 5-17 years old had at least one functional difficulty, and 10.2% of children 5-17 had anxiety. In this context, the SOP Country Office (SOP CO) has undertaken a range of multi sectoral interventions, in partnership with local and international partners, to affirm children's rights and ameliorate the increasing deprivations Palestinian children with disabilities face so as to enhance their well-being across their lives.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in the State of Palestine is provided below.

### EQ1.1 What is UNICEF's approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

SOP CO approaches disability inclusion through a rights-based framework. The Palestinian CO's programmatic focus is a multi- and cross-sectoral effort across health and nutrition, education, and child protection, towards the early detection of developmental delays and disabilities in children, followed by early childhood intervention, combined with advocacy for the strong participation of families, communities, service providers and decision-makers.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

A rights-based approach to disability inclusion is informed by institutional commitments, most notably the Convention on the Rights of the Child (CRC), the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and other agreements. The State of Palestine acceded to the CRPD in 2014 and submitted a report in 2019 in compliance with their Convention commitments, with UNICEF support. Following broad consultation with government and civil society, UNICEF is further supporting the finalization of a new Disability Law, in order to update it from the 1999 Palestinian Disability Law.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

SOP's Early Childhood Development (ECD) program was a comprehensive program targeting the support of children with disabilities and incorporated a number of crucial components towards achieving disability inclusion, such as building national capacity for the early detection and intervention of children with disabilities and developmental delays. UNICEF worked to draft and validate the first national Development Behavioural Scales (DBS) to identify children under the age of 8 with developmental delays and disabilities. The piloting of the scales was undertaken in 62 health and pre-school facilities, and nurseries in the West Bank and the Gaza Strip. This followed a national training of health and education service providers to be able to improve the detection of disabilities and developmental delays and provide early stimulation.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

The ECD program also aimed to bring about a change in mindset and behaviour for all stakeholders. SOP CO commissioned two studies to gather baseline and end-line data about the current knowledge, attitudes and practices (KAP) of Palestinians regarding discrimination and stigma faced by children with disabilities and how to confront it. The baseline survey results showed that although there was a strong desire to confront stigma, parents and caregivers were not confident in their ability to do so; many families struggled to exercise their rights to education or health care for their children due to basic accessibility issues. Guided by community feedback, the baseline survey results and the Communication for Development (C4D) strategy, UNICEF implemented online campaigns, leaflets and billboards, radio sessions, volunteering efforts, and competitions to address this stigma. The end-line survey found that discriminatory knowledge, attitudes, and practices towards children with disabilities showed some signs of improvement, but gaps remained.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

One of the comparative strengths of the SOP CO is its robust partnerships and relationships; It has access to both Palestinian and Israeli authorities and the host Governments; it has long-standing partnerships with UNRWA, the World Food Program, UNESCO, UNDP, and UNFP; it closely cooperates with non-governmental organizations (NGOs), and with local community-based organizations and communities, including efforts to develop local capacities and resilience. Due to the fragmented nature of social services in Palestine, these strong partnerships augment UNICEF's ability to respond to crises across sectors and contexts and integrate humanitarian and development disability inclusive strategies in a protracted crisis situation as in Palestine quickly and effectively.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

The SOP CO successfully scaled up support interventions for its ECD project. The ECD program was built on the knowledge and experience gained from past years with regard to the interdisciplinary 'Child Development Assessment Tool' piloted in several locations in the West Bank and the Gaza Strip. As part of this program's long-term focus, children with disabilities were identified and received assessment and support, including parenting counselling and education, as well as early stimulation responsive care depending on the child's age and development.

**EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?**

In Palestine, partnerships across the government, civil society and UN agencies are fully in place. Financing and resource mobilization are partially in place, and expenditures tagged as disability activities fluctuated over the 5 years of the evaluation period. Between 2018 and 2022, the SOP CO spent 22.2% of its total budget on average on disability initiatives, with a high of 44% of its budget being

spent on disability in 2020, to a low of 8% in 2018. It is difficult to say to what extent leadership accountability is in place at UNICEF as the evaluation team were not able to conduct interviews with SOP CO due to the war breaking out in Gaza. Coordination is fully in place across the UN and other agencies, with UNICEF continuing its support through a joint programme with ILO and WFP on a national Action Plan for Persons with Disabilities. Cross-sectorality is partially in place within the organization and across government, with programs such as the ECD and C4D programs, which have a clear theory of change working well across sectors to scale up and build upon these interventions.

#### EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives

The SOP CO has embraced innovation in its disability-inclusive programming. A pertinent example is the use of real-time digital monitoring software called RapidPro, to focus on the early detection of children with developmental delays and disabilities. In 2021, UNICEF supported the training of programme and IT professionals in the West Bank on using the RapidPro platform. The platform is expected to serve at least 3,000 vulnerable families with children with disabilities in its first stage and expected to scale to serve 10,000 families across the West Bank and the Gaza Strip.

### Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is in the evaluation report, but elements are listed below regarding the State of Palestine's activities.

ToC Element	UNICEF Contribution (indicative)	Conclusions/actions to consider
Cross-sectoral coordination is in place to facilitate whole-child responses	Cross-sectoral work on the ECD project supported the early detection and support of children with disabilities.	There were instances of cross-sectoral work that emerged from ECD programming, but more coordination may be needed to align with DIPAS, considering the fragmentation of social services in Palestine.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	Evidence generation was a focus of programming, with UNICEF supporting the PCBS on the MICS survey and formative evaluations of the ECD and Child Protection programs, and a summative evaluation of the WASH program.	There is limited data on mental health, whether it is conflict-related, or from congenital or developmental issues. Data on suicide prevalence, suicidal attempts, ideation, and behaviour in SOP are rare and often not disaggregated for children
Systems are strengthened to be more inclusive	UNICEF worked on strengthening the capacity of child and maternal health and nutrition and development providers, systems for integrating early childhood development, and the early detection of developmental delays and disabilities	UNICEF has strengthened government capacity to provide early services for children with disabilities. National social protection systems need to be strengthened to be more shock-responsive and attentive to the rights of persons with disabilities
UNICEF has become an innovative organization in relation to promoting disability inclusion	UNICEF has supported SOP to pilot an innovative approach to early detection of children with developmental delays and disabilities.	In the context of severe and protracted conflict in SOP, stability and security are needed to sustain innovative approaches. For example, the launch of the RapidPro monitoring platform was delayed due to COVID-19.

<p>UNICEF engages in community advocacy and social and behavioural change activities</p>	<p>UNICEF's Communication for Development (C4D) strategy incorporated communications, advocacy and social mobilization to combat negative perceptions around disability, particularly through mobilizing community action plans that engaged children with disabilities and developmental delays within their communities</p>	<p>UNICEF commissioned research helped identify the high level of stigma and discrimination children with disabilities face. Still, attitudes toward people with disabilities are rooted in cultural and social norms, which differ among Palestinian communities and areas. Shifting such norms will require long-term interventions and continued community outreach through mass and social media</p>
<p>Humanitarian action is disability inclusive</p>	<p>UNICEF is a longstanding and trusted partner in working to ameliorate the complex context in the State of Palestine, which faces recurrent humanitarian crises, protracted conflict, Israeli occupation and bombardment of the Gaza Strip; this impacts the life course and wellbeing of children with disabilities deeply.</p>	<p>UNICEF should expect to continue to play a key role in building capacity at all levels of Palestinian society to recover from recurrent wars, make services accessible, build an accommodating physical environment, and improve coordination among Ministries, service providers, and other institutions for children with disabilities</p>



## Paraguay

Paraguay's government has recently changed, but UNICEF has maintained open communication with relevant ministerial bodies and has specifically provided systems strengthening support for the implementation of Act 5.316 of 2013 on Inclusive Education, which defines inclusive education as "the systemic process of educational improvement and innovation to promote the presence, performance and participation of students in all national education system institutions where they are enrolled." Paraguay has both signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 30 March 2007 and 3 September 2008, respectively. In addition, Paraguay signed the Marrakesh Treaty on June 28, 2013, and ratified on September 30, 2016. The Marrakesh Treaty outlines provisions for making books available to people who cannot access standard print (including, but not limited to, people who are blind). Recent projects in Paraguay support the Law. For example, the UNICEF Accessible Digital Textbooks initiative, Universal Design for Learning, and the *Vamos a Escuela* (Let's go to School) Out-of-School programmes all provide concrete supports to inclusion in schools. Other projects such as Paraguay's now completed Road Safety project support the broader right to health and safety for children with disabilities.

## Evaluation questions and findings

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Paraguay is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

PCO orients its work using a whole-child approach. This was exemplified in its Universal Design for Learning (UDL, or *Diseño Universal del Aprendizaje* - frequently called DUA - in Spanish), prioritizes general accessibility principles for teaching and learning, which could be applicable to a variety of learners, including learners with disabilities. Similarly, the *Vamos a la Escuela* programme has specific elements of family outreach, assessment, and supports built-in that acknowledge the child's home environment, linguistic background, and economic status.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

UNICEF Paraguay orients its work around the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD). Paraguay's Act 5.316 of 2013 on Inclusive Education is also a core guiding document. In addition, the UN principle of "Leave No One Behind" guided early childhood intervention and support programming.

### EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?

Some of the Key approaches used were: 1) Accessible Digital Textbooks that could be used in schools by all children, including children with disabilities; 2) Accessible and safe physical environments for schools; 3) Development of Paraguayan Sign Language materials; 4) Developing family support infrastructure for addressing barriers to schooling;

and 5) Evidence generation across all programmes that target or include children with disabilities.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

As noted above, PCO views its approach to inclusion transversally and holistically. In this way, stakeholders reported that programmes were effective, but larger challenges persisted for rural children. UNICEF and its partners developed various ways to reach rural children, including those with disabilities. For example, education programmes have collaborated with non-governmental organizations that have field offices in rural areas and work with local government. Further, localized assessments are used to identify and address educational barriers and service needs. In addition to partnerships in rural areas, the Accessible Digital Textbooks initiative has created offline copies of books that can be used if there is no internet access.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

An opportunity for cross-sectoral coverage is emerging in the 2020-2024 Country Programme Document (CPD). This CPD document outlines how UNICEF will work through cross-sectoral approaches. Plans for programming take a life-cycle approach, which specifically spells out ways in which children at particular life stages of their lives will be supported through cross-sectoral programming. This CPD also outlines ways in which UNICEF will address the above-mentioned data gaps.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

Systems strengthening and scaling-up of projects has primarily been implemented through programme partnerships with government. PCO undertook systems strengthening activities with government in its Universal Design for Learning and Accessible Digital Textbooks that expanded the reach of these interventions through the Ministry of Education's reach in schools and through capacity strengthening of both Ministry officials and teachers. In these cases, the most effective way to scale programming appears to be through governmental institutions.

**EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?**

UNICEF has maintained strong partnerships with non-governmental organisations and the country's ministry of education. Because of Paraguay's rising development status, funding from headquarters and major donors have shifted to lower-income countries. PCO has adapted by creating partnerships with faith-based organisations and LACRO on projects. PCI has strong leadership for cross-sectorality and has begun internal planning around life-cycle issues and to increase data generation across the office and all sectors.

**EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

Two approaches appear to be on the cutting-edge of disability inclusion work globally and in Paraguay. First, PCO is engaging in innovative and accessibility-focused work through its work with Universal Design for Learning and Accessible Digital Textbooks initiative. Second, the CO is intentionally planning for cross-sectoral interventions through life-cycle planning.

## Theory of Change

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Paraguay's country activities.

Theory Element	Contribution	Conclusions
Cross-sectoral coordination is in place to facilitate whole-child responses	PCO has developed and provided a model of life-cycle planning to facilitate cross-sectoral planning.	Documentation of life-cycle programming outcomes is imperative in 2024, as this may be a model for other countries planning to effectively introduce cross-sectoral approaches to disability inclusion.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	PCO is increasingly focusing on evidence generation in its programmes.	PCO has made a concerted effort to generate evidence on its programmes, but staff stakeholders report that identifying children with disabilities within mainstream programming is still difficult.
Systems are strengthened to be more inclusive	UNICEF has provided sustainability and stability for programmes across national leadership changes by maintaining open communication lines.	Sustainability and stability are important factors in turbulent political times. PCO has taken an approach of open communication and strategic communications to maintain its programmatic focus while weathering funding and political shifts.
UNICEF has become an innovative organization in relation to promoting disability inclusion	PCO has demonstrated novel approaches in relation to accessibility of education (through Universal Design for Learning and Accessible Digital Textbooks) and has demonstrated how life-cycle planning can be used in COs.	Continued documentation of DUA, ADT, and life-cycle programming outcomes is imperative in 2023, as this may be a model for other countries planning to effectively introduce cross-sectoral approaches to disability inclusion.
UNICEF engages in community advocacy and social and behavioural change activities	Rather than macro-level SBC campaigns, UNICEF PCO has focused on micro-interventions through its Vamos a Escuela programme, which seeks to identify barriers to schooling for children with disabilities.	Advocacy at a national level appears to be challenging at present, as government shifts have curtailed certain UNICEF messages.
Humanitarian action is disability inclusive	Paraguay did not experience a humanitarian crisis during the evaluation period.	NA



## Democratic Republic of Timor-Leste

Timor-Leste is a small country in Southeast Asia. Two official languages are spoken in Timor Leste, Portuguese and Tetum, although there are 15 national languages in use. It is a semi-presidential Republic, with Indonesia supporting its accession to the Association of Southeast Asian Nations (ASEAN). According to the 2021 census, there are an estimated 1.3 million people of which approximately 45% are children under the age of 17 years old (In Timor Leste the legal age of childhood ends at 17, rather than 18 years old). According to UNICEF, the poverty rate is higher for children than adults, with 47.8% of children living under the national poverty line. Although Timor Leste ratified the CRC, CEDAW and CRPD some domestic laws are still not in complete alignment with international obligations, and there is no law or code elaborating children's rights, although the National Action Plan for Children was fully adopted.

## Evaluation questions and findings

This section presents the eight key evaluation questions (see evaluation matrix on Annex X), and a summary of findings for each question. A summary of answers and considerations for disability inclusion in Timor-Leste is provided in the final section.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

The approach to disability inclusion at UNICEF Timor-Leste (TL) has been opportunistic and sector-specific. Disability inclusion is a new area of work, one that has grown overtime, both within each section and when cross-sectoral opportunities presented themselves. Over the 5 years of the evaluation period, partnerships with government, other UN agencies, research organizations, and OPDs have been instrumental in moving disability inclusion forward.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

While UNICEF TL is working towards programming that includes both disability mainstreaming and disability-specific service provision (twin-track), the latter has taken place in segregated settings. Timor-Leste was the last country in the EAP Region to sign the Convention on the Rights of Persons with Disabilities (CRPD). During the 2018-2022 period UNICEF TL focused on advocacy with government partners, supported by OPDs, with a view to the signature (July 2022) and ratification (January 2023) of the CRPD. This is a critical advancement towards ensuring the social model of disability becomes enshrined within the legislative framework while, at the same time, ensuring that future UNICEF planning on disability inclusion is done according to DIPAS guidelines while being aligned with government directives. The intersection of gender and disability is a new area of interest for UNICEF TL, highlighting the CO's intent to programme in a more inclusive way and Leave No One Behind.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

UNICEF TL has provided varied support to the Ministry of Education, from documenting attitudes towards disability among teachers and education officials, to developing a national WASH in School strategy, and engaging in inclusive budgeting and recommendations. UNICEF also supported the National Inclusive Education guidance, and the introduction of a Child Functioning screening tool in preschool. In collaboration with the Global Partnership for Education, UNICEF supported the development of the 2020-2024 Education Sector Plan. During the COVID pandemic UNICEF worked with OPDs and developed a plan for school reopening. In 2022 UNICEF partnered with the Secretariat of State for Youth and Sports, OPDs and a Youth Center and conducted disability assessment after the floods. This partnership led to the launching of operational guidance on the right to participation of adolescents and youth with disabilities, with practical tips on “how to” include them in everyday activities.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

It is difficult to assess the effectiveness of the approaches and strategies employed thus far. While most reported activities included OPDs and/or children and adolescents with disabilities, the number of participants in trainings was modest and there is a narrow focus on addressing visible disabilities (hearing or vision impairment) and no mention of invisible disabilities (i.e., intellectual or mental disabilities). However, as described by CO staff, children and persons with disabilities are often included in various projects, in some cases from inception to implementation, such as in the case of WASH activities done in collaboration with the Ministry of Public Works. Likewise, in child protection, activities related to parenting consider parenting children with disabilities. The same is true with regard to emergency preparedness and response. The TLCO is working with the national statistics office to include the Washington Group Child Functioning Module within national data-gathering surveys.

**EQ3.1 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

As described in the 2023 Gender and Disability Programmatic Review (GDPR) disability inclusion initiatives are at a “nascent stage” (p.21). The same document indicates that there is an effort by the TLCO to take gender and disability into consideration as intersectional characteristics within the current CPD (2021-2025). However, disability-specific data does not exist, and screening and identification of disabilities continue to be a barrier to adequate programming.

**EQ3.2 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

UNICEF TL has extensive partnerships with OPDs and important steps have been taken to understand fully the situation of children with disabilities and how to scale up existing programmatic efforts and/or propose new interventions, such as: mapping situation of children with disabilities in education, ToT for screening of delays and disabilities, digitalization, improvement of accessibility of WASH infrastructures, books, stories and school materials, and participated in the review of the National Action Plan for Disability. All these activities can be seen as occasions for advocacy and for scaling-up existing efforts both in development and in humanitarian response (i.e., Covid-19).

**EQ4.1 What evidence that the key enablers for successful implementation of disability-inclusive programming are in place in each UNICEF office? (i.e., (i) partnerships, (ii) financing and resource mobilization, (iii) leadership accountability, (iv) coordination (v) cross-sectorality)**

Partnerships are partially in place, and strategies for disability-inclusive implementation have been planned, such as partnerships with government, OPDs and civil society to maximize resources, showing evidence of drivers of change on equity issues including gender and disability, and tackling negative social norms including those that affect children with disabilities. Some donors do require that project proposals include gender, disability, and inclusion

considerations but more attention and resources are needed to ensure adequate implementation against donor requirements. Financing and resource mobilization are partially in place, and the percentage of total expenditures that include a disability tag has increased significantly over the 5 years of the evaluation except in the first two years: 2018 and 2019 – 1% of total expenditures; 2020 – 2%, 2021 – 6%, and 2022 – 7%. However, there are no set plans to continue supporting disability activities in the future. The lack of funding, specifically flexible funding, is an obstacle for planning more disability inclusion activities. As most funds are earmarked for other activities, disability inclusion activities must be planned and executed within specific sections and is, thus, limited.

Leadership accountability is fully in place at TLCO, but obstacles exist at the national level. TLCO leadership is committed to disability inclusion. Intersectionality of gender and disability are high in the TLCO agenda and a main theme of the current reflections and discussions during the ongoing Country Programme Document Mid-Term Review. However, the 2021 AMP indicated potential risks such as “lack of awareness about and overall resistance to the rights of all children and the principles of inclusion and universal design” at the national level which directly impact UNICEF CO’s ability to implement disability inclusive activities. Both the 2021 and 2022 AMPs included non-standard indicators and annual targets related to children with disabilities or disability inclusion to promote accountability.

Coordination is not in place, and the TLCO does not have a disability specialist on staff. Most disability inclusion activities were started in the education section, and the education specialist (retiring in February of 2024) is also one of two disability focal points. Reported uncertainty about the role as Disability Focal Point (DFP) and the added responsibilities to an already heavy caseload within each section were identified as obstacles to the adequate execution of duties as DFP. TLCO hired a consultant (who was a person with a disability) who was extremely helpful in increasing the office staff capacity and in creating/broadening partnerships with OPDs. However, due to lack of funding the consultancy was discontinued. Cross-sectorality is partially in place and the TLCO has placed gender and disability at the core of their current and upcoming programming as cross-cutting areas of work to maximize their resources and small number of staff.

#### **EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

Despite their focus on supporting the TL government in signing and ratifying the CRPD, the TLCO engaged in two initiatives, both innovations in the region, with great potential for replication. First, in 2020, TLCO commissioned a Gender and Disability Programmatic Review. While gender reviews are required every cycle, the TLCO decided to complete a joint gender and disability review, the first to be completed in the Region, and in this way gain a better understanding of how to better programme taking into consideration the multidimensional vulnerabilities experienced by TL children. The review was meant to inform SDG progress and look for ways in which cross-sectoral work can be implemented (recognizing the sector-specific approaches taken thus far). Second, in 2022 UNICEF supported the development of an operational guidance document on the right to participation of adolescents and youth with disabilities, in collaboration with disability focal points from various line ministries. This is another innovation in TL and the region and addresses directly the obstacles faced by persons and organizations that want to include persons with disabilities successfully in their activities but struggle to do so. The guidance *“focused on “how” to include persons with disabilities in-everyday activities, workshops, consultations, etc. It is a fit-for-context, practical guide, based on requests and solutions from adolescents and youth with disabilities, their parents, OPDs and local leaders.”* (p.10)

## Theory of Change

This evaluation utilized a theory of change (ToC) that was adapted from DIPAS, the elements of which are listed below in relation to Timor-Leste's country activities, and the contribution of UNICEF Timor-Leste during the period of the evaluation. The conclusion statements also offer some actions that UNICEF Timor-Leste should consider positioning itself to deliver on the commitments articulated in the DIPAS accountability framework.

ToC Element	UNICEF Contribution (indicative)	Conclusions/actions to consider
Cross-sectoral coordination is in place to facilitate whole-child responses	Cross-sectoral work in Timor-Leste is a priority but it is still at a nascent stage.	Consider the ways in which the limited number of available resources can be maximized by ensuring that staff is capacitated to support both areas of work (gender and disability) rather than investing in sector-specific human resources.
Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities	Data on children with disabilities is rare and unreliable. The Child Functioning Screening pilot is essential to demonstrate the usefulness of adequate data collection.	Ensure that the new and vastly increased budget allocation for social inclusion envisions specific allocations for children, including children with disabilities, starting with adequate data collection and a cross-ministry data sharing mechanism.
Systems are strengthened to be more inclusive	UNICEF TLCO supports all government structures to develop disability inclusion mechanisms.	Take advantage of the current forward momentum and engage, as much as possible with the Office of the President and its Disability Advisor, Parliament champions of disability, as well as with other DFPs in the various ministries by providing capacity development that ensures the inclusion of children with disabilities in all government legislations and policies.
UNICEF has become an innovative organization in relation to promoting disability inclusion	Timor-Leste has piloted innovative approaches to gender/disability inclusion as well as child participation.	Carefully analyse the findings from the Gender and Disability Programmatic Review and consider the ways in which programming can address gender and disability simultaneously, as intersectional characteristics of children and the compounding effects these have on vulnerable children.
UNICEF engages in community advocacy and social and behavioural change activities	UNICEF embraces SBC activities both initiated in-house and those already in progress and initiated by government and OPDs	Share with other COs in the region (and beyond) the Guidance on the Rights to Participation by Adolescents and Youth with Disabilities. This is a best practice example of an activity initiated and implemented by beneficiaries, and an excellent example of how – when adequately supported – adolescents and youth with disabilities can directly impact the work of government agencies
Humanitarian action is disability inclusive	Timor-Leste includes disability related activities within DRR.	Ensuring children with disabilities are included in all DRR activities will ensure adequate preparedness.



## Zimbabwe

Zimbabwe is a landlocked country located in southern Africa that has taken steps to align its legal and policy frameworks with international standards regarding disability rights. Zimbabwe has signed and ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol. The country has a history of legal provisions addressing disability rights, including acts such as the State Services (Disability Benefits) Act of 1971 and the Disabled Persons Act of 1992. However, these laws were not comprehensive according to a 2021 analysis. In 2013, Zimbabwe enacted Amendment No.20 of its Constitution, aligning it with the CRPD. Despite these legal developments, challenges persist in ensuring access to vital services for children with disabilities, with the delay in enacting the National Disability Policy exacerbating the issue. The policy emphasizes an inter-ministerial approach and the establishment of coordinating bodies, but there remains a need for specific mechanisms to manage services for children with disabilities.

## Evaluation Questions

This section provides brief answers to each major question asked in this evaluation. A summary of answers and considerations for disability inclusion in Bhutan is provided below.

### EQ1.1 What is UNICEF approach to disability inclusion and disability-inclusive programming across sectors and in various programming contexts?

There is a clear conceptualization of disability inclusion around social and human rights models, inclusive development built around the principle of universal design, and a functional knowledge of these concepts in between UNICEF and the Government of Zimbabwe. However, UNICEF staff expressed the need to strengthen their capacities to incorporate these concepts in their various sectoral practices. UNICEF provided leadership and technical assistance for the development of the National Disability Policy of 2021 and continued to support its operationalization by assisting in the development of a national implementation strategy and implementation of various activities across ZCO programme sectors in support of the various initiatives spearheaded by line ministries.

### EQ1.2 To what extent does UNICEF notion of disability inclusion or disability-inclusive approaches align with international standards for disability inclusiveness?

Programme planning and implementation processes for disability inclusion are vetted for compliance with professional and ethical standards of the organization at the sector level, through the Disability Working Group, and for compliance with gender and human rights norms, thereby bringing them into compliance with the CRPD. By and large, UNICEF work was found to be relevant to the needs of children with diverse disability experiences, and to beneficiaries. However, OPDs expressed a desire for more meaningful participation and engagement in UNICEF-supported programmes, that begins at the programme ideation and design stages. The work on disability inclusion had office-wide coordination mechanisms that served ZCO well under certain factors, and less well at other times. However, programme teams missed seemingly obvious opportunities to integrate their activities even where there were clear complementarities between programme goals in respective sectors, and

a potential for larger and mutually beneficial gains in pursuing in collaboration, partly due to funding decisions. UNICEF staff for Operation functions implemented a series of actions over the period of the evaluation to ensure staff with disabilities and guests experienced an inclusive environment in UNICEF facilities. All categories of staff in the Operations functions completed the mandatory orientation course on disability inclusion, while managers initiated key actions to engender an inclusive office culture, and to deepen the engagement with persons with disabilities. However, staff were not aware of DIPAS, which stipulates some important requirements for improving the manner in which UNICEF staff experience the workplace.

**EQ2.1 What are the key approaches, interventions, and strategies that UNICEF offices have implemented towards the goal of achieving disability inclusion, and what barriers were encountered across sectors and in various programming contexts?**

UNICEF Zimbabwe supported a substantial number of programmes, interventions, and activities, some of which have transformed the policy landscape in a positive manner, such as providing in-house technical leadership in the development of the National Disability Policy; the office also made substantial progress in reorienting staff to work in a cross-sectoral manner. However, understanding of the different choices in implementation strategies (mainstreaming, targeting, integration, segregation, etc.) and their implications when it comes to disability inclusion work was limited. UNICEF staff and partners confirmed that lack of access to quality and accessible services, and stigmatization of children with disabilities and negative social beliefs and other harmful practices were persistent barriers, signalling the need for an integrated approach and deep reflection and office-wide consideration on how the leverage social behaviour change as a change strategy to combat barriers to disability inclusion.

**EQ2.2 To what extent were UNICEF approaches and strategies effective in achieving access and inclusion for children with disabilities and in supporting the progressive realization of their rights in various programming contexts?**

UNICEF programmes were effective across programme areas in relation to promoting disability inclusion. Stakeholders' feedback for strengthening disability inclusion focused on inclusive planning processes. Disaggregated data is an effective way to monitor progress but is sometimes difficult to attain when children with disabilities are "mainstreamed" in programmes. UNICEF-supported programmes achieved success in reaching children with diverse disability experiences through its support of institutional strengthening, social behaviour change, evidence and knowledge management, and partnerships and advocacy. UNICEF promote inclusive education and accessible healthcare infrastructure, supports cash transfer programmes, and raising awareness on critical issues. The organisation has also funded studies that influenced legislative reform on disability inclusion and expanded access to services, among others.

**EQ3.1 To what extent were UNICEF offices successful in advocating for scaling-up of UNICEF-supported interventions, approaches, and strategies in various programming contexts?**

Due to recent funding shortages in the CO, programming is largely funded by external grants and partnership support that typically is time-bound. Scaling programmes beyond the original scope of these projects, or sustaining them, is often difficult when funding cycles end. However, community-led initiatives programmes strategies such as "layering" have demonstrated a greater potential for sustainability.

**EQ3.2 What is the evidence that disability inclusion programmes and interventions are reaching children with disabilities, and across sectors and in various programming contexts?**

There was substantial evidence of interventions and activities being implemented, across sectors, many of which mainstreamed disability inclusion, while a few programmes targeted children and persons and children with disabilities. By and large targeted programmes with good scale-up metric such as a clear universe of beneficiaries were successful

in reaching the intended population and making a difference, while the reach of mainstreamed programmes was not easy to verify. Advocacy did not receive due prominence in the theory of change for the cross-cutting area of disabilities, even though UNICEF Zimbabwe has carried out extensive advocacy work that has yielded tangible results in policy and other areas. Invisibilisation and stigma emerged as one of the key barriers to meaningful participation of children with disabilities – an area that can benefit from advocacy from a cross-sectoral integration and collaboration.

#### **EQ4.1 What evidence that the key enablers for successful implementation of disability inclusive programming are in place in each UNICEF office?**

UNICEF Zimbabwe has demonstrated a commitment to disability inclusion, with successive Country Representatives and senior management showing strong leadership and affirming disability inclusion as integral to the organization’s mission to serve marginalized children and as a core value, consistent with the Child Rights in the Agenda 2030 (CRITA) principles. While technical resources have been allocated to bolster disability inclusion—including commissioning studies and hiring consultants to address key issues like early identification tools for children

with disabilities—the implementation of these initiatives face challenges due to a somewhat fragmented approach. Cross-sectoral coordination efforts—such as a unified theory of change and a Disability Working Group—are present but have not achieved full potential due to coordination being anchored within a single sector. This has led to a siloed execution of disability inclusion activities, partly because the coordinating body lacks comprehensive accountability for all work plan elements and does not possess a supervisory role over staff from other sectors. This indicates a need for a more integrated, organization-wide approach to disability inclusion efforts to match the strong foundational leadership and available technical resources.

#### **EQ4.2 To what extent are UNICEF offices positioned to embrace innovative disability-inclusive interventions and leverage these insights to inform future initiatives**

UNICEF Zimbabwe demonstrated their ability to innovate on community-based needs for children with disabilities through targeted programming. ZCO demonstrated that a CO can at once engage in the slow work of policy change and government capacity building, while developing disability-specific needs interventions that can provide support at the community level.

## **Theory of Change**

This evaluation utilized a theory of change that was adapted from DIPAS. The full theory of change is found in the evaluation report, but elements are listed below in relation to Zimbabwe’s country activities.

<b>Theory Element</b>	<b>Contribution</b>	<b>Conclusions</b>
Cross-sectoral coordination is in place to facilitate whole-child responses	There is a clear conceptualization of disability inclusion around social and human rights models, inclusive development built around the principle of universal design, and a functional knowledge of these concepts in between UNICEF and the Government of Zimbabwe.	The programme teams in ZCO have taken crucial steps by coming together to develop a common work plan and to share ideas and reflections about meeting the needs of children with disabilities. The different coordination mechanisms that were used served the disability inclusion work well at times, and less well at other times, especially in instances where each sector implements disparate activities, instead of contribution to a set of results that is shared across sectors. As a result, opportunities for implementing holistic integrated approaches that address multiple needs children with disabilities were missed. Also, efficiencies that should be gained from cross-sectoral collaboration were not realized.

<p>Data and research are in place to provide knowledge about children with disabilities and impact of what the organization does in relation to children with disabilities</p>	<p>UNICEF Zimbabwe has allocated significant funds to knowledge generation projects. Disaggregated data is an effective way to monitor progress but is sometimes difficult to attain when children with disabilities are “mainstreamed” in programmes. UNICEF-supported programmes achieved success in reaching children with diverse disability experiences through its support of institutional strengthening, social behaviour change, evidence and knowledge management, and partnerships and advocacy.</p>	
<p>Systems are strengthened to be more inclusive</p>	<p>UNICEF Zimbabwe supported a substantial number of programmes, interventions, and activities, some of which have transformed the policy landscape in a positive manner, such as providing in-house technical leadership in the development of the National Disability Policy</p>	<p>UNICEF demonstrated strong sectoral programme results and successful advocacy in disability inclusion, driven through a common work plan. A favourable policy environment, strong leadership, connections, and partnerships with OPDs, coordination across and within government ministries, innovations, and funding stability were all identified as enablers for success in disability inclusion work. With the exception of cross-sectoral integration and coordination, the key enablers for successful programming for disability are partly or fully in place. UNICEF Zimbabwe has laid a solid foundation to deliver on the key commitment and obligations that UNICEF makes through DIPAS as indicated in the Accountability Framework.</p>
<p>UNICEF has become an innovative organization in relation to promoting disability inclusion</p>	<p>UNICEF Zimbabwe supported a substantial number of programmes, interventions, and activities, some of which have transformed the policy landscape in a positive manner</p>	<p>ZCO has demonstrated Innovation for Inclusion in smaller-scale projects that target specific needs: UNICEF has developed numerous small-scale, innovative programmes related to children with disabilities. Although the bulk of UNICEF effort has focused on policy change and engaging with government, smaller pockets of work related to clothing, assistive technology, and WASH innovations have demonstrated that UNICEF has worked in areas that have smaller-scale impact than systems-strengthening but provide opportunity for collaboration with community partners and may attract external funding. UNICEF staff relentlessly pursued the implementation of costed budget plan for different priorities, including disability inclusion work. However, many UNICEF-supported programmes mainly relied on external funding sources, which does not bode well for their sustainability and scaling up.</p>

<p>UNICEF engages in community advocacy and social and behavioural change activities</p>	<p>UNICEF Zimbabwe supported a substantial number of programmes, interventions, and activities, some of which have transformed the policy landscape in a positive manner</p>	<p>UNICEF staff and partners confirmed that lack of access to quality and accessible services, and stigmatization of children with disabilities and negative social beliefs and other harmful practices were persistent barriers, signalling the need for an integrated approach and deep reflection and office-wide consideration on how the leverage social behaviour change as a change strategy to combat barriers to disability inclusion.</p>
<p>Humanitarian action is disability inclusive</p>	<p>Programme planning and implementation processes for disability inclusion are vetted for compliance with professional and ethical standards of the organization at the sector level, through the Disability Working Group, and for compliance with gender and human rights norms, thereby bringing them into compliance with the CRPD. There was substantial evidence of interventions and activities being implemented, across sectors, many of which mainstreamed disability inclusion, while a few programmes targeted children and persons and children with disabilities. By and large targeted programmes with good scale-up metric such as a clear universe of beneficiaries were successful in reaching the intended population and making a difference, while the reach of mainstreamed programmes was not easy to verify. Advocacy did not receive due prominence in the theory of change for the cross-cutting area of disabilities, even though UNICEF Zimbabwe has carried out extensive advocacy work that has yielded tangible results in policy and other areas.</p>	<p>Understanding of the different choices in implementation strategies (mainstreaming, targeting, integration, segregation, etc.) and their implications when it comes to disability inclusion work was limited. UNICEF staff and partners confirmed that lack of access to quality and accessible services, and stigmatization of children with disabilities and negative social beliefs and other harmful practices were persistent barriers, signalling the need for an integrated approach and deep reflection and office-wide consideration on how the leverage social behaviour change as a change strategy to combat barriers to disability inclusion.</p>

## Endnotes

- 1 Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others - Article 1 <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- 2 Aishworiya, R., & Kang, Y. Q. (2021). Including children with developmental disabilities in the equation during this COVID-19 pandemic. *Journal of Autism and Developmental Disorders*, 51, 2155-2158.
- 3 Source: *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*, UNICEF, 2022
- 4 The Addis Ababa Action Agendas is a global framework that was codified at the 2015 Third International Conference on Financing for Development in Addis Ababa, Ethiopia. It aims to align financing flows and policies with economic, social, and environmental priorities in seven Action Areas, namely (i) domestic public resources; (ii) domestic and international private business and finance; (iii) international development cooperation; (iv) international trade as an engine for development; (v) debt and debt sustainability; (vi) addressing systemic issues; and (vii) science, technology, innovation, and capacity building.
- 5 UNICEF (2022). *Seen, heard, and included: Using data to shed light on the well-being of children with disabilities*. Author.
- 6 UNDESA (2022). *Sustainable Development*. Retrieved from: <https://sdgs.un.org/un-system-sdg-implementation/united-nations-childrens-fund-unicef-49112#:~:text=5.1%20leaving%20no%20one%20behind,UNICEF%20on%20equity%20and%20inclusion>.
- 7 DIPAS
- 8 Ibid.
- 9 See Global Annual Results Report 2022: Humanitarian Action. <https://www.unicef.org/reports/global-annual-results-2022-humanitarian-action>
- 10 UNICEF USA (2022). How to Help Children with Disabilities. Retrieved from: <https://www.unicefusa.org/what-unicef-does/respect-children/children-disabilities#:~:text=In%202022%2C%20UNICEF%20disability%20inclusive,and%20their%20families%20in%20society>
- 11 Enablers, according to UNICEF's 2018-2021 Strategic Plan, facilitate the "what" and "how" of change. These enablers might include advocacy work, partnerships, laws, programmes, staffing arrangements, resources, etc.
- 12 The Organization for Economic Cooperation and Development's Development Assistance Committee developed six evaluation criteria to assess development initiatives: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability. Details on these criteria can be accessed at: <https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopment-assistance.htm>
- 13 Source: UN LDC data: <https://www.un.org/development/desa/dpad/least-developed-country-category.html#:~:text=There%20are%20currently%2046%20countries,of%20development%20assistance%20and%20trade>
- 14 Source: UNICEF *Global Annual Results: Humanitarian Action*, 2021
- 15 Source: UNICEF *Seen, Counted, Included* (p. 21), 2021
- 16 Note that the number of countries with available data is limited, but those with available data will inform the sample.
- 17 For the purpose of this evaluation, systems strengthening is defined as "increased performance, ownership and sustainability of countries' public welfare systems and supply chain models" (Source: UNICEF Systems Strengthening Management Interface, n.d., [https://www.unicef.org/supply/unicef-system-strengthening-management-interface#:~:text=UNICEF%20has%20made%20systems%20strengthening,\(WASH\)%20services%20and%20supplies](https://www.unicef.org/supply/unicef-system-strengthening-management-interface#:~:text=UNICEF%20has%20made%20systems%20strengthening,(WASH)%20services%20and%20supplies).)
- 18 See <https://unctad.org/topic/least-developed-countries/list> for a full listing of countries.
- 19 Determined by identification in the 2021 Humanitarian Action Report.
- 20 Jamaica was not named in the 2021 report but identified hurricane response in country interviews.
- 21 <https://nonprofitbuilder.org/storage/377/Contribution-analysis-An-approach-to-exploring-cause-and-effect-ILAC.pdf>
- 22 UNICEF (May 2019) Evaluation Brief Special Issue #3: Revised Evaluation Policy (2018), <https://www.unicef.org/evaluation/documents/revised-evaluation-policy-unicef-2018>, accessed 9 August 2021.
- 23 UNEG (March 2008) UNEG Ethical Guidelines for Evaluation, <http://www.unevaluation.org/document/detail/102>, accessed 9 August 2021.
- 24 UNICEF (June 2017) UNICEF-Adapted UNEG Evaluation Reports Standards, [UNICEF-Adapted-UNEG-Evaluation-Report-Standards.pdf](https://www.unicef.org/evaluation/documents/unicef-adapted-unevaluation-reports-standards), accessed 9 August 2021.
- 25 MAGENTA/UNICEF/Anthological (2022). *Social Norms Research and Strategy on Children with Disabilities Research Report*. UNICEF Mozambique
- 26 Terms derived from the CRPD General Comment 4.
- 27 UNICEF (2022). *Seen, Counted, Included: Using Data to Shed Light on the Well-being of Children with Disabilities*. Author. Retrieved from: [file:///Users/chris/Downloads/Disabilities-Report\\_11\\_30%20\(2\).pdf](file:///Users/chris/Downloads/Disabilities-Report_11_30%20(2).pdf)
- 28 UNICEF Malaysia (2019). *Theory of Change: Children with Disabilities in Malaysia*. Author.
- 29 CAST (2018). *UDL Guidelines*. Retrieved from: <https://udlguidelines.cast.org/>
- 30 Throughout this evaluation, interviewees used the terms "cross-sectoral" and "multi-sectoral" - sometimes interchangeably. Throughout this report we use cross-sectoral, which is a term used in DIPAS to describe two or more sectors intentionally and purposefully planning on a particular issue (in this case, disability inclusion). A multi-sectoral approach is one in which multiple sectors may be doing sector-specific work but planning and implementing activities in a complementary way.
- 31 The Aspen Institute National Commission on Social, Emotional, and Academic Development. (2019). *From a Nation at Risk to a Nation at Hope: Recommendations from the National Commission on Social, Emotional, & Academic Development*. Retrieved from: [http://nationathope.org/wp-content/uploads/2018\\_aspen\\_final-report\\_full\\_webversion.pdf](http://nationathope.org/wp-content/uploads/2018_aspen_final-report_full_webversion.pdf)
- 32 Alveirinho Correia, R. (2021). The importance of the socio-ecological approach to conceptualizing intellectual disability. *Developmental Medicine and Child Neurology*, 63(1), 11-11. <https://doi.org/10.1111/dmcn.14720>
- 33 Kanaya, T., Wai, J., & Worrell, F. C. (2022). The "Flynn Effect" and Decision Making in Education: Addressing Fairness Concerns. *Fairness in Educational and Psychological Testing: Examining Theoretical, Research, Practice, and Policy Implications of the 2014 Standards*, 251.

- 34 Functional difficulty is a practical term that is determined through a series of questions, in UNICEF's case, the CFM Disability often refers to a diagnosable characteristic that is often only determined through medical diagnosis.
- 35 UNICEF (2023) *Children in Alternative Care*. Retrieved from: <https://data.unicef.org/topic/child-protection/children-alternative-care/>
- 36 Desmond, C., Watt, K. Saha, A., Huang, J., & Lu, C. (2020). Prevalence and number of children living in institutional care. *The Lancet Children and Adolescent Health*, 4 (5), 370-377.
- 37 UNHCR (2021). *CRC-CRPD Joint Statement on the Rights of Children with Disabilities*. Retrieved from: <https://www.ohchr.org/en/treaty-bodies/crpd/statements-declarations-and-observations>.
- 38 Committee on the Rights of Persons with Disabilities (2017). *General Comment No. 5 on Living Independently and Being Included in the Community*. Retrieved from: <https://www.ohchr.org/en/treaty-bodies/crpd/statements-declarations-and-observations>
- 39 Although UNICEF has made inroads in disability inclusion, the only region that has initiated work on deinstitutionalisation is Europe and Central Asia. Institutions remain a way of invisibilising children with disabilities worldwide, but this has only been addressed by UNICEF in one of its regions.
- 40 <https://unicef.sharepoint.com/sites/portals/RF/Regulatory%20Framework%20Library/UNICEF%20Procedure%20on%20Preparedness%20for%20Emergency%20Response.pdf?CT=1588104843756&OR=OWA-NT&CID=9e68b458-e261-4dcd-2540-67cc7d3c8696>
- 41 UNICEF (n.d.). *Overarching Commitments: Preparedness*. Retrieved from: [https://www.corecommitments.unicef.org/cc-2-1#:~:text=The%20UNICEF%20Procedure%20on%20Preparedness%20for%20Emergency%20Response%20requires%20all,preparedness%20actions\)%20to%20prepare%20to](https://www.corecommitments.unicef.org/cc-2-1#:~:text=The%20UNICEF%20Procedure%20on%20Preparedness%20for%20Emergency%20Response%20requires%20all,preparedness%20actions)%20to%20prepare%20to)
- 42 The term 'disability inclusion' refers to the meaningful participation of persons with disabilities in all their diversity, promotion and mainstreaming of their rights across the work of the Organization, development of disability-specific programmes, and consideration of disability-related perspectives in compliance with the CRPD. This requires the development and implementation of a consistent and systematic approach to disability inclusion in all areas of operations and programming, both internally and externally. UNDIS
- 43 Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others - Article 1 <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- 44 UNICEF (2022) *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*
- 45 [https://unicef.sharepoint.com/:w:/r/sites/PD-Disability/\\_layouts/15/Doc.aspx?sourcedoc=%7BB103DBE6-69D9-4967-9351-7AEF5ADABFB5%7D&file=Disability%20inclusion%202022-2025.docx&action=default&mobileredirect=true&web=1&cid=75539a96-32ee-4084-b9aa-2b63ac684f08](https://unicef.sharepoint.com/:w:/r/sites/PD-Disability/_layouts/15/Doc.aspx?sourcedoc=%7BB103DBE6-69D9-4967-9351-7AEF5ADABFB5%7D&file=Disability%20inclusion%202022-2025.docx&action=default&mobileredirect=true&web=1&cid=75539a96-32ee-4084-b9aa-2b63ac684f08)
- 46 All evaluation questions and sub-questions should be further refined during the inception phase in a way that ensures the continuing relevance of the exercise, based on consultations with the reference group and upon agreement from the Evaluation Office.
- 47 Subject to change given the launch date of the actual work
- 48 Note that this is the original TOR timeline, which will change.
- 49 **Assumptions of the evaluation theory of change:** (i) Internal leadership and commitment; (ii) Member State support (iii) critical financial and technical resources for programming (iv) disability inclusion is seen as part of the work of all UNICEF employees (v) disability is among priorities in thematic areas.
- 50 The risks are identified as follows: (i) competing priorities and lack of political will; (ii) limited domestic financing for disability inclusion; (iii) data gaps including limited disaggregated data; (iv) ongoing stigma and discrimination, including within the disability community; (v) rights holders are insufficiently empowered; (vi) inadequate coordination; and (vii) limited access to children with disabilities.
- 51 Evaluation questions in general will seek to understand how close or far country actions are from this Theory of Change in relation to promoting disability inclusion.
- 52 Signatories include both countries and regional integration organizations that have signed the Convention.
- 53 See <https://sdgs.un.org/goals>
- 54 Source: Evaluation of disability-inclusive development at UNDP. Independent Evaluation Office, UNDP, 2017
- 55 <https://www.unicef.org/lebanon/lebanons-child-grant-haddi> integrated early childhood stimulation and segregated special education for some children with disabilities.



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