



Guidance on Disability Inclusive and Accessible Child Friendly Spaces in Humanitarian Action



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A girl with a disability paints at an Alternative Learning Center in Gobi-Altai Province, Mongolia
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Dang Hong Dan, a three year old boy, playing in an Early Childhood Development center in Viet Nam
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Acronyms

BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
CFS	Child Friendly Space
ECD	Early Childhood Development
IASC	Inter-Agency Standing Committee
MHPSS	Mental Health and Psychosocial Support
OPD	Organizations of Persons with Disabilities
PSEA	Protection from Sexual Exploitation and Abuse
RECU	Reach, Enter, Circulate, and Use
TLS	Temporary Learning Space
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization



Purpose of this guidance

This guidance is for UNICEF staff, implementing partners and volunteers working to provide Child Friendly Spaces (CFS) in emergency responses. The guidance aims to provide practical ideas and tools to help make Child Friendly Spaces accessible to and inclusive of children with disabilities, and for parents or caregivers with disabilities.

The information in this guidance may also be useful for those working in temporary shelters, evacuation centres and temporary learning spaces (TLS) in emergency responses. It is equally important that all settings where children and families are present, are disability inclusive and accessible, and provide suitable spaces for all children, including those with disabilities.

The guidance is divided into eight sections, with each section covering a different aspect of disability inclusion. Sections 1 and 2 provides some general information about disability and why it is important that Child Friendly Spaces are inclusive of children with disabilities. Sections 3 to 8 provide guidance on specific aspects of designing an accessible and inclusive CFS.

The ideas and strategies in this guidance will need to be adapted and implemented according to the particular context in which they are being used. It is acknowledged that not all suggestions will be possible in all contexts.

This guidance is intended to supplement rather than duplicate existing guidance on disability inclusion. Where possible, links have been provided to other relevant guidance and resources to provide further information to support disability inclusion in CFS programmes.



For general guidance on establishing and operating CFS, please also refer to the following resources:

- Toolkit for Child Friendly Spaces in Humanitarian Settings, World Vision International and IFRC (2018)

<https://resourcecentre.savethechildren.net/document/toolkit-child-friendly-spaces-humanitarian-settings/>

- Guidelines for Child Friendly Spaces in Emergencies, Global Education and Child Protection Clusters (2011)

https://resourcecentre.savethechildren.net/pdf/ec_guidelines_for_child-friendly-spaces.pdf/

- A practical guide for developing Child Friendly Spaces, UNICEF (n.d.)

https://resourcecentre.savethechildren.net/pdf/a_practical_guide_to_developing_child_friendly_spaces_-_unicef_11_1.pdf/

- Safe Healing and Learning Spaces Toolkit, International Rescue Committee (2019)

<https://www.rescue.org/resource/safe-healing-and-learning-spaces-toolkit>



A child with a disability in Chongqing, China © UNICEF / UNI180547 / Liu

1. Introduction - Why disability inclusion in CFS is important

Key messages:

- CFS are an important intervention to support the well-being and development of all children during and after emergencies.
- Children with disabilities face greater risks and vulnerabilities during emergencies but are more likely to face barriers to services, including CFS.
- Removing barriers to CFS for children with disabilities is vital for their well-being, development and protection.

Child Friendly Spaces aim to create a safe, engaging and nurturing environment for all children to play, socialize, relax, learn, express themselves and feel supported during and after an emergency. They are an important intervention for children's protection, psychosocial well-being and development at these times of severe disruption, displacement and risk. CFS promote and support the engagement and empowerment of all children by strengthening their emotional well-being, social skills and knowledge. CFS also provide an avenue for identifying children who are particularly vulnerable or at-risk, or in need of specialist support, and facilitating the appropriate referrals and linkages.

Children with disabilities face greater risks and vulnerabilities than other children, and even more so during emergencies. Consultations conducted with parents of children with and without disabilities and other key stakeholders in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) of the Philippines found that emergencies impact children significantly across all areas for life including nutrition, psychosocial well-being, hygiene, learning and social relationships, and they frequently demonstrate changes in sleep, eating, behaviour, alongside expressing persistent fears and anxiety. The impact of emergencies was identified to be further exacerbated for children with disabilities, for whom displacement and disruption to routines can be even more challenging, coupled with loss of access to their usual supports, medications or assistive products.

Assistive Products are items that improve or maintain a person's ability to function and participate in everyday activities. They include items such as wheelchairs and walking frames, glasses, hearing aids, communication boards, prosthetic limbs, adapted eating equipment and many others.

Yet, children with disabilities are more likely to face barriers to accessing services such as health, education, or nutrition provided during humanitarian responses, including child friendly spaces. According to consultations, barriers include parents being unaware of services due to being socially isolated or being reluctant for their child to attend programmes for fear of stigma and bullying. Further barriers include a lack of inclusive resources and activities in CFS and facilitators lacking knowledge on how to adapt activities, the environment or communication to accommodate children with varying disabilities and support needs.

Removing these barriers and ensuring children with disabilities have the same opportunities as other children to access CFS programmes is vital for their well-being and protection. This guidance will support those involved in planning and implementing child friendly spaces to achieve this.

The information in this guidance provides practical guidance on raising awareness of including children with disabilities in CFS, addressing physical accessibility, adapting activities, communicating with children with disabilities, and information on developing referral pathways and monitoring disability inclusion within CFS programmes.

Abuse and neglect

Children with disabilities face significantly higher risk of abuse, including sexual abuse, compare to children without disabilities of the same age and gender, with the risk further heightened in emergencies. Anyone working in CFS should receive training on Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA). CFS staff and volunteers should be able identify signs that a child is at risk or is experiencing violence, abuse or neglect, and know how to act, report and refer in line with safety, confidentiality, survivor centred and best interest of the child principles (spelled out in CFS codes of conduct, safeguarding and response protocols).

Further resources:

- Including children with disabilities in humanitarian action: Child Protection, UNICEF (2017)

<https://www.unicef.org/disabilities/documents/inclusive-humanitarian-action-child-protection>

- How to get started on disability inclusion in humanitarian action: a short guide, UNICEF (n.d.)

<https://www.unicef.org/documents/how-get-started-disability-inclusion-humanitarian-action>

- Essential actions on disability-inclusive child protection, UNICEF (n.d.)

<https://www.unicef.org/documents/essential-actions-disability-inclusive-humanitarian-action-checklist-child-protection>

- Disability Inclusion in Child Friendly Spaces, Handicap International (2015)

https://resourcecentre.savethechildren.net/pdf/disability_inclusion_in_child_friendly_spaces_iraq.pdf/



JR, a 13 year old boy with a cognitive disability plays a game with his best friend in Manila, Philippines. © UNICEF / UN0638397 / Hogsholt

2. Understanding disability

Key messages:

- Disability results from the interaction between a person's impairments and barriers in their environments.
- Barriers include lack of awareness, physical, communication, and institutional barriers.
- Impairments or difficulties can occur in any area of functioning. Some children will have impairments in more than one area.
- Including children with disabilities does not need specialist training.
- Get to know individual children and ask them and their caregivers the best way to support them.

The UN Convention on the Rights of Persons with Disabilities defines disability as having a long-term physical, psychosocial, intellectual or sensory impairment that, in interaction with their environment, hinders a person's participation in society on an equal basis with others.

This means that it is not just the condition or impairment that a person has that is disabling, it is the barriers in society that can mean they are not able to participate in the same way in everyday activities as everyone else. These barriers can include physical barriers (e.g., steps preventing a wheelchair user from entering a building), negative attitudes or lack of awareness (e.g., believing children with disabilities cannot play the same games as other children), communication barriers (e.g., a child who is deaf being unable to hear instructions from their teacher), and institutional barriers (e.g., emergency response plans not considering the needs of children with disabilities). This guidance will provide actions you can take to remove these barriers so that children with disabilities are able to benefit from CFS just like all other children.

When thinking about including children with disabilities in your CFS, it is important to consider all types of impairments or functional difficulties. Children may experience impairments or functional difficulties in any of the following areas:

- **Movement:** Being able to move and control the different parts of their body. Movement difficulties can affect only some parts of a child's body (e.g., one arm) or may affect many parts of their body (e.g., head, trunk, arms and legs).
- **Communication:** Being able to understand information or how well they can express themselves through talking or other ways of communicating like facial expression, or body language.
- **Thinking and learning** (or cognition): This includes being able to concentrate, remember, learn new things, problem solve and use imagination. Difficulties may be in just one area of learning (specific learning difficulty) through to difficulty across many areas that affect learning (e.g., intellectual disability).
- **Social:** Being able to play and interact with other people such as sharing and taking turns, and showing interest in and respect for others.
- **Emotional:** Understanding and expressing feelings and learning how to manage them in different situations.
- **Vision:** How well a child can see and may involve being able to see but not very well through to being completely blind.
- **Hearing:** How well a child can hear and may involve being able to hear but not very well through to being completely deaf.
- **Sensory processing:** Some children have difficulty with sensory information around them which can affect their behaviour. Sensory information includes touch, taste, smell, noise, vision and movement. Some children might like more of certain types of sensory information than other children and others will like less.

Difficulties in any of these areas can range from a little bit of difficulty through to a lot of difficulty. Many children with disabilities will have difficulties in more than one of these areas.

You do not need specialist skills or training to include children with disabilities. You just need an understanding that each child's experience of disability is unique and a willingness to take steps to enable them to participate. To do this, first take the time to get to know their individual needs, strengths and interests.

Steps you can take:

- Ask children about the activities they like to do.
- Ask children and their parents or caregivers what things the child can do without any help.
- Ask children and their parents or caregivers what things they need help with and the best way to help them do those things. For example:
 - » If a child has difficulty communicating, ask family members how they usually communicate with them and how the child lets them know if they want or need something.
 - » If a child has difficulty moving their body, ask how you can help them move around the CFS to join in activities with other children.
 - » If a child has difficulty with sensory information like noise or touch, ask what things help them to feel calm.
 - » If meals are provided at the CFS and the child has difficulty eating, ask parents or caregivers how they usually feed their child.



Kevin, a 9 year old with a visual impairment draws in his home in Central Java, Indonesia.
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Disability Inclusive Mental Health and Psychosocial Support (MHPSS) in CFS

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO)

MHPSS support is critical during emergencies, particularly for children with disabilities who are often overlooked in emergency responses and CFS. Children with disabilities may not be able to access mental health support, resulting in further isolation and distress which can have lifelong impacts on reaching their potential.

A CFS is a safe space for children, and it is important to consider how their well-being and mental health can be supported when participating in CFS activities. A CFS should be a psychosocially supportive environment for all children, where they can fully engage in an environment which is supportive, inclusive and accessible, non-judgemental, and where they can participate at their own pace. Some considerations include:

- Children should always be able to decide whether to engage in a specific activity or not.
- Games and activities should have a psychosocial aim and not be always competitive.
- Activities should be fun, safe and inclusive for all children and enable all children to demonstrate their strengths and what they enjoy.
- Activities such as art and drama should focus on the process and not look for the “best” artist or the “best” performer.
- MHPSS support should be provided in a way which is non-stigmatizing. Consider group-based interventions which are open to all children and not children who have been singled out as requiring emotional support, or children who have an identified mental health condition or psychosocial disability.
- All staff working in CFS should be trained in Psychological First Aid and communicating with children in distress.
- Consider the wellbeing of caregivers of children with disabilities and encourage peer to peer support or parenting support if possible.

Further resources:

- For some general information and resources on children with disabilities see the UNICEF Children with Disabilities webpage:

<https://www.unicef.org/disabilities>

- Fact Sheet: Children with Disabilities, UNICEF (2022)

<https://www.unicef.org/reports/unicef-fact-sheet>

- Information Note on Disability and Inclusion in Mental Health and Psychosocial Support (MHPSS), IASC (2024)

[https://interagencystandingcommittee.org/sites/default/files/2024-01/IASC Information Note on Disability and Inclusion in MHPSS.pdf](https://interagencystandingcommittee.org/sites/default/files/2024-01/IASC%20Information%20Note%20on%20Disability%20and%20Inclusion%20in%20MHPSS.pdf)



Ms. Huyen, a teacher at the UNICEF-supported Inclusive Education Resource Centre, visited Thien Kien Phong at his house in Ninh Thuan Province, Viet Nam.
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3. Raising awareness and actively including people with disabilities

Key messages:

- Promote awareness in the community that children with disabilities are welcome and will be supported to participate in CFS.
- Involve people with disabilities from the beginning when planning CFS and raising awareness.
- Conduct outreach activities to ensure families of children with disabilities know about CFS and can ask questions.

One of the key barriers to disability inclusion is a lack of awareness that children with disabilities can participate in the same programmes and activities as all other children. In planning and implementing a CFS, it is important to promote awareness that children with disabilities are both welcome at the CFS and will be supported to actively participate in activities. This message should be clearly conveyed to all members of the community, including:

- All staff and volunteers planning and implementing CFS programmes
- Parents/caregivers of children with and without disabilities
- Children and young people with and without disabilities
- Other service providers who may be the first point of contact for children with disabilities who can tell them about the CFS (e.g., health workers or social workers)
- Organizations of Persons with Disabilities (OPDs) and parent support groups

Some further simple actions you can take to raise awareness and create positive attitudes toward the inclusion of children with disabilities are:

1. Involve people with disabilities, parents of children with disabilities from the beginning when planning a CFS. Establish partnerships with any OPDs and support groups for parents of children with disabilities or youth with disabilities groups.
2. Provide some basic training on disability inclusion for staff and volunteers working in CFS. This will improve their awareness and enable them to be more confident in promoting disability inclusion and including children with disabilities. OPDs may be able to support you to provide this training.

3. Ensure those working in CFS receive child protection and safeguarding training that highlights the additional risks for children with disabilities, and they are able to identify signs that a child with disabilities may be at risk of violence, abuse and neglect. Ensure reporting mechanisms are accessible for children and adults with disabilities with different communication needs.
4. Ensure parents/caregivers of children with disabilities know about the CFS and are aware of its location and any available assistance with transport. Conduct outreach activities to ensure information is distributed to all families.
5. Provide information about the CFS in a range of accessible formats (e.g., written easy read and audio formats) and ensure any images promote disability inclusion by showing children with disabilities joining in the activities.
6. Address any questions or concerns that parents/caregivers have about their child attending the CFS.
7. Address any questions or concerns that children with disabilities themselves have about attending the CFS.
8. Involve children, with and without disabilities, in co-creating activities that are disability inclusive and appropriate for different ages, including those activities targeting awareness on child protection.

Further resources:

- Engaging with organization of persons with disabilities in humanitarian action: Tip Sheet, UNICEF (n.d.)

<https://www.unicef.org/documents/engaging-organizations-persons-disabilities-humanitarian-action>

- Take us seriously! Engaging Children with Disabilities in Decisions Affecting their lives, UNICEF (2013)

<https://www.unicef.org/documents/take-us-seriously>

- Guidelines for consulting with children and young people with disabilities, Plan International (2016)

<https://plan-international.org/publications/guidelines-consulting-children-and-young-people-disabilities>

4. Making CFS accessible

Key messages:

- Consider the accessibility of the physical environment and information relating to the CFS.
- Ensure information is provided in a range of formats to accommodate different communication needs.
- Use the checklist provided to conduct an accessibility audit of all aspects of the CFS and address any issues identified.

This section provides guidance on ensuring information and the physical environment of the CFS are inclusive and accessible.

Accessible information

It is important to make sure that any information relating to the CFS and the programmes provided are presented in formats that are inclusive and accessible so that children, adolescents and adults with disabilities can access the information.

When producing information, consider the following:

- Produce and distribute information in multiple formats to accommodate different communication needs.
- Seek the input of OPDs or community members with disabilities to review information before distributing it.
- For people with difficulty seeing: use large print formats, text messages that can be converted to voice, braille, radio announcements, social media with audio, emails and word documents that can be read using screen reader software.
- For people with difficulty hearing: use text messages, captioning for videos on social media or television, sign language interpretation.
- For people with learning and intellectual difficulties: use 'easy read' versions that use simple language supplemented with pictures or diagrams.
- When including pictures of children in information ensure representation of children with different types of disabilities.

For signage to and around the CFS:

- Ensure all information signs outside and inside the CFS should use large sized lettering and images, and have clear contrast (e.g., black writing on white background).
- Include tactile information such as braille where possible.
- Use easy to understand images or symbols such as arrows.

Physical accessibility

Ensuring your CFS is physically accessible for children and adults with disabilities is a key aspect of enabling disability inclusion. It is important to consider physical accessibility from the very beginning of planning and implementing a CFS.

Accessibility is achieved using the RECU principle. That is, people with any type of disability can Reach, Enter, Circulate, and Use the CFS in a continuous movement without facing any barriers.¹

The guidance in this chapter describes the key aspects needed to make sure your CFS is physically accessible to all. The application of this guidance will need to be flexible depending on the context. For example, in a refugee camp a CFS may be in a more permanent, physical structure where it may be possible to plan and implement physical accessibility measures from the outset and ensure they can with-stand longer term use. Whereas in a natural disaster context the CFS may be more temporary, for example located in tents, where it may be necessary to find short-term solutions to enable physical access.

Where an existing building is being used for a CFS you will need to conduct an assessment to determine if any adaptations are needed to make it physically accessible. Where possible, choose a location and facilities that are already accessible and easy to modify. If a temporary structure is being used or a CFS is being designed and constructed, you should plan for physical accessibility from the outset.

When assessing the physical accessibility of your CFS, you should consider the following:

- Location of the CFS
- Transport
- Access to the CFS entrance from road, parking and public transport
- Entrances and doorways including door handles
- Access between areas
- Access within indoor play areas
- Accessibility of Water, Sanitation and Hygiene (WASH) facilities including toilets, change areas, hand washing facilities and drinking water
- Outdoor areas

¹ Including children with disabilities in humanitarian action: Child Protection, UNICEF (2017).

Use the checklist provided at the end of this section to assist you in assessing the accessibility of these aspects of your CFS.

Other environmental considerations for a disability inclusive CFS

In addition to physical accessibility, there are some further aspects to consider when making a CFS inclusive of children of various ages with a range of disabilities. These include:

- **Secure area:** Making sure play spaces have doors or gates that can be closed with handles out of children's reach. This is particularly important for children with some learning and behaviour difficulties who may try to leave the CFS on their own and may not have good awareness of their own safety.
- **Floor play:** Ensure there is suitable space for children to play on the floor. Young children and children with some disabilities may prefer to play on the floor rather than at a table. Consider having padded mats or other floor coverings that will make this comfortable. There may be locally available mats that could be used (e.g., banig in the Philippines). Use mats that can be easily cleaned to maintain hygiene for children playing on the floor.
- **Supported seating options:** Consider having some cushions, beanbags or chairs with arms/side supports for children who need extra support to help them sit upright whether doing activities on the floor or at a table.
- **Sensory considerations:** Be aware that bright and flashing lights, noise (both inside and outside the CFS) and lots of visual stimulus such as excessive items hanging on walls can be overstimulating for some children and may lead to them becoming distressed. Try to reduce unnecessary noise and visual stimuli as much as possible, and also provide opportunities for children who are overwhelmed to move away to a safe, quiet space (see below) or offer them to use noise cancelling headphones or earmuffs if available (see also [Disability Inclusive Early Childhood Development \(ECD\) Kits for Emergencies Guidance](#)).
- **Calm spaces:** Include a quiet area or 'calm space' within your CFS where children who are feeling upset, anxious, overwhelmed or overstimulated can go to and have some time to help their bodies and mind feel calm. This area should have low levels of light and noise away from where other children are playing. You can use a corner of the room and may wish to drape a blanket or cloth over a table or some chairs to create this space. Placing some books, pillows and some toys or objects for children to quietly 'fidget' with is also useful.

Further resources:

- Accessibility Toolkit Section B: Programme-related buildings, UNICEF (2021)
<https://accessibilitytoolkit.unicef.org/reports/section-b-programme-related-buildings>
- Accessibility Toolkit Section E: Accessibility Assessments, UNICEF (2021)
<https://accessibilitytoolkit.unicef.org/reports/section-e-accessibility-assessments>
- Accessibility Toolkit Section G: Accessibility Checklists, UNICEF (2021)
<https://accessibilitytoolkit.unicef.org/reports/section-g-accessibility-checklists>
- E-course: Inclusive communication module, UNICEF (n.d.)
<https://agora.unicef.org/course/info.php?id=2756>



Troy, a boy with a disability aged 9, plays basketball outside his home in Manila, Philippines.
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Accessibility Checklist

This checklist provides a guide of the key elements to consider in making your CFS physically accessible. You should also check if there are any local regulations or requirements that you need to consider.

Use the checklist to conduct an accessibility audit. You should ask some people with different types of disabilities to conduct the audit with you, such as representatives from an OPD, or children, adolescents and caregivers with disabilities. Move through all areas and facilities of the CFS to identify any physical access barriers and suggestions for improvement. Use a measuring tape to check specifications in the checklist.

If you answer 'no' to any of the items on the checklist, consider what actions can be taken to address this.

Please also refer to the [UNICEF Accessibility Toolkit Section G: Accessibility Checklists](#) for more detailed information, specifications and checklists for assessing accessibility within different areas of a facility.



	What to observe	Yes	No	Notes/Follow up needed
Location of CFS	Is the location quiet, safe and away from busy roads?			
	Is the location easy for people to find and get to?			
	Is the location close to any available public transport?			
	Is communication about the location and programmes of CFS in multiple formats (e.g., written and audio)?			
	Has the location of the CFS been communicated to parents/caregivers of children with disabilities?			
Signage	Is signage showing the location of the CFS clear, well-lit and in large format?			
	Is signage for the entrance to the CFS well-lit and in large format writing on a contrasting background?			
	Is signage at heights that can be easily read by people standing or in a wheelchair?			
	Does signage at the CFS include tactile elements/braille?			
Transport	Is public transport to the CFS accessible for children or parents with mobility difficulties?			
	Does/can the CFS provide transport for children who cannot travel on public transport (e.g., due to mobility or behaviour difficulties) and do not have their own transport?			
	Is the cost of transport to the CFS affordable for all families?			
	If no, are subsidies or cash allowances available to cover transport costs?			

	What to observe	Yes	No	Notes/Follow up needed
Pathways to CFS entrance	Is the path from the road to the entrance flat and clear of hazards or steps?			
	Is the path at least 1200 mm wide to allow for a wheelchair or other mobility product?			
Entrances and doorways	If steps are present, is there a handrail?			
	If steps are present, is there another entrance or a mobile ramp to enable access for people with mobility difficulties?			
	If there is a ramp, is the slope gentle enough that it is easy to push a wheelchair or walk up and down?			
	Is the ramp at least 1200 mm wide with handrails on each side?			
	Is the ramp free of hazards (e.g., plants, shoes, motorbikes)?			
	Are all doorways at least 900 mm wide?			
	Do doorways open outwards?			
	Is there enough space (1500 mm radius) on either side of doorways for a wheelchair to manoeuvre?			
	Are door handles at a height that can be opened from a wheelchair?			
	Are door handles easily opened with a closed fist or elbow?			
Can the entrance be secured so that children cannot run away?				

	What to observe	Yes	No	Notes/Follow up needed
Access between areas of the CFS	Are all internal and external pathways between areas of the CFS (e.g., between play areas and WASH facilities) free from hazards and steps?			
	Are all internal and external pathways between areas at least 1200 mm wide?			
Indoor play areas	Is there enough circulation space in a room for people using wheelchairs or other mobility products to move around easily?			
	Are the play areas free of any unnecessary items or furniture that might block access or create hazards for people with mobility or vision impairments?			
	Is there a washable floor covering available for children to play comfortably on the floor (e.g., rubber play mat)?			
	Are all floor coverings secured so they are not a tripping hazard?			
Furniture	Is all furniture free from sharp edges of corners that could cause injury?			
	Is the height of tables used by children between 660 mm and 760 mm?			
	Is the under-desk space of tables at least 800 mm wide to allow room for a wheelchair?			
	Are chairs of a suitable height for children? I.e. seat height between 205 mm and 380 mm.			
Outdoor play areas	Are outdoor play areas free from holes and other hazards so they are safe and accessible for people with mobility and vision impairments?			
	Is the ground flat and even?			
	Is outdoor play equipment accessible for wheelchair users? E.g., raised up sandbox.			

	What to observe	Yes	No	Notes/Follow up needed
WASH facilities	Is there enough space in toilet for a person with a wheelchair to manoeuvre?			
	Does the door open outwards?			
	Is the door handle on both sides at a height that can be reached from a wheelchair?			
	Is there a grabrail beside the toilet to assist people with mobility difficulties to transfer on/off?			
	If a squat toilet, is there a raised toilet seat that can be placed over it for those who cannot squat?			
	Is there at least one accessible toilet per gender?			
	Is there a sign indicating the toilet is accessible?			
	Is there an appropriate area to change children who wear diapers/ experience incontinence?			
	Are menstrual materials and supplies, such as soap, at a height that can be reached by girls and women using wheelchairs (600 mm to 700 mm from the floor)?			
	Is there a trash bin for the disposal of menstrual materials that is easy to reach and use?			
	Are handwashing facilities available at a height that can be reached by children and people in wheelchairs?			
	Are taps of a lever style that are easy to turn on/off?			

5. Disability inclusive communication for children with disabilities

Key messages:

- Many children with disabilities will have communication difficulties for different reasons.
- Using some simple strategies will ensure children understand information *and* can communicate their wants and needs.
- Start by finding out a child's usual ways of communicating – do not assume that a child cannot communicate.

Communication includes being able to both understand what is communicated to you, as well being able to communicate information to others. It includes verbal communication (using spoken or written words to communicate) and non-verbal communication (using facial expression, movements of the hands or body, pictures).

Children may have difficulty communicating for different reasons, including due to a hearing impairment or being deaf, learning difficulties, difficulty moving the parts of their body that produce speech, social skills difficulties, or emotional difficulties such as anxiety. These difficulties may be even further exacerbated during emergencies when children are under greater stress and experiencing disruption to their usual routines and supports.

Making sure that children with communication difficulties can communicate their ideas, wants and needs, and that they can understand information from CFS facilitators and volunteers is another important part of disability inclusion. You may be able to identify community members to assist you with supporting communication with children with disabilities. For example, sign language interpreters, OPD members, inclusive education or special education teachers, speech and language therapists).

Below are some simple ideas to use in your CFS. Many of these ideas will also be relevant to young children without disabilities who are still developing their communication skills and may also be helpful in communicating with parents or other adults with disabilities.

- **Find out the child's usual ways of communicating.**

Ask parents or caregivers about how they usually communicate with their child and how their child lets them know what they want or need. Even children with severe communication difficulties will often have some ways of letting people know what they want. Some families may have their own simple sign language that they use with their child, if so try to learn some of the key signs that might be needed, for example signs for yes, no, toilet, drink, help.

- **Get down to the child's level and make sure they can see your face.**

Whether they are standing, sitting at a table, in a wheelchair or on the floor, bend, squat or sit down so that your face is the same level as the child that you are communicating with. Always make sure that children with difficulty hearing can see your face when speaking to them.

- **Make sure you have the child's attention before you speak to them.**

Call their name or use a gesture such as waving your hand. You may have a strategy for getting attention when you want to communicate to the whole of children such as clapping your hands or ringing a bell. Whatever strategy you use for getting attention, make sure it can be both seen and heard so that it is suitable for both children who have difficulty seeing and children who have difficulty hearing.

Encourage children to look at you but do not force them to make eye contact. Some children with autism, for example, find making eye contact distressing.

- **Be patient.**

Allow extra time for children with communication difficulties to express themselves. Children with learning difficulties may also need extra time to process and understand any information you tell them.

- **Keep words simple and sentences short.**

Use words that children will understand and only give a small amount of information or instructions at a time. Check they have understood before giving the next instruction.

- **Observe children's non-verbal cues.**

Children will often use behaviours or actions to express their feelings, or what they want or need. These can be used as signs or 'cues' to help understand them and can be especially useful for children who cannot use words to communicate. Over time, get to know an individual child's 'cues' as this will help you to know how to help or respond to them.

- **Use facial expression, gestures (hand/arm movements) or body movement to help express what you are saying.**

These can help give meaning to what you are saying for children with learning or hearing difficulties who may find it hard to understand the words on their own. Using exaggerated (bigger than usual) facial expressions or gestures can be helpful.

- **Demonstrate actions or activities.**

In addition to telling children what you want them to do, show them what to do. This is particularly important if it is a new or unfamiliar activity.

- **Use pictures and objects.**

The use of visual supports such as pictures or objects can help children who have difficulty understanding or using verbal communication. Draw simple pictures or make some picture cards to help explain instructions or information. For children with difficulty seeing, using an object that they can touch and feel instead of pictures may support their communication.

Some children may use a ‘communication board’ with pictures related to daily activities that they can point to (see There are applications that can be used with smartphones and tablets that provide voice output when pictures are pressed.). For example, they may point to a picture of a cup to tell you they want a drink.

There are applications that can be used with smartphones and tablets that provide voice output when pictures are pressed.

Figure 1: Example of a communication board





Nguyen Hoang Nhan, a boy with autism and his mother in Ninh Thuan province, Viet Nam.
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Young children with and without disabilities playing at Nasuapum Inclusive Early Childhood Development learning centre, Papua New Guinea. © UNICEF / UN0279141 / den Dulk

6. Adapting CFS activities to be disability inclusive

Key messages:

- Making small adjustments or adaptations to activities will enable children with disabilities to participate, learn and have fun with their peers.
- When planning and designing CFS programmes and activities, consider children with all types of disabilities.
- The amount of support or type of adaptations needed will vary for different children.

In addition to ensuring that the physical environment and communication is inclusive, you will need to be mindful of adapting activities so that all children, regardless of disability, can participate, have fun and learn alongside their peers.

Making activities disability inclusive should start from when you first begin planning the activities. For each activity think about whether it will be possible for children with any of the following difficulties to participate:

- Difficulty moving (part or all of their body)
- Difficulty communicating
- Difficulty thinking or learning
- Difficulty seeing
- Difficulty hearing
- Difficulty processing sensory information

If you can foresee that there will be barriers for children with some difficulties, consider how you can adapt or change the activity. Some ideas of how to adapt activities are provided below.

General suggestions of how to adapt activities

Please also refer to the [Disability Inclusive ECD Kits for Emergencies Guidance](#) for further suggestions or how to adapt play and activities for children with disabilities.

1. Allow more time.
Some children will need more time than other children to complete an activity or part of an activity. Wherever possible allow them the time they need, for example to take their turn in a group activity, to give an answer during circle time, or complete an individual activity such as a puzzle.
2. Simplify the activity and instructions.
 - Reduce the number of steps or parts of an activity, for example cover parts of a puzzle and only provide puzzle pieces that match the shapes still showing.
 - Give choices or prompts if children have difficulty with open-ended activities or questions. For example, if having a group discussion about activities children like to do, you might ask “do you prefer to play inside or outside?”
 - Give instructions one step at a time, making sure all children understand before giving the next instruction.
 - When giving instructions use demonstration and other visual cues such as pictures to show children what to do.
3. Make adaptations to the materials or toys.
 - Add tactile and sound elements to toys or objects to assist children with difficulty seeing. For example, use balls with a bell inside for ball games.
 - Make objects easier to grasp for children with difficulty moving their hands. Add handles, make handles larger by wrapping a cloth around it, or add a strap to help an item stay in the child’s hand.
 - Make pictures or words large format and use strong contrast for children with vision impairment.
 - Have materials available that are suitable for a wide range of ages, remembering that some children’s learning and development may be at a younger stage than their age and so prefer activities suited for younger children.
4. Change how you set up the activity.
 - Position: Consider the best position or location for an activity so that all children can participate. Is it better if children are sitting or standing? Sitting on chairs or on the floor? Inside or outside? For example, if you have a child in a wheelchair, it might be better to have all children sitting on a chair during circle time rather than on the floor. Or for a ball game, position children closer together so they can pass the ball rather than throw it if a child has difficulty throwing the ball.
 - Number of children: It may help to have children do an activity in pairs or small groups rather than one large group, or have small numbers of children do an activity at a time.

5. Provide individual assistance.

Provide individual assistance to children who need it, but always ensuring that they do as much of an activity as they are able. This might be providing physical assistance with completing parts of an activity or giving extra visual or verbal prompts to help them achieve success. This assistance could be provided by an adult helper or you could encourage another child to help, or even set up a “buddy system” where all children have another child that is allocated as their “buddy” for the day.

Strategies for children with difficulty moving

- Make sure they are not isolated away from other children.
- If in a sitting position, make sure their body is well supported so they can maintain their balance.
- If sitting in a chair or wheelchair, make sure their feet are supported as this will help with balance.
- Make sure their position allows them to move arms and hands freely.
- If one side of their body is more affected than the other, position activities or objects towards their stronger side.
- Reduce the physical aspects of an activity, or allow a ball to be rolled or pushed instead of thrown, do an activity seated instead of in standing.
- Some children may have assistive products such as wheelchairs or walking frames. Ask their caregiver to show you how to safely use these and ask the child’s permission before moving or adjusting their assistive product.

Strategies for children with difficulty learning or understanding

- Reduce distractions around the child as much as possible so they can focus on the activity. This could be moving to a quieter area where there are less children, removing items that are not needed for an activity, or making sure they are not facing windows or busy areas.
- Use strategies for simplifying activities and instructions (above).
- During group activities, position them near facilitators so they can receive extra instructions or help when needed.

General strategies for children who have difficulty seeing

- Ask the child’s permission to guide them to activities and around the CFS. Ask them and their parent/caregiver the best way to do this.
- Spend some time helping the child become familiar with the CFS environment.
- Introduce any people that are present, so they know who is there.
- Provide verbal descriptions of the surroundings and what other children are doing.
- Allow them time to explore any toys and activities with their hands.
- Remove unnecessary items from surfaces like the floor or table tops.
- Place toys on an un-patterned surface that contrasts to the toys.

General strategies for children with sensory processing difficulties

- Sensory avoiding: Some children are easily overwhelmed by some types of sensory stimulation. You might notice them remove themselves away from activities or other children, avoid doing some activities, cover their ears if it's noisy, or become upset by certain noises, smells, being touched, or even bright light.
- Sensory seeking: Other children have a higher need for some types of sensory stimulation than other children and will seek out more of it. You might notice them wanting to touch objects or people a lot, putting objects in their mouth, moving around more than other children, making a lot of noise, or watching objects intently.
- Some children may be both sensory seeking and sensory avoiding. For example, a child may avoid noise but seek touch.
- For both sensory avoiding and sensory seeking children, the key strategy is to try to understand their behaviours and allow them to seek or avoid in a way that is safe.
- Provide a quiet or calm space for sensory avoiding children to go to if they are overwhelmed.
- Earmuffs or headphones can help children who are sensitive to sound by blocking out noise.
- Wearing a hat or a top with a hood can help children who are sensitive to visual information to focus.
- Provide sensory seeking children with play opportunities that involve movement, noise, touch and visual stimulation.
- A quick activity like dancing or doing some simple exercises like jumping jacks can be helpful for children who seek a lot of movement when they are trying to sit still for an activity. These are sometimes called "movement breaks."

Children with feeding difficulties

Children with disabilities may have feeding difficulties for a variety of reasons. If snacks or meals are provided as part of the CFS programme you will need to consider how to support children with feeding difficulties to ensure they are also able to access food and nutrition. Check with their parent or caregiver about what feeding support is needed. This may include use of a supportive seating position, modified foods or the use of adapted eating utensils. It may be useful to have parents present to demonstrate feeding their child until both parent, child and staff are comfortable to do this.

Human resources

To provide the support needed to effectively include children with disabilities in CFS activities you may need to consider whether extra workers or volunteers are needed in addition to usual adult to staff ratios as stated in CFS guidance. There may be community members who can volunteer their time to provide some extra support for your activities, or a family member who could accompany children with disabilities to support their participation.

When identifying CFS facilitators and volunteers, consider their knowledge and attitudes toward disability inclusion, and encourage those with lived experience of disability to apply.

Further resources:

- Additional guidance on including children with disabilities: Education Kit, UNICEF Handbook (n.d.)

<https://www.unicef.org/supply/documents/guidance-including-children-disabilities-education-kit-handbook>

- Adapting toys and materials to meet a variety of needs, Wisconsin Department of Children and Families (n.d.)

<https://dcf.wisconsin.gov/files/youngstar/pdf/ys-2019-20/adapting-toys.pdf>

- Disabled Village Children: A guide for community health workers, rehabilitation workers and families, David Werner, Hesperian Foundation (1999)

<https://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00201.html>

- Disability Inclusive Early Childhood Kits for Emergencies – Guidance, UNICEF (2024)

<https://www.unicef.org/eap/inclusive-early-childhood-development-kits-for-emergencies>



7. Linkages and referrals

Key messages:

- CFS workers can play an important role in identifying the needs of children with disabilities and their families and facilitating referrals to appropriate services.
- Find out what services are available and provide this information to families as needed.

Children with disabilities who attend a CFS may benefit from other services or supports to address specific disability related (e.g., assistive products), health care or family support needs. It is recommended that a mapping of available services is conducted before the CFS is implemented. Use this mapping to develop a list or directory of any available services, so that you have this information to share with parents if needed. A template is provided below to help you to do this.

Identifying needs, offering information and referring

CFS workers are not expected to be experts in identifying disability in children, but if you notice that a child has difficulties in any area you may wish to speak to their parent or caregiver about this and offer information or referral to other services. This can include mental health difficulties a child may experience in the short or long term. Children may have experienced a loss or bereavement, or may have other emotional difficulties requiring support.

Be sure to have these conversations where they cannot be heard by other people. Parents may already be aware of their child's difficulties, or this may be the first time an issue has been raised with them. Either way, it is a sensitive conversation to have and should be done gently and in private. Make sure to avoid using any negative or derogatory language and approach the conversation in a way that also highlights the child and family's strengths.

Some key points you may wish to cover in your conversation are:

- Sensitively talk to the parent about the difficulties you have noticed their child having.
- Ask the parent if they have also noticed these difficulties.
- Ask if they already have any services supporting their child or family.
- Ask if there are any other supports that they need.
- Tell them about any services that are available, use the directory that you have developed.
- Offer to help make referrals to these services, remembering that the parent may decline.
- Offer them a copy of the directory of services for them to self-refer if they want to.

Service Directory Template

Use the template below to develop a list of the services available locally that can support children with disabilities and their families.

Name of service	Services Provided	Cost	How to refer
Example 1: Parents of children with disabilities	Peer support group for parents of children with disabilities	No cost	Name of contact person Phone number
Example 2: Wheelchairs International	Mobility devices	Approximate cost	Name of contact person Phone number
Example 3: Mental Health International	Mental health and psychosocial support for children and families	Approximate cost	Name of person or primary health care facility, social worker etc.

8. Monitoring and evaluating disability inclusion in Child Friendly Spaces

Key messages:

- Collecting data on disability is necessary for monitoring access and participation of children with disabilities in CFS.
- Collecting disability data can be integrated into existing data and information systems.
- Disability data can be used to plan and design CFS to be more disability inclusive.

When delivering a programme in development or emergency contexts, it is important to collect and use data to monitor disability inclusion.

Why is it important to collect disability data in CFS?

Collecting disability data will help you to monitor the extent to which children with disabilities are accessing and participating in your CFS. This allows you to know whether changes are needed in the design or implementation of the CFS to further promote access and inclusion for children with disabilities.

How to collect disability data?

Collecting data to monitor disability inclusion doesn't need to be complicated or involve creating any additional systems. It is simply a matter of including questions that ask about disability in your usual data collection systems, such as registration of children attending CFS.

If CFS registration systems do not already include questions asking about disability, you should add some questions to collect this information.

It is best to avoid simply asking “Does your child have a disability?” as this has been shown to lead to under-reporting of disability. Instead, use questions that ask about any difficulties the child has in any of the areas of functioning listed in Section 2. An example is, “Does your child have any difficulty hearing sounds like people’s voices or music?”

The Child Functioning Module is a set of questions that has been developed to collect data on disability. Refer to Appendix 1 for a copy of these questions. Asking the mother or primary caregiver these questions is the most accurate way to collect data on children with disabilities.

By collecting disability data, you will be able to monitor how many children with disabilities or developmental delays are attending the CFS, and you can also see if children with particular impairments are attending more or less than others. This is useful to know to assist in designing and adapting activities to be inclusive.

Once you have this information, you may wish to speak to a local OPD or parent of children with disabilities group to check if these numbers match their understanding of the number of children with disabilities in the community. You can estimate that 10 per cent of any given population of children will have disabilities. This can be set as the target for children with disabilities attending the CFS. If it appears that children with disabilities are not attending the CFS, some targeted activities may be needed to understand why and what can be done to increase their participation.



Evan, 13, who has a disability, plays in an inclusive school in Central Java Province, Indonesia.
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Indicators on disability inclusion for monitoring and evaluation

To monitor disability inclusion in CFS programmes, it is necessary to have indicators to measure the effectiveness of actions that promote disability inclusion.

Develop a set of indicators to monitor the actions of your CFS to be disability inclusive.

Some examples of indicators for disability inclusion are shown in the table below.

Type of indicator*	Sample indicators
Impact	Children with disabilities have the same opportunity to attend and benefit from CFS programmes as children without disabilities
Outcome	<p>Percentage of children attending the CFS that have a disability</p> <p>Number of children with disabilities attending CFS who have been referred to specialist services</p>
Output	<p>Number of staff/volunteers who received training on disability inclusion</p> <p>Child registration/attendance forms include questions on disability</p> <p>All internal and external spaces of the CFS can be accessed by children/adults with mobility impairments</p> <p>The CFS has an accessible toilet</p> <p>Outreach visits are conducted to inform parents of children with disabilities about the CFS</p> <p>Tactile markings are added to toys and other materials for children with vision impairment</p>
Input	<p>Expenditure on staff training on disability inclusion</p> <p>Expenditure on physical accessibility measures</p> <p>Expenditure on adapting toys and materials for accessibility</p>

*Explanation of indicator types

Impact: The longer-term outcome you are hoping to achieve.

Outcome: Refers to the specific objectives of a disability inclusive CFS.

Output: A measure of the intended products or “outputs” of the activity or intervention.

Input: Resources needed for the implementation of an activity or intervention.

Further Resources:

- Including Everyone: Strengthening the collection and use of data about persons with disabilities in humanitarian situations, UNICEF (2019)

<https://data.unicef.org/resources/including-everyone-strengthening-the-collection-and-use-of-data-about-persons-with-disabilities-in-humanitarian-situations/>

- Washington Group/UNICEF Child Functioning Module (n.d.)

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



Atika, 12, a girl with an intellectual disability, with her mother and her teacher, in front of her home in Central Java, Indonesia. © UNICEF / UNI358764 / Ijazah

Additional resources

- UNICEF booklets on including children with disabilities in humanitarian action (2017)

<https://sites.unicef.org/disability/emergencies/index.html>

- UNICEF Accessibility Toolkit (2021)

<https://accessibilitytoolkit.unicef.org/>

- UNICEF Disability-Inclusive Humanitarian Action Toolkit (n.d.)

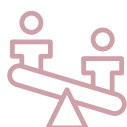
<https://www.unicef.org/documents/disability-inclusive-humanitarian-action-toolkit>

- IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action (2019)

<https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

- UNICEF Product List: Assistive Technology and other products for children and people with disabilities in emergencies (2022)

https://www.unicef.org/innovation/sites/unicef.org/innovation/files/2022-03/Assistive-products-for-emergencies_0.pdf



Appendix 1: The Washington Group/UNICEF Child Functioning Module

The questions below are for children aged 5 to 17 years. A set of questions for children aged 2 to 4 years is available at: <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

The questions should be asked to the mother or primary caregiver. Advice on analysis of data from these question sets is also available at the link above.

CHILD FUNCTIONING (age 5-17)	
<p>CF1. I would like to ask you some questions about difficulties your child may have.</p> <p>Does (<i>name</i>) wear glasses or contact lenses?</p>	<p>Yes 1 No 2</p>
<p>CF2. When wearing his/her glasses or contact lenses, does (<i>name</i>) have difficulty seeing?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF3. Does (<i>name</i>) have difficulty seeing?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF4. Does (<i>name</i>) use a hearing aid?</p>	<p>Yes 1 No 2</p>

CHILD FUNCTIONING (age 5-17)	
<p>CF5. When using his/her hearing aid, does (<i>name</i>) have difficulty hearing sounds like people’s voices or music?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF6. Does (<i>name</i>) have difficulty hearing sounds like people’s voices or music?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF7. Does (<i>name</i>) use any equipment or receive assistance for walking?</p>	<p>Yes 1 No 2</p>
<p>CF8. Without his/her equipment or assistance, does (<i>name</i>) have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Or insert country specific example].</p> <p>Would you say (<i>name</i>) has: some difficulty, a lot of difficulty or cannot do at all?</p>	<p>Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF9. Without his/her equipment or assistance, does (<i>name</i>) have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example].</p> <p>Would you say (<i>name</i>) has: some difficulty, a lot of difficulty or cannot do at all?</p>	<p>Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF10. With his/her equipment or assistance, does (<i>name</i>) have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Or insert country specific example].</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>

CHILD FUNCTIONING (age 5-17)	
<p>CF11. With his/her equipment or assistance, does (<i>name</i>) have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example].</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty..... 2 A lot of difficulty 3 Cannot do at all..... 4</p>
<p>CF12. Compared with children of the same age, does (<i>name</i>) have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Or insert country specific example].</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty..... 2 A lot of difficulty 3 Cannot do at all..... 4</p>
<p>CF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example].</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty..... 2 A lot of difficulty 3 Cannot do at all..... 4</p>
<p>CF14. Does (<i>name</i>) have difficulty with self-care such as feeding or dressing him/herself?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty..... 2 A lot of difficulty 3 Cannot do at all..... 4</p>
<p>CF15. When (<i>name</i>) speaks, does he/she have difficulty being understood by people inside of this household?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty..... 2 A lot of difficulty 3 Cannot do at all..... 4</p>

CHILD FUNCTIONING (age 5-17)	
<p>CF16. When (<i>name</i>) speaks, does he/she have difficulty being understood by people outside of this household?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF18. Compared with children of the same age, does (<i>name</i>) have difficulty remembering things?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF19. Does (<i>name</i>) have difficulty concentrating on an activity that he/she enjoys doing?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF20. Does (<i>name</i>) have difficulty accepting changes in his/her routine?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>
<p>CF21. Compared with children of the same age, does (<i>name</i>) have difficulty controlling his/her behaviour?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all 4</p>

CHILD FUNCTIONING (age 5-17)	
<p>CF22. Does (<i>name</i>) have difficulty making friends?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot do at all..... 4</p>
<p>CF23. How often does (<i>name</i>) seem very anxious, nervous or worried?</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>Daily 1 Weekly 2 Monthly 3 A few times a year 4 Never 5</p>
<p>CF24. How often does (<i>name</i>) seem very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>Daily 1 Weekly 2 Monthly 3 A few times a year 4 Never 5</p>



Bui My Na (10) attends class at the Nguyen Dinh Chieu Special School in Da Nang, Vietnam.
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Young preschoolers in class at the Hobu Inclusive Early Childhood Development learning centre, Morobe Province, Papua New Guinea. © UNICEF / UN0279166 / den Dulk



Dang Hong Dan, a three year old boy, playing in an Early Childhood Development center in Viet Nam. © UNICEF / UNI180274 / Viet Hung

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