



Review of Save Children's support to promote the rights of children with disabilities

Final report



Save the Children
Norway

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OUR MISSION is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

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Cover photograph: Members of a child rights club in the State House IDP Camp, Somaliland (Diane Mills/EENET)



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Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
CBR	community-based rehabilitation
CRG	child rights governance
CRSA	child rights situation analysis
DPO	disabled people's organisation
DRR	disaster risk reduction
ECCD	early childhood care and development
EGI	Education Global Initiative
EENET	Enabling Education Network
ICF	International Classification of Functioning, Disability and Health
IDA	International Disability Alliance
IDDC	International Disability and Development Consortium
IEWG	Inclusive Education Working Group (in Save the Children)
KI	key informant
LCDZT	Leonard Cheshire Disability Zimbabwe Trust
M&E	monitoring and evaluation
NGO	non-governmental organisation
SC	Save the Children
SCN	Save the Children Norway
SCS	Save the Children Sweden
SCZ	Save the Children Zimbabwe
SDG	Sustainable Development Goal
SHN	school health and nutrition
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

Executive summary

Introduction

This report documents the findings, analysis and recommendations of a review of Save Children's support to promote the rights of children with disabilities commissioned by Save the Children Norway (SCN) and carried out by a consultancy team from Enabling Education Network (EENET). The review sought to map and analyse Save the Children's (SC) experience, knowledge and capacity regarding the promotion of the rights of children with disabilities, and make pertinent recommendations. The review's timing coincides with new strategic commitments from SCN and SC International (SCI) regarding children with disabilities. It also comes at a time when new international commitments, via the Sustainable Development Goals, are being drawn up. Globally there are strong calls for the rights and needs of children and adults with disabilities to be more effectively incorporated than was the case with the previous Millennium Development Goals.

The review process included a literature review, key informant interviews, an online survey and field visits to three case study countries (Nepal, Somaliland and Zimbabwe). The consultants gathered information about the current situation in SC (primarily SCN and the programmes it supports) relating to the promotion of the rights of children with disabilities. There were noticeable trends in the information provided across these methods and from different types of respondents.

Review findings

Theory versus practice

The review revealed that there is an increasing strategic commitment to promoting the rights of children with disabilities across SC. Staff are largely aware of this commitment and support the principle of upholding the rights of children with disabilities. The theoretical commitments made at management and operational levels, however, are not always matched with 'practical know-how'. This means that staff do not always feel they have the capacity and confidence to take action towards including children with disabilities in their programmes and advocacy work.

Thematic sectors

SC has a long history of engagement in initiatives to promote the rights and support the needs of children with disabilities. The organisation has done this through activities that specifically target children with disabilities, and activities that strive to include them within mainstream programme work. Various initiatives exist today, some of them quite high profile and successful. The review found that the majority of programme and advocacy work around disability takes place within the education sector. Within that sector children with disabilities are considered mostly within inclusive education programmes. Children with disabilities are considered in the work of other sectoral programmes, although this appears not to be done routinely or comprehensively. There is also limited inter-sectoral work to support children with disabilities, although the lack of inter-sectoral work is not just an issue in relation to disability.

Recording experience

A key challenge with analysing SC's current position with regard to children with disabilities is the lack of documented evidence, in any media, not just written reports. SC's planning, reporting and monitoring and evaluation requirements, and those of its donors, usually do not include mandatory activities and indicators relating to disability. Consequently, core documentation – such as annual plans, annual/monitoring reports and evaluations – do not routinely discuss the programme's work in relation to disabled participants/beneficiaries. The review observed that disability is increasingly being mentioned in these documents, but often still not in much depth. Overall there is a dearth of information about *how* children with disabilities will be or have been included; i.e. about the methods/approaches used. There is also limited critical reflection on what works well in each context.

Organisational capacity

The general lack of reflective, analytical information within the organisation about the best ways to include children with disabilities is likely to be both *caused by* low staff capacity on disability and to be *a cause of* that low capacity. Many staff are not confident and reflective about disability issues so they are not sharing and documenting much about it. Because there is not much documentation or discourse, staff are not accessing information and ideas to help them learn from experience. This is a cycle that was recognised by various respondents in the review. It is a cycle that is relatively easy to 'break'. Some of the review recommendations are designed to help with this.

The issue of staff capacity, and how to address this, was raised repeatedly by review respondents. However, the review also revealed that there are various staff at field and member office level with disability experience and knowledge, although they are not necessarily working in a position with a clear disability remit.

The need for more awareness raising and training activities was commonly raised. Many respondents suggested there needs to be work done to integrate disability equality and rights messages into other thematic or operational trainings. The matter of whether the organisation should develop more disability specialist or adviser posts – and if so, where to locate them and what remit to give them – was also discussed. Respondents on the whole favoured the recruitment of some disability technical advisers (whether at local, regional or member head office level). However, they also cautioned that this must not be seen as a cure-all solution. It needs to go hand-in-hand with capacity building for all staff, and the development of a mandatory focus on children with disabilities within all the processes of the programme cycle.

Working collaboratively towards a twin-track approach to disability

In some programmes, SC's capacity is being successfully supplemented and raised through partnerships with disability organisations; either non-governmental organisations (NGOs) specialising in disability, or disabled people's organisations (DPOs). There remains scope for this to be done more comprehensively across SC's programme portfolio.

Disability-specialist partners have the potential to fill technical and/or implementation gaps for SC and build SC staff capacity and confidence around working with children with disabilities. The review revealed that some staff believe that working to support children with disabilities would require SC to engage in technical, even medical interventions. This is inevitably daunting for non-specialist staff.

However, technical interventions are only one track of a 'twin-track' approach to disability. Effective support for children with disabilities requires both individual (often technical) support for children, alongside wider systemic changes and advocacy. Through greater use of local and international partnerships with disability NGOs and DPOs, SC could access help with delivering any elements of this twin-track approach that it currently lacks capacity to do, or which fall outside its remit. Plus SC could add its powerful, and child-focused, voice to collaborative advocacy work around disability rights.

Stakeholder voice

Often the solutions that are needed to enable children with disabilities to be included in mainstream education, health, nutrition, humanitarian, advocacy or other initiatives are not complex or technical. Many simple, low-cost ideas can be elicited from the children themselves, their parents and families, or other people with disabilities. The review revealed that children with disabilities are not routinely included in project consultation processes, although a lack of disaggregated data makes it difficult to confirm or refute this. The available guidance on child participation does not always include ideas for improving inclusion.

Moving forward

The review revealed examples of promising work that can be built on, shared and learned from, in order to build confidence and capacity within SC and increase the organisation's reach to children with disabilities. It also revealed challenges, all of which can be addressed through relatively straightforward actions during the forthcoming SCI strategy period (2016-2018). This period has already been designated as a time for focusing on building capacity within the organisation prior to rolling out more practical disability mainstreaming work post 2018.

Recommendations

The table below summarises key findings and related recommendations.

Issues raised by the review	Recommendations
Staff may be concerned about the extent to which SC can/should engage in specialist disability work. SC currently lacks technical expertise on disability	1. Disability work in SC can be presented within a twin-track framework: providing individual, technical support, and system-level changes. Through collaboration with disability partners SC could support both tracks.
SCN and SCI have made clear strategy commitments to children with disabilities Change of attitudes and practices to enable inclusion of children with disabilities takes a long time 2016-2018 is a disability capacity building period of SCI Many staff lack clarity about key disability concepts	2. A brief policy on disability, outlining concepts and longer-term commitments, could be developed as a basis for mandatory disability capacity building.

Issues raised by the review	Recommendations
Donors are not always encouraging work that incorporates the rights and needs of children with disabilities. They may lack the capacity to measure quality interventions for children with disabilities.	3. The SC 2016-2018 capacity building period could be used to raise disability awareness among donors. SC could share lessons from its growing experience to help influence donor attitudes towards disability.
Children with disabilities are considered much more within education sector work than other sectors	4. Experiences from the education sector can be gathered, adapted and shared (through simple 'learning from experience' media) to help give practical advice/support to programmes in other sectors.
Even within the education sector, not all education programming is inclusive for children with disabilities	5. The Inclusive Education Working Group (IEWG), with SCN's support, could identify and adapt key SC education resources to be more inclusion-oriented. The inclusion adaptation to the QLE has been a starting point.
<p>Material and human resource gaps exist with regard to providing children with disabilities with the support they need in programmes</p> <p>SC programmes are not making sufficient use of implementation and strategic partnerships with disability organisations</p> <p>There is much international disability advocacy activity relevant to SC's work, but SC is not always well linked in with these debates/movements</p>	6. Greater use of partnerships with disability NGOs and disabled people's organisations could help SC with understanding/delivering material needs, bridging human resource capacity gaps, and building SC staff capacity. SC could seek to engage in disability networks to share experiences and collaborate in advocacy work
Child participation and child voice among children with disabilities remains limited (as far as available information shows)	7. SC's advice/guidance on child participation could be revised to offer more support with including children with disabilities. Partnerships with disability organisations could also help SC access and support children with disabilities to participate.
<p>There is not much co-ordination/collaboration or discourse on disability between SC members</p> <p>Disability issues are not considered in depth in all thematic areas, beyond education</p>	8. The existing SCI (inter-member) working groups could each assign a disability focal person to 'champion' disability within the work of their thematic group. The focal persons could come together to share experiences and provide mutual support

Issues raised by the review	Recommendations
<p>At SC member and country level there is understanding of / commitment to the rights of children with disabilities, but overall a lack of practical 'know-how'</p>	<p>9. Inductions and other thematic and cross-cutting trainings at SCI, member and country level could be revised to incorporate disability equality/rights issues. Commitments to disability rights could be integrated into job descriptions and thus into professional development/review processes</p>
<p>SC has a body of experience and evidence around support for children with disabilities, and pockets of ongoing work, but many staff are not aware of it nor effectively learning lessons from experience</p>	<p>10. Creative ways of documenting and sharing project activities and successes, to help facilitate learning from experience, could be encouraged (e.g. better use of information sharing through posters, noticeboards, Onenet, photography, etc). Useful older materials could be updated and 'repackaged'.</p>
<p>There is limited disability data collection/disaggregation of data by disability, which is linked with a lack of disability indicators and a lack of focus on disability/children with disabilities in monitoring and evaluation (M&E).</p> <p>The potential for using the UN Convention on the Rights of Persons with Disabilities (UNCRPD) as a framework for monitoring is not being realised.</p>	<p>11. SCN could encourage the country programmes it supports to show that they have: included disability data in baselines, included qualitative and quantitative disability indicators in project plans/M&E plans, and included investigation of disability issues in the terms of reference for evaluations.</p> <p>12. SCN could also take a lead on developing / piloting indicators, data collection and M&E tools using the UNCRPD framework. It could document the process of developing these tools and of raising capacity to use them, for other members to learn from.</p>
<p>There has not been a co-ordinated disability awareness-raising effort in SC, to help all staff understand the organisation's obligation and potential to support children with disabilities</p>	<p>13. SCN could lead an internal advocacy campaign, using the UNCRPD framework and examples from experience, to highlight how and why the SCN/SCI commitments to children with disabilities are important. This could be a starting point for SC developing an external advocacy campaign, based around a key piece of research and its own growing experience.</p>

1. Introduction

Save the Children Norway (SCN) has taken the important step in its 2014-17 strategy of specifying an aim to reach children with disabilities. This is in line with disability rights commitments made by the international community (see Section 2.2). Save the Children International (SCI) has also taken the step of making disability one of three cross-cutting issues for the 2016-2018 global strategy.¹ SCI envisages that the rights of children with disabilities will be mainstreamed across SC programmes from 2018 onwards.

Throughout its history, SC has had pockets of successful (and at times quite well-known) disability work. Ad hoc pieces of disability-focused work continue. Currently SCI, SC members and country programmes are not systematically documenting, analysing or reflecting on their efforts to uphold the rights of children with disabilities. This means promising practices around disability inclusion are not always known about, shared or learned from. The Education Global Initiative (EGI), through the Inclusive Education Working Group (IEWG), is aiming to share experiences, but this is not yet replicated with other sectors sharing disability-related experience.

This report summarises the findings and recommendations of SCN's review of the organisation's support to promote the rights of children with disabilities. The review process encompassed a literature review, a kick-off meeting, key informant interviews, field visits to three case study countries (Nepal, Somaliland and Zimbabwe) and an online survey. It will be followed up with a workshop to share and debate key findings and recommendations.

The terms of reference for the review indicated that:

“The main purpose of the review is to undertake a mapping and analysis of Save the Children's collected experience, knowledge and capacity, and in terms of promoting the rights of children with disabilities, recommend future guidance and direction to improve program design, implementation, result monitoring and advocacy.”

In line with the research questions posed in the terms of reference (see Appendix 1) the review seeks to provide an overview of where SC (in particular SCN)² is at with regard to the rights of children with disabilities.

¹ The other two are gender and resilience.

² See Section 3.7 for a discussion of the scope of the review with regard to SCN and SCI.

This report starts with a brief overview of the global context with regard to the rights of children with disabilities (Section 2). Section 3 explains the review methodology and limitations.

The findings section (4) looks first at the policy/strategy and programme context (4.1), including summarising some positive examples of SC's work. Section 4.2 looks at the extent to which children and adults with disabilities are participating in or have a voice in SC's work to support the rights of children with disabilities; and the extent to which SC is joining forces with more specialised organisations to this end. The issue of capacity and competency within SC is discussed in Section 4.3. The organisation's monitoring and evaluation (M&E) work is analysed in Section 4.4 with regard to disability. Finally, SC's advocacy work around disability is reviewed in Section 4.5.

Throughout the findings section, analyses and recommendations are made. The consultants have focused on developing recommendations that are achievable and relevant, and that can be built into a logical strategy over the next few years. The recommendations are summarised in Section 6.

2. The global context

2.1. Key data

“Disability is complex, dynamic, multidimensional and contested”.³

As the above quotation suggests, there is no universally agreed definition of disability or people/children with disabilities. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Art.1) explains:

“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”.⁴

An estimated 15% of the global population, more than one billion people, currently live with a disability, and prevalence rates are set to rise.⁵ Of these, around 93 million children under the age of 14 years experience moderate or severe disability. Poverty, under-nutrition, poor health, conflict, violence and a challenging home environment can all impair a child’s cognitive, motor and social-emotional development and put them at greater risk of disability.⁶

Data from UNICEF Multiple Indicator Cluster Surveys across 20 countries suggests that children most likely to be disabled come from poorer households, face discrimination and restricted access to social services including early childhood education, are underweight and have stunted growth, and are subject to severe physical punishment from their parents.⁷ Four out of five children with disabilities live in developing countries, with the highest levels of moderate and severe disabilities in sub-Saharan Africa.⁸

Despite these hard-hitting figures, globally there is very little statistically reliable data available about children (and adults) with disability. This is in part due to a lack of awareness or will to collect and disaggregate data, and partly due to a lack of skill and understanding around how to collect such information. This is compounded by the complexity of disability. People with disabilities do not constitute an easily

³ WHO (2011) *World Report on Disability* Geneva: WHO / World Bank, p.3

⁴ See: www.un.org/disabilities/default.asp?id=259

⁵ WHO (2011) *World Report on Disability* Geneva: WHO / World Bank

⁶ Ibid.

⁷ UNICEF & University of Wisconsin (2008) *Monitoring child disability in developing countries: results from the multiple indicator cluster surveys*. New York, United Nations Children’s Fund.

⁸ UNESCO (2010) *Education For All Global Monitoring Report: Reaching the Marginalised* Paris: UNESCO

counted homogenous group, and identification and assessment of disabilities is not always available or carried out in a uniform way. The group contains people with a huge range of impairments, of different ages, males and females, people who are more or less disadvantaged, more or less wealthy, people from different ethnic, religious and language groups, people with different sexual orientations, and so on.

In the years after the development of the UNCRPD, there has been increasing interest in developing mechanisms for gathering data on people with disabilities. To match this there are warnings for governments and non-governmental organisations (NGOs) not to spend too much effort and resources on large-scale statistical initiatives, which 'eat up' funding that could be spent on direct interventions or advocacy.

2.2. Human rights and international instruments

SC seeks a "world in which **every child** attains the right to survival, protection, development and participation" [emphasis added]. Its work is guided by the UN Convention on the Rights of the Child (UNCRC). Article 23 focuses specifically on disability, calling for dignity, self-reliance, community participation, special care, access to education, training, health care, rehabilitation, preparation for employment and recreation opportunities for children with disabilities. The article contains caveats, however, (e.g. assistance 'subject to available resources') which mean the UNCRC does not make as bold a statement about disability rights and inclusion as it could.

The African Charter on the Rights and Welfare of the Child (ACRWC) has an article (13) on 'handicapped children'. This also contains a 'subject to available resources' clause when discussing States Parties' obligations. The European Social Charter (revised) Art.15 focuses on disability, including calling for education of people with disabilities in 'general schemes wherever possible', employment opportunities and participation in community life. It is not specifically mentioning children with disabilities. Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights 'Protocol of San Salvador' is potentially one of the least inclusion-oriented in its language, e.g. "Programs of special education should be established for the handicapped, so as to provide special instruction and training to persons with physical disabilities or mental deficiencies".

The more recent UNCRPD gives SC and the governments and NGO partners with which it works, a much stronger impetus to:

"promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities" (Art.1)

“take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children” (Art.7).

Within the framework of international instruments like the UNCRPD and UNCRC, development and humanitarian organisations like SC have a clear mandate to ensure that children and adults with disabilities are included in programme and advocacy activities, as active participants and change agents, rather than as passive recipients of charitable help.

The UNCRPD is intended to cover people with disabilities of all ages (children, adolescents, adults and elderly people). However, in an adult-oriented world there is an ongoing risk that the Convention will not always be implemented from a child-focused position. Organisations like SC arguably have a role to ensure that the UNCRPD is interpreted and implemented from the child’s perspective.

Despite evidence that children and adults with disabilities are among the most marginalised and affected by poverty globally,

“Persons with disabilities were absent from the Millennium Declaration and have remained so throughout the Millennium Development Goals [MDG] processes... the MDGs have not reached the poorest and most marginalized people”.⁹

This is despite the fact that poverty and disability are inherently linked:

“A growing body of empirical evidence from across the world indicates that people with disabilities and their families are more likely to experience economic and social disadvantage than those without disabilities”.¹⁰

Organisations like SC also have a key role to play in pushing for the post-2015 Sustainable Development Goals (SDGs) to genuinely and much more comprehensively focus on the world’s most marginalised groups (including children with disabilities), and on ensuring equality and ending discrimination. The International Disability and Development Consortium (IDDC) and the International Disability Alliance (IDA) have lobbied for more and better disability indicators within the SDGs, and for greater involvement of people with disabilities in the post-2015 process generally. IDDC, IDA and other organisations have called for the SDG indicators to be disaggregated by disability. They further demand that disability-specific indicators be included, especially in relation to poverty eradication, access to health services, access to primary and secondary schooling, elimination of all forms

⁹ IDDC and IDA position paper “Make the post-MDG framework inclusive of persons with disabilities”: www.internationaldisabilityalliance.org/sites/disalliance.e-presentaciones.net/files/public/files/MDG%20position%20paper%20IDA%20IDDC%20Oct2012_0.doc

¹⁰ WHO (2011) *World Report on Disability* Geneva: WHO / World Bank, p.10

of violence against women and girls, and access to safe and affordable drinking water.

2.3. Trends in approaches

2.3.1. Paradigm shifts

Efforts to support children and adults with disabilities, historically, have been charity and medically focused – concerned with finding cures and treatments or providing ‘care’. These efforts were often institution-based, sometimes for life, at least in those countries where this could be afforded. Elsewhere, people with disabilities have been dependent on family and community care networks without professional inputs. In some places these may have been quite supportive and effective, in other places superstition and stigma is likely to have isolated people with disabilities and resulted in their neglect and even death. Efforts to support education for children with disabilities also developed within segregated institutions and special schools.¹¹

From around the 1970s and 1980s onwards there was an increased movement towards deinstitutionalising people with disabilities. Notions of integrated education¹² developed (placing children with disabilities into regular schools). Community-based rehabilitation (CBR) also grew in popularity. This is the provision of essential rehabilitation support in the community, often with the help of volunteers and family/community members rather than or in addition to medical professionals.

These developments coincided with a paradigm shift in the way we perceive disability. The traditional ‘medical-model’ approach focused on the ‘problems’ within the individual and sought to deal with or cure/treat those problems in order to make the individual as close to ‘normal’ as possible so they could function in a fundamentally unchanged society. If the individual’s impairment could not be reduced or removed, they were often destined to live on the margins of society or in institutions.

The shift in thinking toward a ‘social model’ approach to disability was significant. The social model approach recognised that a person with an impairment is disabled by the society around them (by negative attitudes, inaccessibility, systemic discrimination, etc). This leads to a very different approach to interventions, focused not on changing the individual but on changing society.

¹¹ For an in-depth history of the evolution of care and education for people with disabilities, see Rieser, R (2013) ‘Special educational needs: Its usefulness and legacy’ (unpublished paper available from EENET).

¹² See Appendix 2 for a glossary of key terms used in this report.

Increasingly, neither the medical nor social models have been considered entirely suitable on their own.¹³ A further trend has therefore been the recognition of the need for a ‘twin-track’ approach, through which efforts are made to ‘change the system’ to make society inclusive and adaptive; and efforts are made to ensure people with disabilities receive support with their individual needs. (See Appendix 2 for a glossary of key terminology used in this report).

Relevance for SC

Twin-track thinking is important for SC to bear in mind, as it potentially offers a framework for its own approach to supporting the rights of children with disabilities. Disability-specialist NGOs might often be best placed to lead on providing the individualised support ‘track’. But generalist and advocacy NGOs like SC can make significant contributions, particularly to the system-level changes that are needed (and which may not require the same degree of technical expertise). By working together to deliver both tracks, specialist and generalist NGOs could make significant achievements in realising the rights of children with disabilities.

In the last decade or so, the World Health Organisation (WHO) has been promoting the use of its International Classification of Functioning, Disability and Health (ICF), a framework for assessing health and disability at both individual and population levels. The framework looks at an individual’s body functions and structure, the activities they can do (individual tasks and participation in wider activities), and additional information about severity and environmental context. The aim is to look at ‘functions’ rather than at ‘conditions’ as a basis for developing better-targeted interventions or support, since people with the same health conditions or impairments can, in reality, function very differently. Not all NGOs and disabled people’s organisations (DPOs) support the use of ICF, however, or see it as a positive step towards upholding the rights of people with disabilities. As with all checklist-based tools, especially ones as complex as ICF, there are risks of it being misinterpreted and misused:

“The risk of medicalization, dehumanization and increased classification of persons, with the use of the ICF has caused concern among scientists and other professions in the disability field”¹⁴

¹³ See for instance various papers by Tom Shakespeare.

¹⁴ Lundälv, J., Törnblom, M., Larsson, P-O and Sunnerhagen, K.S. (2015) ‘Awareness and the Arguments for and against the International Classification of Functioning, Disability and Health among Representatives of Disability Organisations’ in International Journal of Environmental Research and Public Health, vol. 12, p.3294. See: www.mdpi.com/1660-4601/12/3/3293/pdf

Relevance for SC

From SC's perspective, ICF is something to be aware of, as it seems likely to grow in popularity as a tool. In particular, as SC moves towards mainstreaming disability across all thematic areas, ICF is likely to be encountered by its health programmes. Also, following a push from UNICEF to link up a child-oriented version of ICF and education, it is likely to be encountered within inclusive education programmes. However, the extent to which SC wishes to support or use the ICF framework would need much more investigation than is possible through this review.¹⁵

2.3.2. Trends in education and rehabilitation

As mentioned above, interventions for people with disabilities (where they exist) have been shifting in the last few decades from primarily institution-based to increasingly community-based options. Within this there have also been trends.

Initial efforts to move children out of institutions and special schools have often constituted integrated education rather than inclusive education. Integrated education involves placing children with disabilities, or from other excluded groups, into a regular class/school, without making any changes to the system – that is, without changing the teaching methods and materials, the infrastructure, the attitudes and behaviour of teachers and peers, etc. There may still be elements of segregation, for instance, a special class in a regular school, so that children with and without disabilities meet only during break times. Under integrated education, the onus is still on the individual – the child has to cope with the existing system, or they drop out or fail.

Increasingly inclusive education is being recognised as something different. It involves much more fundamental and far-reaching changes to the education system, so that teaching and learning approaches, environments, attitudes, policies and resource allocations are flexible enough to accommodate any and every child's needs. Rather than expecting the child to 'fit in', the school/education system adapts itself to welcome the child, whatever 'shape' they are. This shift is pertinent to SC because it requires the kind of education system level changes (towards quality, child-centred education) that the organisation has shown itself to be adept at advocating for and supporting. The twin-track approach is relevant within inclusive education too, to ensure that the system becomes generally more welcoming and

¹⁵ For instance, the ICF does not cover learning disabilities, so SC would need to look carefully at its relevance for inclusive education, which has a strong focus on responding to learning disabilities.

that children receive the individual support they need to gain maximum benefit from the system.

CBR has also seen changes in recent decades. The idea has expanded beyond an approach which simply provides rehabilitation support in the community or at home. It is becoming an approach which seeks to enable and empower people with disabilities to be included in all aspects of their society. This is increasingly being thought of as ‘community-based inclusive development’,¹⁶ encompassing efforts to make education, vocational training, livelihoods, culture and social lives, healthcare, politics, etc, inclusive of everyone.

Relevance for SC

The shift towards community-based inclusive development is pertinent for SC because it requires interventions that are no longer just about the technical/medical aspects of disability. There is more focus on empowerment, rights, advocacy and system change – areas in which SC has proven capacity to bring about change. The CBR programme SC already has in Ethiopia, for instance, appears to offer an example of this broader community-based inclusive development approach (see Section 4.1.5 for some examples of the activities).¹⁷

Appendix 8 provides a copy of the CBR matrix from WHO, which offers a framework for interventions. The WHO describes the matrix as offering “a ‘pick and mix’ series of options, a set of components and elements from which the practitioner can select. Any one programme may choose to address only some of the components and elements.”¹⁸ The CBR matrix therefore offers ideas for where SC could usefully and feasibly engage with community-based inclusive development without needing to become heavily disability expert/focused. SC could also bring a much-needed focus on children, which many disability organisations do not do.

¹⁶ Several Atlas Alliance members in Norway are developing CBID programmes in Africa, which could offer interesting case studies for SC to watch and learn from.

¹⁷ Save the Children (2012) They All Have Dreams. Community Based Rehabilitation for Children with Disabilities. Good Practices and Lessons from Save the Children Norway Ethiopia Programme Intervention

¹⁸ See: www.who.int/disabilities/cbr/matrix/en/

3. Methodology

This global review involved a range of data collection methods.

3.1. Literature review

A wide selection of documentation was gathered and reviewed – in total around 120 items. (See Appendix 3 for a full list, and Appendix 4 for a list of key disability-related document published by SC, recently and historically).

As core reference, SCN provided the consultants with 2013 annual reports and 2014 annual plans for the countries listed in SCN's 2015-2018 proposal to Norad.¹⁹ Internet searches were also carried out for any case studies, guidance documents and policy statements that were publicly available; and limited SC intranet searches were conducted (see Section 3.7 for a discussion of review limitations).

Additional documents were sent or recommended by key informants (KIs), and these were added to the list of materials reviewed. Further reading materials were provided by or obtained whilst the consultants were in the three case study countries (Nepal, Somaliland and Zimbabwe).

Key points from documents were recorded in a matrix according to the main research questions for the review. The consultants had also intended to develop a separate data matrix for each country, to capture information about disability and working with children with disabilities in that country from across a range of documents. However, the amount of relevant information was more limited than expected and so the country data matrix approach was not viable.

A working draft of a literature review report was prepared. This formed part of the briefing of the three consultants prior to their field visits, and has been used in preparing this final report.

3.2. Kick-off meeting in Oslo

The lead consultant attended a review kick-off meeting in Oslo, attended by various technical and management staff. This was an opportunity to share the plans for the review process, and some initial impressions from reading and interviews to date. It

¹⁹ Cambodia, Ethiopia, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Somalia, Uganda, Zimbabwe. Guatemala, Lebanon, Malawi, Palestine, South Sudan

was also an opportunity to gather some ideas for research questions from the staff and hear their views on SCN and SCI's position and practice in relation to the rights of children with disabilities.

3.3. Key informant interviews

Interviews were held with a number of technical and management SCN staff, within Oslo and in regional/field offices. Many interviews were conducted in person in Oslo, others via Skype. Further Skype interviews were held with key staff in SC Sweden who have an interest or role related to disability. An interview was also held with a former disability adviser from SC UK and an email discussion was held with staff from Atlas Alliance. Two face-to-face interviews were held with SCI staff based in London.

An initial list of KIs was provided by the SCN staff managing the review. Additional KIs were added when recommended during interviews with the initial KIs. Not all of the suggested KIs were available for interview. In total 24 KIs were interviewed. (See Appendix 5 for a list.)

A summary of key issues discussed during KIs and the kick-off meeting was prepared and used to help brief the case study consultants.

3.4. Online survey

A short survey was developed. This contained 10 questions; primarily tick-box/multi-choice questions but with opportunities to provide more detailed written responses. It was developed as an online survey using Survey Monkey and the link was distributed to SC staff by the SCN personnel managing the review. The survey yielded 13 responses, and those who took the time to complete it on the whole provided detailed answers in addition to the tick-box answers. The tick-box responses were not statistically relevant but the narrative answers yielded some interesting insights and examples.

3.5. Visits to case study countries

Visits were made to Nepal, Zimbabwe and Somaliland. The countries were selected by SCN, in agreement with the consultants. The selection was based primarily on country programme ability/willingness to host a research visit. The countries represented different types of programmes: Nepal has a relatively strong history of disability work (now reduced); Zimbabwe has some disability work; and Somaliland has not done much work around disability yet, but is keen to move in that direction.

All country programmes expressed an interest in participating so as to learn from the visit. Consultants were therefore briefed to offer constructive ideas and non-judgemental support as well as to gather information. Individual country reports are available which outline the methodologies used, the challenges encountered, the main findings and recommendations.

While each consultant adapted the research methodology to suit the country context and time available, they all followed the same overall approach. Prior to the visits two preparation documents were written:

- A guide on organising an effective study/research visit, to be used by the consultants and the country programme staff when planning logistics, working out schedules, etc (see Appendix 6).
- A guide on participatory methodologies. This sought to ensure that the three consultants all used similar research activities. It was also intended to inform the country programmes so that they knew in advance what sorts of activities would be carried out with their staff and stakeholders (see Appendix 7).

The following activities were used during all three visits:

- *Focus group discussions:* These were often combined with participatory activities such as drawing, making diagrams, photo elicitation and photography which can help to engage participants and promote reflective thinking more effectively than a basic group discussion. Focus groups were mostly held with children, with and without disabilities (9 focus groups in total); teachers (10 focus groups); parents (4 focus groups); and school management/development committees (5 focus groups).
- *Semi-structured interviews:* These interviews used sets of guide questions based on the overall review questions, adapted to each context (see the questions at the end of the consultants methodology guide, Appendix 7). Interviews were mostly held with SC staff, partner staff, government personnel and representatives from other organisations working on disability and/or children's rights in the country. Across the three countries approximately 59 people were interviewed.

Each consultant collected a large amount of field notes and prepared a working draft report. This was reviewed and edited by the lead consultant and revised following feedback from SCN.



Using drawing activities to discuss disability issues during a focus group with children in Nepal (Hayley Nicholls/EENET)



Children with visual impairments in Nepal playing a 'yes/no' game during a focus group about their views on disability inclusion (Hayley Nicholls/EENET)

3.6. Data analysis and report writing

The lead consultant collated all the evidence from the literature review, interviews, online survey, and field work. The data was organised and coded within the framework of research questions providing in the terms of reference. A draft report was prepared and reviewed by a steering group of SC staff convened for the duration of the disability review, and further revisions were made by the consultants.

3.7. Limitations of the review

3.7.1. The scope of the review

The terms of reference for the review could potentially have offered the consultants a chance to review disability policy/strategy, practice and capacity across programmes funded or implemented by all 30 SCI members in 120 countries. However, the available time and budget did not allow for that scale of work to be conducted. Further, such a study would have required more extensive preparatory work to ensure ‘buy in’ from all members. In discussion with the review managers in SCN it was therefore decided to focus on accessing information about SCN-supported work and interviewing SCN staff in Oslo/field locations. This would be supplemented this with non-SCN information wherever possible/relevant. The consultants would reflect on the findings in relation to both SCN and SCI strategic commitments.

“This review will map and analyse SC’s (primarily SCN’s) experience, knowledge and capacity around promoting the rights of children with disabilities” (approved review inception report, p.3)

This final report therefore mainly discusses disability-related issues in relation to SCN. Supplementary information from wider SC sources has been collected on an ad hoc basis, rather than through systematic documentation collection and interviewing across all, or specifically targeted, SCI members. Nevertheless, within an international alliance like SC, it is not always possible to draw lines between the domains of each member. For instance, when reading about projects, it is not always possible to determine which member(s) funded or provided technical support. This report should therefore offer information that is pertinent to all members.

The consultants were advised that SCN’s primary thematic area is education and were asked to “focus more on the inclusive education work” (communication from review managers), an approach also confirmed in the approved inception report.²⁰ This, combined with the relatively limited documented information available from other sectors, means the current report has a bias towards disability and education-related issues.

²⁰ “SCN’s programme work has a strong focus on education, as SCN leads SC’s Global Education Initiative. Therefore it is anticipated (by SCN and the consultants) that the disability review will have a particularly strong focus on education (covering both SCN’s work for inclusive education and mainstream education support for children with disabilities, and any work it supports for segregated/special education).” (approved inception report, p.7)

3.7.2. Accessing documents

The consultants were provided with 2013 annual country reports and 2014 annual country plans for the countries featured in SCN's 2015-2018 proposal to Norad. The 2014 annual reports for these countries were not available by the time the review started (January 2015), and only a few were accessed later online or directly from country offices. The case study consultants also experienced some challenges and delays in accessing programme documentation relating to their allocated country.

Many other 'internal' documents are contained on the SCI intranet (Onenet). Some searches were possible for a limited time using a SCN staff member's login, but inevitably not all relevant documents were systematically accessed/downloaded during this period.

3.7.3. Amount of relevant information available

Within the documents that were accessed, there was often limited information about children with disabilities,²¹ unless a project or manual was specifically focusing on disability issues. It has not therefore been possible to provide a comprehensive, thematically organised mapping of work to support children with disabilities.

Inevitably, activities and results will have happened that are not mentioned or elaborated on in the documentation. Once the limitations of the written sources became apparent, the consultants sought permission to conduct an online survey among SCN and other SC staff, in part to gather information about formal and informal interventions that may not have been documented. This survey was distributed by the review managers in SCN, but elicited only a small number of responses: 13 completed questionnaires from staff in eight countries.²²

3.7.4. Field work

The three case study countries provided a large amount of useful information, although they inevitably offer only a snapshot of the situation across all SC country programmes. There were various practical and logistical challenges/limitations with the field work, which are explained in the individual country reports.

²¹ For instance, it is very common in the reviewed documents for children with disabilities to be listed as part of the wider groups of vulnerable or marginalised children, but for no further elaboration to be provided.

²² Australia, Cambodia, Ethiopia, Lao PDR, Nicaragua, Norway, Uganda, Zimbabwe.

4. Findings

4.1. Policies and programming

4.1.1. Policy and strategy issues

4.1.1.1. *The general status of disability issues in SC*

SCI global strategies

SC's Global Programme Strategy 2010-2015, and the SCI Strategy Refresh 2015 both excluded explicit mention of disability. The former refers to reaching the 'poorest children' while the latter refers to 'all children'. Neither strategic document unpacks these terms or clarifies that they do, inevitably, include children with disabilities. Despite this, review respondents in Nepal, Somaliland and Zimbabwe indicated that they understood that SC's commitment to work with the most marginalised means a commitment to working with children with disabilities. In Nepal these children were described as "the most deprived of the most deprived". However, respondents in all three countries also admitted that because children with disabilities are not explicitly mentioned in strategic-level documents, they do still get missed.

The new global strategy for 2016-2018 will have a stronger focus on reaching the most deprived children. Within this, gender, resilience and disability will be cross-thematic issues. The 'Global Strategy Steer: To support Country/Member Strategic Plans 2016 – 2018' presents the three-year period as a time during which SC will "build our knowledge and understanding" around disability so as "to mainstream our work on disability post 2018".

Various thematic strategy documents to date appear to have had limited or no explicit disability-related commitments. For instance the Child Protection Strategies (2013-2015) on children and harmful work, and on advocacy do not mention disability. Some thematic documents do mention disability issues (e.g. the Child Protection Strategies on children without appropriate care, and on physical and humiliating punishment), although there is no elaboration in the planning sections. The global education strategy (2012-2015)²³ briefly mentioned disability, and covered it in more detail when discussing inclusive education, but noticeably missed it when listing marginalised children in relation to early childhood care and development (ECCD). This has reportedly been amended in the latest strategy

²³ Education Global Initiative. Moving ahead on education. A focused strategy for achieving our educational goals (2012-2015)

period. There is not space here to analyse each organisational document in depth. However, the review's literature search revealed a common trait among SCI documents – where needs statements exist in relation to disability they are often not matched with concrete actions or results-based indicators.

Recommendations

SCI has taken a clear and positive step towards more inclusive development, by making disability a cross-cutting issue within its new strategic plan (2016-2018). The commitment to focus on disability-related capacity building for this period is prudent, given the capacity and confidence gaps around disability revealed during the field work and interviews for this review. However, the situation may not be as clear-cut as having three years of learning and then action. During the capacity building period all members, countries and staff therefore need to be aware that:

1. **The disability capacity building work is considered a clear priority** (in terms of time, budget, staff remit, monitored expectations from the top, etc) so that it happens in a structured and committed way. By allocating the three years for disability capacity building there is a risk that the issue will be perceived as less important or urgent than gender or resilience. SCI will need to spell out clearly that disability capacity building is important and mandatory (e.g. there could be compulsory disability capacity building indicators in annual reports). SCI needs to strive to offer members/countries some practical advice and support for doing disability capacity building work as early as possible in the strategy period, even though SCI may still be building its own capacity.
2. **The decision to use three years for capacity building does not mean that disability-related work cannot happen during 2016-2018.** Not all members/countries are starting from zero in terms of their disability knowledge and skills. Some will have existing disability expertise or programmes that can be built on or even used as working examples to support global learning and strategy development. Properly mandated and funded mechanisms to document and share this existing and evolving work with children with disabilities need to be in place as soon as possible at the start of the three-year period. The IEWG offers one useful starting point for this already, although it is important that all thematic areas are involved. SCI also needs to give a high priority to building its own capacity around disability at the start of the three-year period. This will help it to facilitate a gradual global disability strategy development process that is interlinked with (not separate from) the evolving global capacity building process.²⁴

²⁴ Ideally the capacity building process needs to involve reflective, critical thinking and action research approaches so that on-the-ground learning-by-doing feeds into a global strategy steer on disability.

SCN strategy

SCN has ensured that disability is explicitly mentioned in its 2014-2017 strategy.²⁵ One of the six promises/priorities is that SCN will “strive to meet the particular rights of girls and boys, children with disabilities and other marginalised children in relation to the context”. It goes on to give more statements under the ‘Who We Reach’ section. For instance, “Children are excluded due to many factors outside their control: economic status, disabilities, gender, ethnicity, religion and language – or a combination of all factors. We want to reach out and change the lives of those children”. Children with disabilities specifically are included as result number three of the objective²⁶ in this section: “SCN ensures that we fulfil the rights of children with disabilities”.



Under the Education section, Objective One is “children gain improved learning outcomes and better development”. Children with disabilities are again included in a result: “Teachers have the necessary competence and motivation to provide customised teaching and support to children with different learning and development needs (e.g. disabilities)”. They are also mentioned under Objective 2, “children start school and complete basic education”. The result states “girls, children with disabilities and other vulnerable children are ensured equal access to basic education”.

However, children with disabilities are not mentioned in the thematic areas beyond education, and it is not yet explained how the above-mentioned results will be measured, monitored nor evaluated.

Recommendations

SCN could capitalise on the start it has made in its strategy, by developing clear guidance on how the disability commitments will be measured and reviewed. This might include finding ways to capture experiences in the education sector and then sharing these with other sectors, along with ideas for adapting inclusive ways of working to suit other sectors and to enable sectors to collaborate around interventions that support children with disabilities.

The way in which SCN takes forward the disability elements of its new strategy needs to be well documented. This could then be used in lobbying for other

²⁵ Investing in Children. The SCN Strategy 2014-2017

²⁶ Objective is ‘the integration of marginalised children and youth is a cross-cutting issue in Save the Children’s long-term and humanitarian work’.²⁶

members to do similar work, and used for informing SCI during the 2016-2018 disability capacity building period.

Reasons for SC's limited disability focus

Several KIs commented that the transition period for SCI had resulted in programming and quality issues generally “taking a back seat” in favour of processes, structures and systems. Disability issues had already been a low priority for many in SC. KIs reflected that disability was therefore perhaps ‘dropped’ more easily than other issues during this period of organisational change – hence the absence of disability in key documents.

Some respondents (staff from SC Sweden in particular) noted that even though disability had “fallen off the agenda” in recent years, there had been concerted efforts to maintain a focus on non-discrimination, although inevitably disability and inclusion had not always remained explicit within this.

Various KIs (primarily at member office level) shared a belief that SC had no experience of working on disability issues in the past, explaining the lack of focus now, and making it more challenging to start working on this issue.²⁷ One SCN staff member felt that SCN would be taking a stronger stance on disability, but that the unclear position in SCI was “holding us back”.

Recommendations

Respondents revealed a variety of reasons, or perceived reasons, why the inclusion of children with disabilities has not been a focus for SC in recent years. These reasons have perhaps combined to create the situation SC now experiences. In order to move forward it will be important for SCI, members and staff not to dwell on analysing the causes or trying to apportion blame, but to focus on identifying opportunities to reverse the trend.

4.1.1.2. Disability policy

There is no disability policy for SCN or SCI. Most KIs and other review respondents were aware of the lack of a specific policy on children with disability. Nevertheless they felt that SC's commitment to reach the most marginalised and deprived is understood to include a commitment to reach children with disabilities (though they also felt there may be gaps between understanding and reality).

²⁷ SC's first initiative to support children with disabilities was in 1919, giving grants to sanatoria helping children with rickets, and supporting schools and homes for blind children (evidence from SC UK disability adviser's research carried out in the early 1990s).

In the past, member-level disability policies have existed but they were not 'globalised' in the same way that the current gender policy (and a previous SC Alliance gender policy from 2000) was. The fact that gender has had a stronger policy presence in SC globally in the past was seen by some KIs as a sign that it will be easier to "pick up" gender issues again now, post restructure/transition, than it will be to restart the organisation's focus on disability.

KIs shared mixed views on the importance of having a disability policy, and on the likelihood of one being developed globally. Some noted that SC should develop a disability policy, as a first step in getting disability "out there" as a "compulsory" organisation-wide issue. Some saw a policy as an important step in bringing about a cultural shift in the organisation. It could help move SC towards the point where everyone recognises that disability is an issue they need to consider, and where disability considerations become "second nature" in every initiative.

Some KIs thought the development of a disability policy would certainly happen as a result of the 2016-2018 strategy, and that the creation of a global disability working group was likely.

Others were more pessimistic about the extent to which the new strategy would result in any significant actions around disability, in part because they reported that there had been some resistance to the inclusion of disability as one of the three cross-cutting themes. One regional KI noted that while the 2016-2018 strategy seeks to reach the most marginalised, they believed there is nothing to say that children with disabilities will always be within that group in every context.

Some KIs expressed the view that SC works too much in thematic silos, so policies for cross-cutting issues would have limited impact. Others felt that SC "can't have too many global initiatives" and thus disability would be unlikely to be given policy status like a global initiative. One KI commented that disability might not get its own policy, but hoped that its presence as a cross-cutting issue might at least generate some better guidance for programmes and advocacy.

One SCI staff member noted that SC has universal obligations towards the rights of **all** children, and implied that the absence of a formal disability policy is not a reason or excuse for staff not to address the rights of children with disabilities.

While many KIs commented that SC needs some sort of policy on disability, one SCS KI was more cautious, noting that there would need to be significant effort made to monitor such a policy. As yet there is no precedent for this, as (to their knowledge) there is no clear process for monitoring the SCI gender policy. The SCI gender working group had the remit to develop the policy, but there seems to be no

mechanism for gathering and documenting lessons learned in its implementation. Such lessons could assist other cross-cutting policy development processes.

4.1.1.3. Mainstreaming disability within gender

Within the ‘Engendering Transformational Change: Save the Children Gender Equality Programme Guidance and Toolkit’, advice is provided on how to mainstream gender across SCIs thematic areas of focus. The document mentions how norms, values, and attitudes about gender, ethnicity, disability, and other differences begin in childhood, and how stereotyping and prejudice develop.

The guidance/toolkit highlights the importance of collecting and analysing sex- and age-disaggregated data, but does not mention disability-disaggregated data. Within the ‘How to’ section, disability is included as part of a data gathering activity. The material introduces the key categories of girls, boys, women, and men within the community and then encourages discussion about any differences within these groups, such as girls and boys from a different ethnic group or with disabilities. The toolkit introduces GAM – gender analysis matrix. The matrix does not specifically cover disability, but the guide states that GAM can be adapted to include additional rows for these inputs. The toolkit provides an illustrative list of gender analysis questions to use when designing child protection projects, one of which mentions disability.²⁸

The 16-page ‘Save the Children Gender Equality Policy’ does not mention disability.

4.1.1.4. Inter-sectoral work in SC

During the review, some small examples were offered as to how activities that span more than one sector can help children with disabilities. For instance, one survey respondent from Ethiopia noted that “some education projects which also provide livelihood support to poor families include disability as one of criterion for selection of beneficiaries”.

Other respondents recognised the importance of inter-sectoral work (developing programmes that cut across two or more thematic areas), for instance:

“All Save the Children programmes regardless of the themes should be tied to each other and support children with disability. It must be holistic approach with clear long-term goal and clear constant direction.” (Survey respondent from Lao)

²⁸ “Does the child protection system equally benefit and protect girls and boys? Do intersecting inequalities such as disability, ethnicity, or poverty put girls or boys at further risk? Disaggregated by sex, how many girls and boys are benefiting from Save the Children’s programmes in the area? What explains any differences?”

However, various KIs noted that, in general, SC is not strong at such inter-sectoral work. This ‘silo’ thinking gives SC an organisational culture that is not predisposed to working on cross-cutting issues like disability. Yet there was recognition from various KIs that in order to effectively support children with disabilities there needs to be cross-sectoral interventions, most often between education, health and social welfare. Some felt this means there also needs to be staff with the remit to “pull together” cross-sectoral interventions from a disability perspective.

Some SCN staff noted that the organisation is still “small enough” that it ought to be able to cope with developing/managing inter-sectoral efforts. Some successful examples were cited, such as teenage pregnancy programmes involving education and health sectors, from which the organisation could learn lessons. A survey respondent from Ethiopia also suggested that SC needs to “pilot an integrated project that addresses the rights of children with disabilities [in all thematic areas]” from which lessons can be learned.

Although education seems to be leading in relation to programming with a disability focus (see Section 4.1.3.3), inter-sectoral work involving education and other sectors does not seem routinely to ‘think inclusively’. For instance, the review field work in Nepal noted that the school health and nutrition (SHN) programme was not actively targeting children with disabilities, even though SC in Nepal supports inclusive education interventions for children with disabilities. The consultant highlighted that the SHN programme could improve the targeting of children with disabilities by cross-checking their list of SHN programme schools with their education colleagues’ list of schools with resource classes for children with disabilities, and ensuring that some of the latter schools are added into the SHN programme.

4.1.1.5. Moving from why to how

A common issue raised by almost all KIs and review respondents in the field was the need for SC to move forward from stating that disability should be on the organisation’s agenda and explanations of why (i.e. policy), towards discussions about *how* to deliver a commitment to supporting children with disabilities (i.e. practical guidance and support). These are the kind of practical questions that ideally will be addressed during the initial three-year capacity building period around disability mainstreaming.

“SC is not set up to mainstream disability...It must be a core practice with a mechanism for delivery” (senior SCI staff member interview)

A wide variety of opinions was collected during the review in relation to the question of *how* SC could move forward with disability rights issues. This ranged from a small number of staff who felt that SC is not capable or positioned to work on disability and should therefore not attempt it; to a similarly small number who believed

extensive disability-specific action should be taken. Perhaps the most common type of opinion in relation to ‘how’ was that SC needs to find within its existing work some “small strategies for action” to support children with disabilities, rather than going “all out” for large, separate disability-focused projects.

Recommendations

Policy documents can be short statements of commitment, or much longer explanations of those commitments (as SC UK’s past disability policies were). These days, staff face many more demands on their time and most will want to read only a brief policy statement.

SCI could, relatively quickly and easily, issue a basic policy statement²⁹ outlining its commitment to building capacity and moving towards mainstreaming disability throughout SC programmes and advocacy. This would lay the foundation for phasing in mandatory allocation of staff time and budgets to disability capacity building.

SCN could perhaps try to stimulate this by developing its own short policy statement, linked to its own strategy and capacity building in SCN. It could then lobby for other members to ‘get on board’ with developing a scaled-up version for use globally.

However, it may be important for both SCI and SCN not to get ‘hung up’ on disability policy writing (often in NGOs protracted policy development processes stall the move to action, whether intentionally or not). Overwhelmingly, KIs and other respondents during the review expressed a need for practical advice and support with turning theoretical commitments into effective actions on the ground.

4.1.2. Disability issues being faced by programmes

This review does not have the scope to offer detailed situation analyses for SC’s programmes. However, using the reviewed literature and field visits, the following emerge as key disability issues or challenges facing SC programmes:

- Lack of national legislation around disability rights, and/or lack of implementation or monitoring of such legislation, to act as a foundation for programmes
- Separate legislation (e.g. inclusive or special education policies running parallel with core education policies). Such legislation can be a starting point but there is

²⁹ Like the IEWG has done with the ‘Save the Children Stands for Inclusive Education’ policy paper.

limited movement towards eventually embedding disability/inclusion issues into all core policies/laws

- Lack of data relating to children/people with disabilities, and lack of systems (nationally and within SC programmes) to disaggregate data by disability
- Diverse forms of discrimination against children/people with disabilities (often context specific), ranging from negative community attitudes to more institutionalised discrimination (e.g. being denied access to services)
- Lack of awareness of disability among health workers (and nutrition, water/sanitation workers, etc), with a particular impact on early identification and intervention for children with disabilities; and lack of parental awareness about the opportunities/benefits for their children of seeking medical or rehabilitation support early on
- Inaccessible and unwelcoming education provision, with poor teaching/learning practices and poor teacher education being key factors, along with general inflexibility in the education system (e.g. with regard to curricula, exams, etc)



Inaccessible school facilities.

Photo taken by school children in Nepal during participatory photography activities as part of the review (Hayley Nicholls/EENET)

- Poverty – families of children with disabilities are often among the poorest and most vulnerable, but also often among the most hidden and hardest to reach
- Limited social welfare/safety net systems for children with disabilities and their families
- Lack of awareness of the situation of children with disabilities within child protection domains such as sexual exploitation, abuse and trafficking, child labour

- Limited focus on children/adults with disabilities in contexts of emergency/crisis, including risk and preparedness planning that does not routinely factor in people with disabilities
- Generally limited child participation in decision-making within countries, further limited for children with disabilities (e.g. due to perceptions about their inability to attend, think or communicate).

4.1.3. Programme approaches

4.1.3.1. Conceptual thinking influencing SC's approaches to disability

The way staff/partners think about disability will inevitably impact on the programme approaches that SC takes.

Various KIs offered opinions or reports that suggest a continuation of medical model / charity model³⁰ thinking about disability, rather than a more social model or rights-based way of thinking. For instance, a small number of KIs focused on issues around how SC would diagnose and categorise children with disabilities, or choose which 'types' of disability to work with. Such conceptual thinking is often synonymous with (health) service delivery approaches. Illustrating this, some KIs reported that country programmes often still believe that working with children with disabilities means they will have to fund or arrange surgery or health interventions so as to 'cure' the children.

"Disability is seen as a medical issue, not seen as a system issue by many country offices" (SCS technical staff).

On the whole, extreme medical model opinions were in a small minority among KIs. Nevertheless, various KIs felt that SC needs to establish some parameters for what approaches "it can and can't do" in relation to disability. Some KIs felt that SC needs to distinguish between, on the one hand 'being careful not to exclude children with disabilities' and on the other hand 'actively targeting' them for inclusion in programmes. One SCN respondent in particular felt SC should only do the former.

Thoughts mostly focused on the need to work out whether and to what extent SC should take a direct approach (taking action itself), or take action in collaboration with disability-expert partners, or lobby for others, especially government, to take forward certain actions.³¹ Broadly, the weight of opinion was in favour of the latter two approaches: collaborative and advocacy-based approaches to disability.

³⁰ See Appendix 2 for a glossary of terms.

³¹ For instance, SCN technical staff mentioned a debate within the health sector as to whether SC should focus on 'disability health programming' or on 'disability sensitive health programming' (i.e. take direct action to

Review respondents in Nepal expressed similar views, believing that SC needs to make a decision between reaching large numbers of marginalised children, or reaching smaller numbers of the most deprived and hardest-to-reach, with an assumption that children with disabilities are in this category. Some felt there was donor pressure for the larger-scale coverage option.

Some KIs demonstrated progressive and conceptually well-informed thinking about disability, for instance highlighting the need for SC's programmes to avoid a "deficit way of thinking"³² (SCN technical staff) and the "need to get away from diagnosing and towards systemic changes" (SCS technical staff). One staff member in Somaliland also discussed the idea of charity versus rights-based models of disability. However, overall it seems that SC staff and partners need to be given time and support to think through conceptual issues around disability, and understand how they influence programme approaches.

Recommendations

Most of the basic conceptual issues and misunderstandings could be explained in a brief policy statement which:

- highlights why SC seeks to avoid a medical/charity model approach to disability
- explains that SC is primarily seeking to 'mainstream' disability and include children with disabilities throughout its programmes by improving the flexibility and creativity of programmes, staff and partners, and by working in collaboration with other (more expert) organisations and lobbying for the rights of children with disabilities (not by becoming a disability-specialist implementing organisation itself)
- clarifies that working to support the rights of children with disabilities is not a 'trade-off'. SC does not have to drop other work or neglect other groups of children in order to take a stronger stance on upholding the rights of children with disabilities.

It may be more effective for a basic policy statement that addresses these fundamental conceptual issues to be published in the form of an accessible and eye-catching poster or leaflet, rather than just as a formal (potentially more intimidating) document.

deal with disability-related health problems, or focus on ensuring that mainstream healthcare is inclusive for all).

³² Deficit means inadequate, insufficient. A key criticism of the medical model approach to disability is that it encourages us to focus on problems within the person and to think of disability in terms of what people with disabilities cannot do or need help to improve/cure in order to become more 'normal' (hence it is sometimes called a deficit model).

4.1.3.3. Education is ‘in the lead’ in regard to disability/inclusion

More disability-related work in education

When looking for evidence of the programme approaches being used by SC in relation to disability, education is noticeably offering more examples than other thematic areas.

Within the Norad 2015-2018 proposal, Cambodia, Ethiopia, Guatemala, Malawi, Mozambique, Myanmar, Nepal, Nicaragua, Palestine, Somalia, Uganda and Zimbabwe³³ all mention disability in their plans, although they do not necessarily go into detail.³⁴ Most of the references to children with disabilities are within education (11 out of 16 countries mention disability within education, 9 of which also have indicators that mention disability). A couple of countries mention disability under child protection, and under child rights governance (CRG) (the latter with an indicator).

There was a consensus among KIs that SC (especially SCN) has a stronger focus on disability issues within the education sector than other sectors. Some KIs felt that disability is easier to address in education than in other sectors. Certainly within education there are projects that have had a clear disability focus, such as inclusive education projects. SC members over the years have produced various inclusive education guidance documents, but inclusion guides are lacking for other sectors. In Nepal, SC staff expressed the view that disability is given more attention in education because there are clearer targets compelling this, such as government or international targets for universal enrolment. Such levels of ‘pressure’ to include all groups in society are not found in other sectors.

Disability-related gaps remain even in education

Even within education, however, not all initiatives have an adequate focus on disability/inclusion. ‘Inclusive education’ has tended to be seen as a separate initiative from ‘quality education’ – a trend that is common globally, not just in SC. For instance, the Quality Learning Environment (QLE) framework, the preferred means for monitoring SC’s delivery of quality education, missed key opportunities to inject more inclusion or disability-focused indicators. Steps are being taken retrospectively by the IEWG to develop a more inclusion-oriented version. Similar adaptations to core documents/guidance in other sectors were not reported by any KIs.

³³ The plans for Lebanon, Laos, Niger, and South Sudan did not mention disability at all.

³⁴ For example, disability may sometimes be mentioned in the situation analysis paragraphs, or when discussing partners, but not mentioned in programme details.

The need for greater connections between inclusive education and quality education initiatives was also highlighted in comments from various research respondents. For instance, in Zimbabwe, district education staff explained how teachers ‘fear failure’ and thus are reluctant to include children with disabilities in their class. The fear that children with disabilities will slow down the whole class’s learning, and/or ‘drag down’ a school’s average grades, is also common globally (although in Nepal some respondents noted that some children with disabilities were now excelling academically). Such fears among teachers often stem from the fact that they are working within a general education system that is rigid or very academically focused (measuring successful learning only in terms of exam grades) and which doesn’t offer teachers much support with handling new or challenging situations. To ensure inclusive education works, there needs to be effective linking of quality education reforms of the curriculum, exam systems, teaching/learning approaches, teacher education and support, etc, with efforts to welcome and support diverse learners, even those who may not immediately be academically strong.

How inclusive is SC’s inclusive education work?

Evidence collected by the review suggests that SC projects entitled ‘inclusive education’ may not always be ‘genuinely’ inclusive for children with disabilities. Instead they may still be using segregated or integrated approaches (see Appendix 2 for a glossary of terms).³⁵ This is, again, a global issue, not just within SC. For instance, Nepal’s approach is based around resource classes for children with specific impairments. Children with disabilities may be enrolled in a resource class at a school far from home, if there is no local school with a specialist class. These children often then stay in hostels, away from their families. Some child protection concerns at the hostels were highlighted during the review.³⁶ Inclusive education, on the other hand, is focused on making changes to the teaching and learning within regular classes in the local school, to enable all children to enrol and stay at home with their families, which is a basic child right.

SC’s support to this ‘inclusive education’ work does seem to have missed some opportunities. For instance, training of teachers in Nepal has focused on training teachers for the resource classes, not the regular teachers who would teach children with disabilities once they progress out of the special classes. Sign language training has been available for teachers but not for hearing children who need to communicate with their deaf peers. (In Zimbabwe stakeholders also commented that regular teachers, parents and children need sign language training, not just teachers in resource centres.) And school hostel renovations have been funded by SC, yet the

³⁵ The review did not have the scope to analyse in depth every piece of inclusive education work by SC globally.

³⁶ Similarly in Zimbabwe there were protection concerns raised due to children with disabilities staying in rented accommodation near to schools with resource centres, because their local schools don’t have resource centres or won’t enrol them. There were concerns about the level of care and food available to the children in such accommodation.

hostels visited in Nepal still have problems such as girls and boys sharing accommodation and toilets, or toilets being inaccessible and too far from the hostel.

Recommendations

Within education programming SC needs to ensure that it is **promoting a culture of critical thinking and learning through an ‘inclusion lens’**, to ensure that:

a) ‘inclusive education’ initiatives are aiming for a vision of inclusion and not getting stuck as integrated or segregated service delivery for children with disabilities³⁷

b) that all other education interventions (quality education, alternative education, vocational education, education in emergencies, and so on) are striving to be inclusive, and not just perceiving ‘inclusive education’ as a separate initiative.

For the latter, it is vital that all education policy and strategy documents embed inclusive education and the inclusion of children with disabilities within them, rather than only having a separate inclusive education policy. The global IEWG has got the ball rolling by creating a revised QLE resource that tries to embed inclusive education more firmly in QLE. The task group could perhaps be supported (by SCN) to identify other useful education resources, whether published by SCI or SC members, that could be updated and republished with a stronger focus on inclusion.

While the education sector does not yet have all the answers, it is leading the way in SC programmes in terms of supporting the rights of children with disabilities. Like many NGOs, SC faces the challenge of becoming better at inter-sectoral work. **Using the disability and inclusion expertise developed within education to inform and advise other sectors** could be one way to promote a greater sense of sharing and learning.

This could be done in a relatively simple way. As recommended elsewhere the capacity building process around disability ideally needs to involve improved documenting and sharing of experiences. However, even once case studies have been written, staff/stakeholders often still need help with interpreting the lessons for use in their own context. A series of simple ‘learning from experience’ materials could be developed. These would take key lessons from SC’s inclusive education practice (or where it exists, CBR practice) and offer suggestions for how these lessons could be adapted and turned into practical actions in other sectors. Again, it may be better if these are presented as engaging visual posters/leaflets rather than as formal, long written documents; or even shared and discussed via webinars.

³⁷ Acknowledging that segregated and integrated provision may be a useful step on the road to inclusive education.

4.1.3.4. Timescales and long-term commitments

Review respondents highlighted changes in attitudes towards disability in Nepal and Zimbabwe.³⁸ They also noted ongoing negative attitudes and prejudice, pointing to the need for sustained efforts over a longer period of time.

“Some parents may not have accepted the situation [despite the efforts so far] and need to be revisited with further awareness-raising” (district education officer, Zimbabwe)

Some KIs and other respondents referred to disability-oriented work in SC in the past (e.g. 1980s, 1990s). SC had then led various ground-breaking CBR and inclusive education programmes in countries like Lao, Lesotho, Morocco, Vietnam and Zanzibar.³⁹ Much of this work was felt to have been ‘lost’ in the last decade, and some KIs indicated that staff attitudes towards disability have also taken a step back.

Recommendations

Attitudes change slowly. Whether trying to bring an end to child marriage, promote HIV prevention practices or change attitudes towards disability, it can take a generation or more to alter entrenched beliefs and behaviours. Sustained interventions, with messages delivered through diverse media by a range of influential people from inside and outside the community, are usually needed. There is rarely a quick-fix solution to ensure that communities, stakeholders, partners and staff develop disability-inclusive attitudes and practices. SC therefore needs to be clear that it is making a long-term commitment (10+ years) to achieve this. For instance, SCN may need to clarify that its 2014-2017 strategy commitments to children with disabilities are just the start of a much longer commitment that is not just tied to the current Norad funding period.

4.1.4. Resourcing disability-focused work

4.1.4.1. Donors

The role that donors play in determining the nature and extent of disability focus in SC’s programmes was raised by various KIs and other respondents. This applies to SC members which fund country programmes, and the priorities they have, as well as to external donors. SC staff in Nepal noted that donors rarely ask them to include children with disabilities, and even within disability-specific projects, rarely ask for

³⁸ Much less so in Somaliland where there has not been much disability rights awareness work yet.

³⁹ See Appendix 4 for details of older SC documents that feature some of these examples.

more information than basic statistics on the numbers of children with disabilities involved.

“The funding member can dictate the focus” (CRG staff, SCN).

SCN’s increased focus on disability in the 2014-17 strategic plan was reported by various KIs to stem from a mixture of Norad expectations and the push from a few key individuals in the organisation. The Norad impetus was mentioned more often. KIs highlighted the donor’s expectations to “make disability more visible” in SC programmes. The literature review for this study also recorded that the 2015-2018 proposal to Norad mentions disability frequently.

Similar donor drive was noted by SCS staff, in terms of Ikea pushing for disability focus in the programmes they fund. Both donors were felt, however, to lack disability expertise necessary to give SC clear guidance or to really understand what results/impacts they were looking for from SC’s programmes.

Recommendations

The SCI 2016-2018 period of disability capacity building and learning offers an ideal opportunity for the organisation to engage with donors on disability rights issues. The aim could be to ensure that donors are more aware of the rights of children with disabilities, with the goal of making them more willing to fund disability-related work after 2018. SCI could ensure that its learning about disability during this period is distilled and shared with donors, whether in the form of basic information sharing or more vigorous advocacy. SCN could take a lead on this through its relationship with Norad.

4.1.4.2. Budgeting for disability-focused work

Resource issues were not mentioned by all KIs, but those who discussed it noted the fact that programme budgeting currently does not consider disability issues.

Several KIs indicated a belief that working to support the rights of children with disabilities would be in some way more expensive or labour intensive, which would not necessarily suit country programmes or donors:

“People want a quick fix now” (SCS technical staff).

Research respondents in the field, in Nepal, Somaliland and Zimbabwe (teachers, parents, local SC staff, etc) mentioned lists of materials, equipment, training or infrastructure inputs that they felt were currently not available but were needed if their project/school was to become inclusive for children with disabilities. In

Zimbabwe, respondents indicated that SC had already helped to provide Braille machines, access ramps, handrails, accessible toilets, hearing aids, spectacles, walking sticks and wheelchairs.

Very few respondents reflected on experiences or ideas for making low/no-cost adaptations to existing resources in the absence of extra funding. However, in Zimbabwe teachers said they liked the idea of lending bicycles to children with mobility difficulties to help them get to school, and one school indicated that SC was facilitating this.

Other KIs acknowledged that supporting the rights and needs of children with disabilities would not necessitate 'extra work', but rather requires adaptations to the way existing work is designed and resources allocated. However, the challenge of proving this argument to sceptical programme staff was raised. Some felt that SC needs to be gathering/sharing more evidence to dispute some of the myths and misconceptions that exist around disability-inclusive programming, like the myths about cost.

One SCS technical staff member noted that taking action on disability would, in the eyes of most staff, require it to have a specific budget line, unless SC decides only to approach disability from an advocacy rather than action perspective. Various respondents commented that any activity or aim that does not have a budget line generally does not get acted upon. For instance review respondents in Nepal asserted that disability would only get the necessary level of investment if it was treated like a fully budgeted thematic area.

Recommendations

Many of the technical costs that are assumed to be associated with working with children with disabilities could potentially be met through SC working more routinely and effectively with disability specialist partners, at local and international level. These partners could either help provide or fund the materials/equipment needed, or provide technical advice to help SC select and use the most appropriate and cost-effective materials/equipment. SC needs to map and build links with these organisations in every country,⁴⁰ so that mutually beneficial relationships develop. Disability-specific organisations could help SC to reach and support more children with disabilities, without SC needing to become a disability expert itself.

⁴⁰ Disability-specific organisations may not exist in every country SC operates in. In those cases SCI globally could work with international NGOs specialising in disability to see if/how the disability INGOs could – with SC's guidance and contacts – open up new programmes in those countries or help to build DPOs in those countries.

In return, SC could use its advocacy weight to help disability-specific organisations lobby for systemic changes⁴¹ needed to uphold the rights of children and adults with disabilities. SCN could take a lead in encouraging and supporting this collaborative way of working within the country programmes that it funds. It could document the experiences to inform and motivate other members to strive for more (technical and funding) collaboration with disability organisations across all programmes.

As part of the 2016-2018 disability capacity building period, every country programme could be asked to develop a budget line for this capacity building and for documenting/sharing experiences. This could help to 'institutionalise' the idea of writing disability-related costs into budgets, in preparation for moving towards more direct action for children with disabilities after 2018.

4.1.5. Project achievements

As noted in Section 3.7 this review primarily focused on SCN-supported programmes and relied on project examples recorded in documents accessible to the consultants. The following section therefore presents a snapshot of activities from SCN and other member-supported programmes,⁴² but is not an exhaustive record of all work, across all SCI programmes.

In general, the information that was available to the consultants was quite basic: summaries of the projects with limited information about *how* the projects were developed/implemented (approaches, methodology, etc). Searches of a diverse selection of documents revealed that disability is mentioned quite often. However, in most cases it is mentioned in the context of explaining the situation for children with disabilities in the country, or when listing the types of vulnerable or marginalised children. Detailed information about interventions (activities, methods, results, impact) was much harder to find.

Education

- **Guatemala:** SC supported 259 children and young people with disabilities to access education (2013 annual country report)
- **Zimbabwe:** SC has worked in partnership with Leonard Cheshire Disability Zimbabwe Trust (LCDZT) to advocate and raise awareness at various levels on the importance of inclusive education for children with disabilities. Five schools were selected and supported to become model schools for the increased enrolment of

⁴¹ Changes to government policy, budgeting, infrastructure, etc.

⁴² Documents do not always make it clear which SC member has funded/supported the projects/activities.

children with disabilities. 219 teachers were trained, and improved parental attitudes resulted in increased enrolment for children with disabilities (2013 annual country report). In 2014, 289 teachers were trained.

- **Nepal:** SC enabled 1,329 children with disabilities to enrol in school through scholarships and material support, including wheelchairs (2012 annual country report).
- **Cambodia:** Through Operations Enfants du Cambodge, SC helped children with disabilities to go to school by providing them with school materials, bicycles, tricycles and school uniforms.⁴³
- **Somaliland:** an education for empowerment project⁴⁴ sought to improve equitable access to education. Within this project SC documented an individual case study of a girl disabled by an explosion, whom SC identified and then supported to access and stay in education.

ECCD

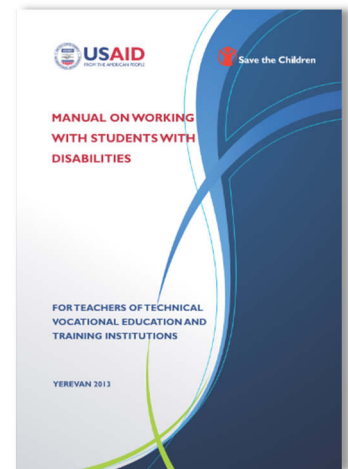
- **Zimbabwe:** A 2012 pilot project on increasing ECCD access for 'children with special needs' was carried out with LCDZT and ministry partnership. It involved an inclusive education baseline study, drafting of a training manual for school development committees and centre management committees, and then these groups were trained on inclusive education.
- **Cambodia:** A factsheet on Cambodia's education work available on Onenet records that in 2014, 13,771 children from ethnic minority groups and children with disabilities accessed comprehensive ECCD services, although the data is not further disaggregated.
- **Nicaragua:** The 2014 annual country report records that SC achieved the goal of ensuring that 30% (460) of a total of 1,495 school-age children with disabilities continued to attend early education centres.

⁴³ Case Study - Thim Ratha, Cambodia (from SC Onenet)

⁴⁴ Co-funded by SC Denmark, not SCN

Life-skills and vocational training

- **Cambodia:** Through Operations Enfants du Cambodge, SC provided life-skills training to children with disabilities and provided loans so they can use their training to start work.⁴⁵
- **Armenia:** The 'Livelihood Improvement through Fostered Employment (LIFE) for People with Disabilities' programme focuses on improving access of people with disabilities to inclusive vocational training and professional rehabilitation. SC gave small grants to 14 local organisations to help NGOs and state vocational institutions create an inclusive environment.⁴⁶ A manual of practical tips and guidance for teachers working in vocational training was produced in 2013.



Sport

- **Somaliland:** SC provided funding for two sports tournaments for deaf children in Borama and Hargeisa. The tournaments were implemented through collaboration between the Ministry and local DPOs. These activities were planned to be segregated, i.e. not a tournament involving deaf and hearing children together.

Rehabilitation/CBR

- **Ethiopia:** The CBR programme⁴⁷ in Ethiopia has supported attitude change towards children with disabilities, through community conversations and collaborating with community leaders (to encourage community-led CBR responses). It has organised community members into CBR groups and recruited CBR field workers from within communities (to help build community trust and enable home visits which boost families' skills, promote family wellbeing and empowerment). The programme has supported co-ordination among government sectors like health, education, women, children and youth affairs offices. It has engaged children in project activities through child-led groups, and supported families with livelihoods interventions. The awareness raising has reached 50,000 community members annually through traditional communication methods and 40,000 through radio.
- **Palestine:** 300 children with disabilities were provided with home-based rehabilitation, including physiotherapy, occupational therapy, nursing, technical aids and hygiene kits. 600 parents and community members participated in 20

⁴⁵ Case Study - Thim Ratha, Cambodia (from SC Onenet)

⁴⁶ E-News (Armenia) No.43, June 2013.

⁴⁷ Save the Children (2012) They All Have Dreams. Community Based Rehabilitation for Children with Disabilities. Good Practices and Lessons from Save the Children Norway Ethiopia Programme Intervention

awareness raising sessions on early detection of disability in children, and 26 homes were adapted to the needs of children with disabilities.

- **Cambodia:** SC supported a disability project with Operations Enfants du Cambodge which provided children with disabilities with rehabilitation services and helped parents learn how to help their children with disabilities with rehabilitation exercises at home.⁴⁸ Cambodia's Child Protection factsheet (no date) records that 958 children with disabilities gained access to rehabilitation services, and 1,373 parents were trained on child rights, identification of disabilities, providing care for their children, child protection and how to support their children at school.

Materials and training

- **Mozambique:** A practical guide on protection and education for children with disabilities was produced (2013 country annual report).
- **Nepal:** In 2013, in partnership with Resource Centre for Rehabilitation and Development, disability training was arranged for 41 SC staff and 86 partner staff, and 29 partner staff received more intensive training to become disability resource persons. This was only a one-year funded project, although elements of the work were expected to be continued in the 2015-2018 Norad funding.

Disaster risk reduction (DRR)

- **Armenia:** A set of inclusive DRR materials (teachers' guide, game book, audio CD, Braille version) focusing on earthquake and fire mitigation and preparedness was produced. The teachers' guide covers appropriate teaching methodology, and the game book facilitates learning through games and encourages storytelling, which has improved children's interest in learning. In total 862 teachers and caregivers from 24 institutions have been trained on DRR. They passed their knowledge to over 2,200 children (at least 60% of them with disabilities).⁴⁹

Advocacy

- **Nicaragua:** There have been lobbying efforts with the government related to a pedagogical guide for improving learning among children with disabilities in first and second grade (2013 annual country report). The 2014 annual report records that the Ministry of Education approved the guide. It also records that as a result of supporting participation of children with disabilities in four municipal governments, their peers and municipal governments "are now more aware of non-discrimination attitudes, and have approved projects that take into account children with disabilities".

⁴⁸ Case Study - Thim Ratha, Cambodia (from SC Onenet)

⁴⁹ E-News (Armenia) No.43, June 2013.

- **Uganda:** SC engaged a writer from the Uganda Society for Disabled Children to compile an article. An umbrella network forum for education (Forum for Education NGOs in Uganda), with over 70 member organisations including SC, also used their combined voice to engage with the government on issues such as education for children with disabilities, and non-formal education teacher training (2013 annual country report).

Child voice / child participation

- **Zimbabwe:** In collaboration with National Association of Non-Governmental Organisations, a meeting of 'child leaders' was organised. Children presented a ten-point plan for the country's 2015 national budget. Among the demands were calls for accessible schools, medicines for children including for those with disabilities, access to recreation facilities, and accessible learning materials and assistive devices.⁵⁰ Participants wore slogan t-shirts



- **Ethiopia:** Village level, weekly participatory sessions have been held for children under ten years who are in or out of school. They learn about disabilities, causes and prevention and are encouraged to share information with their peers at home/school. School child-led disability clubs organise awareness rising events using drama and other performance methods for audiences in schools and at community gatherings. The child-led clubs also engage in improving the school environment.⁵¹

CRG

- **Ethiopia:** "In most of our CRG projects, some groups of children with disabilities are participating in the planning, implementation of the project. More importantly, they take part in the different training programs, discussion forums and even in leadership roles. This creates them opportunities to raise their issues of concerns to adults at school, community, and local government structures." (survey respondent, Ethiopia)

⁵⁰ Hamandishe, S (2014) Zimbabwean Children make submissions during 2015 national budget consultations. Onenet News

⁵¹ Save the Children (2012) They All Have Dreams. Community Based Rehabilitation for Children with Disabilities. Good Practices and Lessons from Save the Children Norway Ethiopia Programme Intervention

Health

- **Nepal:** SC has initiated and supported the Ministry of Health to develop a 'Reaching the Unreached' health strategy, which includes highlighting the need for children with disabilities to access health care services. The strategy was developed with participation from grassroots stakeholders, including people with disabilities. This was achieved even though none of SC Nepal's health team has disability expertise.

Protection and social welfare

- **Nepal:** SC has worked with partners to help children with disabilities to access identification cards which are needed to gain access to financial allowances and educational support schemes.

4.2. Participation and co-ordination

4.2.1. Stakeholder participation

Child participation and child voice has become an increasingly important focus in SC in the last couple of decades. The organisation encourages children's voices to be heard in development research, planning, implementation, M&E and advocacy. It offers opportunities for children to come together to discuss matters that concern them, play a more active role in society and at the same time learn key skills such as conflict resolution, advocacy, decision-making, communication and data collection.

KIs highlighted that child participation in SC is still considered a working principle rather than an objective or expected result. Consequently, (like disability mainstreaming) it is not always seen as compulsory or embedded across all work, because there are no indicators making it obligatory. Inclusion of children with disabilities within child participation/voice activities was mentioned to be far from obligatory. Education staff in Zimbabwe for instance noted that children with disabilities are not consulted at key stages of the project cycle although this is now "in the pipeline" [being planned].

4.2.1.1. Promising examples

The CRG strategy 2013⁵² provides examples that children with disabilities have participated in governance issues, although it does not provide details of how. For instance:

⁵² Child Rights Governance is Good Governance for Children: A strategy for achieving our child rights governance goals, 2013, p11.

“Save the Children supported children, particularly children with disabilities, to successfully advocate for their problems and key issues to be included in the first ever report submitted to the UNCRC Committee by the Afghan government.”

KIs reported that there have been conscious efforts to hear the voices of children with disabilities. For instance, in Kenya and India children were facilitated to give inputs into SCI’s global strategy.

SC in Nepal supports Consortium, which has 61 member organisations working on child rights. Their main role is on child participation, supporting members to be inclusive, and giving guidance on inclusive consultation methods. They train organisations and children (including those with disabilities) about forming child clubs, child advisory boards, etc. They held a national consultation to raise issues faced by children with disabilities. SC in Nepal also made an animated CD about child participation which included a disabled character and provided information about accommodating children with disabilities in child-led consultations.

Review respondents from one school in Zimbabwe noted that SC had interviewed teachers before designing and delivering training programmes on child rights, inclusive education and QLE. However, those in another school indicated that the consultant’s visit was the first time SC had consulted them, while School Development Committee members in one school reflected that SCZ “come and ask what we think, but they have already decided”.

Also in Zimbabwe, the government has run a consultative process with children from child-led groups to feed into the State report on ACRWC (SC has supported the establishment of these groups). SC also gave technical and financial support to child-led groups so they could engage with local authorities on issues affecting them, including disability issues. Some of the schools visited in Zimbabwe reported processes to consult children, including those with disabilities, and then passing their ideas for school improvements to SC, or at one school engaging the children in activities to make changes (e.g. construction work to improve accessibility).

4.2.1.2. Limited disaggregated data on participation

Other KIs indicated that while there is increasing focus on consulting children, it is often not clear if or to what extent these processes have facilitated participation of children with disabilities. One SCS KI felt that the voice of children with disabilities is not routinely heard or shared. SCN KIs noted that child participation guidance materials for SC staff/partners do not routinely include disability issues or advice on how to facilitate the participation/voice of children with disabilities.

The lack of clear evidence of the extent to which children with disabilities have been included in participatory activities is illustrated by this quote from Nicaragua’s 2014

annual country report, which disaggregates participants by gender but not disability or other grouping: “5,631 children (2,657 girls) were organised (including Miskito children, working children and, to a lesser extent, children with disabilities) in a wide diversity of networks with different areas of interest”.

Recommendations

Efforts to consult children with disabilities needs to be as routine as our efforts already are to consult both girls and boys. The increased collaboration with disability-specific organisations, suggested previously, could give SC programmes more support with finding and engaging children with disabilities within inclusive consultation processes.

Any generic advice or guidance documents on child voice/consultation could gradually be updated and re-issued to ensure they include practical tips for facilitating diverse participation. SCN could perhaps take a lead in identifying and updating one or more such documents.

Any guidance that is prepared with specific consultations in mind (e.g. consulting children about a specific SC planning process or about a government policy issue), should be checked to ensure it provides advice on making the consultation accessible to diverse children with disabilities. A disability-specific partner or DPO could be asked to give inputs or advice and could be invited to brief facilitators or work as a co-facilitator.⁵³

4.2.2. Inter-organisation collaboration and co-ordination

4.2.2.1. Co-ordination between members

The terms of reference for the review sought to investigate how SC networks or co-ordinates with other organisations around disability, but it is also worth reflecting on how SC members do or don’t work together on disability issues. As seen in Section 4.1.1, there is the potential for individual members’ commitments to be affected by SCI positions. This seems to apply to differences between SC members too:

“We [SCN] need to continually push for what we stand for, so other members’ attitudes to disability won’t stop us” (SCN CRG staff).

⁵³ This could be mutually beneficial, with SC staff learning more about practical ways to engage with children with disabilities and the disability organisation learning more about engaging with children (as their work may usually be more adult-oriented).

There is now some co-ordination linked to disability via the IEWG, although of course inclusive education extends beyond just disability. However, there is no global group on disability per se, like there is on gender.

KIs identified potential opportunities through which disability issues could be shared between members, such as the move for Nordic members to work together more on CRG, which could offer opportunities to make a combined push on disability rights issues. However, overall KIs indicated that collaborative working and ‘piggy-backing’ disability into joint member activities is not yet happening.

SCS KIs reported carrying out quite a bit of disability-oriented work in recent years (with Ikea funding), but KIs in SCN did not seem very aware of SCS’s experiences. SCS KIs highlighted that SCS and SCN have links on various areas of work, but do not seem to have a clear relationship around disability issues. Most SCS KIs had been unaware that the SCN disability review was taking place. One mentioned that SCS might have been able to co-fund the review to enable a much larger international study to take place, had they known about it sooner.

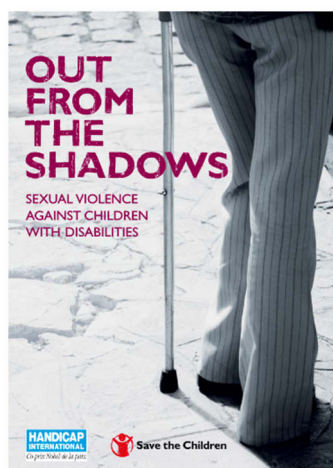
One regional KI expressed a wish for SC to have a stronger leadership in linking up local initiatives globally, so that there is more sharing of the small bits of disability work, expertise and experience that are being achieved within projects. Such leadership and co-ordination was perceived to be lacking.

Recommendations

One way to engage SC members in disability-related discussions and tasks would be to create a global disability working group. However, there may already be felt to be an ‘overload’ of working groups. Instead, SC could consider asking each existing working group to assign a disability focal person.⁵⁴ This person may either already have a level of experience and interest or be willing and able to build their knowledge around disability. They would be responsible for ensuring that disability issues are raised in the discussions and documentation of their thematic working group. They might also look for or adapt/summarise relevant information to share with the working group members. Potentially a more central focal point/disability adviser (see Section 4.3 on capacity) could provide support to these disability focal points and facilitate them to convene to support each other and share experiences.

⁵⁴ Or ideally two focal persons so that it is not always the same individual waving the disability flag!

4.2.2.2. Collaboration with disability NGOs and DPOs



SC has collaborated with Handicap International (HI) at a global level. One joint piece of work has been on an initiative entitled “Improving the protection of children with disabilities in humanitarian action”. This sought to develop guidelines, capacity-building materials and M&E/learning tools around the protection of children with disabilities in humanitarian responses. The two organisations also jointly researched (in Burundi, Madagascar, Mozambique and Tanzania) and published a report entitled “Out from the Shadows” about sexual violence against children with disabilities. The report includes recommendations developed in consultation with children, young people and professionals working on this issue around the world.

At a programme level, different members in SC were noted by KIs to have different positions with regard to partnership working (some implement almost entirely through local partners, while others maintain a more direct implementation approach). However, even where partnership-based programme implementation is strong, there are not necessarily many disability-specialist organisations among the implementing partners.

KI's indicated that partnering with disability organisations⁵⁵ tends to be ad hoc and related to specific project activities, rather than strategically planned as a way to ensure inclusion of children with disabilities or to support capacity building within SC on disability.

The lack of a partnering/collaborative culture within SC was stressed by some KIs. They explained that SC has partnerships with other organisations when it is essential for implementation, but not necessarily just as a means to improve, learn or share, usually because staff are too busy for the latter. It was also mentioned that there is often not enough time for detailed stakeholder analyses before planning or writing funding proposals, so “we miss out on those sorts of [partnering] opportunities”.

One regional KI indicated that it would be useful to have more use made of strategic partners to support disability mainstreaming in SC. These would not just be partners that just help with implementing a specific, time-bound project, but partners who

⁵⁵ Examples include: SCS KIs mentioned a strong DPO partner in Kosovo, SC Nepal used to work closely with a disability organisation, and SC Zimbabwe is currently implementing inclusive education through LCDZT. Other strong disability partners were mentioned in Lao and Nicaragua, but with the caveat that when SC reduced its focus on disability in recent years, relationships with some disability partners have been ‘lost’, as staff change ‘institutional memory’ is lost.

can act as expert advisers and provide longer-term support across a range of SC projects and advocacy initiatives. Ethiopia was mentioned as one country where more strategic partnerships are developing (although not yet with DPOs).

“A large organisation like SC, with projects targeting large numbers, is not always well placed to address the individual needs of CwD [children with disabilities]. SC needs to seek partnerships with specialised organisations equipped with tools and approaches to address specific disabilities.” (Survey respondent from SC Australia)

Concerns about the cost of taking forward more disability-oriented work have been noted elsewhere in this report. One KI from SCS highlighted that if SC works through partners then this ought to mean that it can choose some partners with disability expertise, at no greater cost than choosing a partner without that expertise.

Several KIs speculated that the limited partnerships so far with disability-expert organisations may stem from a concern about saying/doing the wrong thing and being criticised, yet they highlighted that partnerships could actually help to build SC confidence and capacity so as to overcome this.

Recommendations

Improved/increased relationships and partnerships with disability NGOs and DPO could help SC: a) fill disability-related capacity gaps in programmes; and b) build SC’s internal capacity and confidence around disability. Relationship-building needs to happen at local and international level.

A useful entry point would be for **SC to revive its full membership of the International Disability and Development Consortium**⁵⁶ (which SC UK played a key role in founding around 15 years ago). SC is no longer a full (paying) member.⁵⁷

The Consortium focuses on promoting inclusive development. It does this through advocacy, sharing experiences and offering a forum for members to discuss their programme work or global issues. IDDC has task groups covering: inclusive education, conflict and emergencies, CBR, HIV and AIDS, livelihoods, UN and disability (also covering post-2015), EU and disability, and the UNCRPD. Its members are primarily European disability INGOs, but in the past have included

⁵⁶ For more information on IDDC see: <http://iddcconsortium.net/> and for membership information: <http://iddcconsortium.net/who-we-are/members/how-join-iddc#full-membership>

⁵⁷ Membership was held by SC UK until 2014, but this was not renewed. IDDC has permitted some SC representation on the IDDC Inclusive Education Task Group, as the key staff member in SCN previously represented other organisations on this group. However, this is not currently a formal membership arrangement and there is no SC involvement in the wider work of the Consortium.

more general INGOs like SC and VSO (both of which dropped their full membership when key staff left or there were internal restructures).

SCI could engage with IDDC perhaps by having different SC members allocating a staff member to join one of the IDDC task groups (SCN already has informal representation on the inclusive education group). Membership of an IDDC task group need not involve an onerous workload⁵⁸ but would give access to up-to-date debates on disability issues across various sectors, and open doors to a network of INGOs, many of which have extensive international programmes and partners that could play a role in supporting SC country programmes.

4.3. Capacity and competency

4.3.1. General attitudes and understanding

The overwhelming message from KIs and other review respondents was that SC staff support the principle of upholding the rights of children with disabilities. Most review respondents in the three case study countries were able to provide information or show some understanding about the situation facing children with disabilities in their countries. Respondents in Somaliland, for instance, explained that they were aware that children with disabilities are “sometimes locked or tied up” and generally neglected or denied specific care at home.

Various KIs noted that there is a “greater desire to engage” with disability issues now, although this is matched with concerns about how to ‘do it’. The need for technical or practical support in turning positive attitudes into concrete actions has been expressed in previous studies, such as the 2012 education and disability mapping exercise.⁵⁹

“There is an awareness of the need to focus on CwD [children with disabilities] but not enough tailored interventions” (survey respondent from SC Australia)

Various other KIs highlighted that currently the extent to which disability is ‘pushed’ depends more on the interests and passion of individuals, than on organisational commitment. Some felt that in country programmes the level of commitment (and action) was stronger, but that disability “is lost globally” in SC.

⁵⁸ Usually participation in 2-3 conference calls and one face-to-face meeting a year.

⁵⁹ Save the Children (2012) Educating Children with Disabilities. Organizational Experience, Capacity, and Needs – September 2012

A minority of KIs voiced (or reported) opinions which suggest that they see disability as a lower priority issue, something to be dealt with once other problems have been addressed or once the majority of children have been helped.

“[Some staff say] why focus on the 15% with disabilities when there are loads of other children who need help?” (SCN staff member)

There was, among a few, a sense that children with disabilities are a completely different and separate or homogenous group, implying a lack of understanding of the idea that most children have multiple identities.⁶⁰

Levels of understanding varied greatly among KIs, from medical/charity model to social model thinking. On the whole KIs and respondents did not talk about these models, but in Somaliland one staff member clearly explained that “If [children with disabilities] have any care at all [at home/in society] it is as the charity model instead of being rights based”.

Understanding also varied from seeing disability mainstreaming as being about making small, achievable adaptations, to fears that it requires a high degree of medical or technical expertise and large-scale specialist interventions. Staff in Nepal expressed the view that working with children with disabilities requires a totally different set of skills, rather than adapting existing ways of working. Other fears expressed by KIs included ethical concerns around disability data collection, and fears around project staff or stakeholders not having the medical know-how to accurately categorise children for data collection purposes, and the ‘damage’ this could cause.

Among most KIs and review respondents there was a sense that including children with disabilities would be possible, if SC had more expertise or provided staff with more practical advice or tools. However in Somaliland one respondent was less positive, believing that children with disabilities would not be capable of joining in sports tournaments, or that “blind and deaf cannot participate in debating” so cannot join in the school clubs.

When addressing the question of how a focus on the most deprived would impact on SC’s work, the ‘Global Strategy Steer 2016-2018’ conveys a belief that focusing on ‘the most deprived’ will require “some specialized skill sets which the organization does not have (e.g. working with children with special needs)”. This is a positive

⁶⁰ Children with disabilities are not all the same. They will be girls or boys, they may be from wealthy or poor families, indigenous or migrant/refugee families. They may speak different languages, practise different religions, hold different cultural beliefs, and so on. As such each child has a multiple identity – they are not just a child with a disability, and their disability may not be the identity they most associate with or that causes them the greatest challenges or discrimination in school/family/life. As such, children with disabilities are an integral part of every other group of children SC works with.

recognition that the organisation lacks capacity around disability; but it could also perpetuate the myths that working to uphold the rights of children with disabilities can only be taken forward in the presence of experts or that it is someone else's responsibility.

Across all groups of review respondents and KIs there were examples of opinions expressed that it would be more difficult for SC to work with children with intellectual impairments than physical or sensory impairments. This was also felt by respondents in Zimbabwe (and Somaliland), some of whom reported increased ability/confidence among teachers to teach children with disabilities, apart from those with intellectual impairments/learning difficulties.

One SCN staff member expressed clear opinions that SCN could consider working with children with physical impairments but not intellectual impairments, because the latter would be much more difficult. Various other KIs reiterated the need to choose which impairments SC could 'cope' with. Working with children with physical/sensory impairments is seen as needing relatively simple, technical, material interventions; whereas working with children with intellectual impairments involves dealing with a more 'invisible' set of challenges. As such this may be perceived as requiring SC to more fundamentally change its way of working and attitudes, perhaps raising feelings of fear among staff.

This diversity of understanding about disability is inevitable within a large organisation, particularly when there has not been any co-ordinated disability awareness or education programme for staff in recent years.

4.3.2. Where is the competency/capacity currently located?

There were mixed opinions as to who in SC currently has capacity (skills, knowledge, experience and remit/time) in relation to disability issues.

4.3.2.1. SCN in Oslo

Overall there was a feeling that SCN staff in Oslo have a high level of awareness about the rights of children with disabilities, but do not have the necessary technical competence to take a lead in terms of supporting country programmes in a practical way.

"I can comment on reports or applications and remind people to include children with disabilities, but I can't give them concrete advice on how to do it" (SCN staff member, Oslo).

There appears to be no staff member in Oslo with a clear disability support/advice remit. A previous child protection adviser had a remit that included being gender and disability focal point, and this was allocated a percentage of time in her job description. Her replacement retains this focal point role, but reportedly without the explicit time allocation. Any work she does in relation to disability is therefore an extra task, and may be hard to prioritise during busy periods.

Encouragingly, however, during interviews in Oslo other members of staff were revealed as having disability experience in previous jobs/organisations which they had not been asked to, or not felt the remit to use, in their current posts. Their colleagues were also not necessarily aware of these past experiences/skills.

4.3.2.2. Country offices

Some KIs indicated a belief that country offices have retained more of the ‘old’ expertise than the SCN or other member head offices have, although the individuals with this expertise may no longer be working directly on disability-related work. SC Nepal respondents, however, indicated that capacity has been lost, and even though disability is part of their current education programmes, none of the education staff has a disability or inclusive education specialism. The country programme has a staff member responsible for GESI (gender and social inclusion), but the role focuses primarily on gender and the post-holder has limited disability experience.

In Zimbabwe SC staff indicated that capacity around disability was mostly within education staff, not other sectors, but even the education staff needed to be learning more from global experiences. In Somaliland, SC has one staff member with a relatively strong disability background (from a former job), but he has not been given the remit in SC formally to pass on any of his experience/knowledge. Staff here were also transparent about being nervous of communicating with people with disabilities. For instance, the consultant supported one staff member to communicate with a deaf meeting participant, by using a few signs, as the staff member expressed his nervousness.

One survey respondent from Ethiopia noted that:

“We have no problem regarding policy and strategy regarding education of children with disabilities... However, we lack capacity and resource to fully implement policies and strategies.”

4.3.3. Institutionalising capacity

At the moment competency around disability appears to be dependent on individuals rather than institutionalised as a key element of certain posts in the

organisation. SCN education staff, for instance, mentioned that they have had a stronger disability focus in the past, but this was lost when key staff with those interests/skills left and were not replaced with people with similar skills/interests. Had disability been institutionalised in the posts then the level of disability focus would probably have remained constant, despite staff turn-over. The issue of relatively high staff-turnover was raised by various KIs, and seems to be a key challenge to retaining 'institutional memory' on any issue, not just disability.

This was also reflected in the comments from Nepal respondents, who felt SC in Nepal lost capacity after 2009, when a strategic decision was taken to reduce the disability focus in the project portfolio. In theory, mainstreaming disability into programmes was to become a focus, instead of specific projects, with technical support from disability NGOs. However, staff felt that because disability was not obligatory, the momentum was lost, along with staff/institutional knowledge and the connections with specialist NGOs.

Most KIs were asked if their job descriptions mention disability. Some said they do mention it in passing as an issue of diversity/marginalisation. Very few felt it was explicitly featured in their job description. Some of the KIs who were most strongly advocating for SC to 'do more' on disability stated that the issue has to become more institutionalised within SC, by including it in job descriptions, competency specifications and thus in professional development plans and processes. Staff in Oslo currently participate in a regular professional review and development process, but disability competence or capacity needs are not routinely raised.

Some KIs raised the problem that, at country/project level in particular, a lot of staff are employed on a project basis – they work with SC for the duration of a project or short contract and then move on. This makes it more difficult to institutionalise disability awareness and skills. Project staff may get training that is vital to the project, but other training is not done, perhaps because investment in training staff who will inevitably leave is not considered cost-effective. That said there are some core trainings that even short-term staff would/should access, such as training on the CRC or on child safeguarding. One KI stressed that this is where SC needs to focus on injecting disability equality messages, for field and member office staff. The majority view was that existing staff induction mechanisms and core trainings do not address disability equality issues, nor convey any expectation to new staff that they need to think about the rights of children with disabilities in their work.

Very few KIs or other review respondents had received disability awareness training whilst working in SC, though some had received it in previous jobs/organisations.

The review revealed limited use of informal information sharing as a way to embed disability rights messages. The consultant noted in particular in Somaliland that while

the SC office walls were well decorated with informative posters about various aspects of child rights and the lives of children, those with disabilities were noticeably absent.

4.3.4. Impact of current capacity gaps

In most cases the lack of disability awareness or competency seems primarily, according to KIs, to have resulted in a lack of work that clearly supports children with disabilities – whether through specialist projects or through mainstreaming disability into other projects. However, one SCS KI mentioned some examples of projects that have taken a significantly *wrong* path due to this lack of expertise. For instance, some education projects that were supposed to be inclusive education have taken a very medical model path. They have focused on diagnosing and providing assistive devices or medical interventions, rather than on wider education system changes. This KI cautioned SCN about pushing ahead with disability-related initiatives if there really is no expertise available to guide the design and development of the work. This is pertinent to SCN, as the organisation is planning to support a large inclusive education initiative in Malawi, although several SCN staff expressed concern about whether SC in Malawi or Oslo have sufficient inclusive education or disability expertise available.

4.3.5. Capacity building activities with Atlas Alliance

Atlas Alliance provided some training to SCN Oslo staff in 2014. SCN is one of nine international development organisations trained by Atlas Alliance so far. The training was part of an Atlas Alliance and Norwegian Ministry of Foreign Affairs project which aims to increase the inclusion of people with disabilities in Norwegian development aid. The project seeks to increase awareness and knowledge through training, to link Norwegian organisations through an inclusion network, and to facilitate links with DPOs from the Atlas Alliance network in project countries. A longer-term plan submitted to Norad, if funded, would also enable some joint/co-funded disability inclusion pilot projects between Atlas Alliance and mainstream NGOs.⁶¹

The training for SC was very well received, and many staff mentioned an interest in receiving further training (particularly practical training linked to their work plans) or mentioned the importance of repeating such training for newly recruited staff. Several KIs in Oslo advocated a bigger role for Atlas Alliance in supporting SCN's disability-related learning and implementation, although Atlas Alliance only has a permanent secretariat of eight staff in Oslo.

⁶¹ Information via personal communication with Atlas Alliance staff.

4.3.6. Opinions on where in-house expertise should be based

“Save the Children needs people within their staff who make concerted effort to ensure that disability issues are mainstreamed in all programs at all times” (Survey respondent from Zimbabwe)

There was divided opinion on where expertise would best be located. Various KIs felt that SCN and other members need to boost their capacity at head office level. There was a strong body of support for having a global (or regional) disability adviser post, or similar. Others felt that the main capacity should be based within the countries. Staff in Nepal, for example, felt the country programme needed a disability adviser. Some examples of inter-country technical support were cited. For instance, Armenia’s country programme had built up a significant body of work around disability and despite funding challenges was trying to act as a technical hub for other countries in the region.

Further opinions mentioned included:

- Having a hub of technical advisers who can assist with disability-related issues and offer trainings/webinars across SC, not necessarily just one disability adviser trying to cover all aspects of programme work (these advisers could be in regular contact with each other to share experiences and offer support)
- Having someone or a team that supports disability across the whole of SCI to avoid the problem of an adviser/expert prioritising the needs or approaches of the SC member that hires/pays them.

One regional KI cautioned that SC tends to employ people with ‘co-ordinator’ capacity, but not with specialist technical capacity. They acknowledged the value of someone who can “link people together”, but felt sometimes more practical know-how is needed from an expert.

A SCS KI raised the question of how SC members, and in particular SC country offices, would know if they are picking someone with the right expertise to be a disability adviser, if they don’t have disability knowledge among the staff who are doing the recruiting. This could also be the case if hiring external consultants or developing partnerships with other NGOs.

A former SC UK global disability adviser felt her experience had revealed that having a global adviser operating in a ‘bolt-on’ capacity was not effective. A technical/adviser role was needed to assist staff who felt they lacked skills or who were frightened and needed support. However, she highlighted that the role did not work unless it was accompanied by efforts to institutionalise disability (e.g.

mandatory disability indicators, regular training for all staff, recognition of core disability/diversity-related responsibilities within all staff job descriptions, etc).

4.3.7. Opinions on other ways to raise capacity

Calls for more training were expressed by the majority of KIs, though some highlighted that this should be done through integrating disability awareness into inductions and other thematic trainings and not (just) through separate disability trainings. A note of caution was sounded by one SCN staff member who pointed out that it is easy to attend basic training courses, but this does not necessarily mean that you “really know it”. Hence induction-level basic awareness is unlikely to be sufficient for staff in many positions. A common point raised from Oslo and regional KIs was the need for training to be done within the framework of real life work – helping staff to think through the disability-related issues and implications for their specific work, and not just learning about disability at a theoretical level.

KIs were either unaware of the body of past disability experience in SC, or felt there was no time to access old written archive materials. They also felt that no one has a clear picture of what actually exists or which of the existing materials would still be the most useful. One KI felt a full review of SC’s written documentation on disability was needed. A SCS KI implied that documents tend to get released to quite a high profile and are well used initially, then get forgotten. She noted that there is no mechanism for reminding staff or ensuring new staff are aware of the materials (the 2009 document on children and the UNCRPD⁶² was cited as an example). She felt that SC’s organisational culture is not conducive to reflection and learning among staff, and there needs to be more effort made to create ‘thinking time’ for staff, as such an investment will ultimately improve everyone’s work and programme outcomes.

A number of KIs raised the importance of more effectively and extensively using specialist partners in country to build SC country-level capacity. This was seen as a more cost-effective option than, for instance, trying to recruit a disability adviser for every country. Some of the partners met during field visits might be in a position to provide this support (within clear parameters for quality and following SC principles). For example, Handicap International in Nepal expressed an interest in working with SC to build its capacity on disability. LCDZT in Zimbabwe could perhaps be used to support disability inclusion (training and technical advice) beyond the education project with which it currently has a strategic agreement with SC. DPOs in Somaliland also expressed an interest in collaborating with SC to build capacity.

⁶² Save the Children (2009) See Me, Hear Me. A guide to using the UN Convention on the Rights of Persons with Disabilities to promote the rights of children

One KI from SCS discussed the issue of how to raise awareness and build capacity within SC's very large programmes where there might be hundreds of staff (e.g. Bangladesh, Ethiopia). The challenge of reaching all staff in such a context would be huge and may need a different solution than trying to train all staff in a small country office.

Recommendations

There is unlikely to be a one-size-fits-all solution to the challenge of raising capacity of staff within SCN, SCI and other members. The following, however, are suggestions based on the review evidence.

SCN in Oslo

- Conduct an analysis among staff to identify who has previous experience, skills or training in relation to disability. This could be facilitated in a fun, participatory way as part of a disability discussion day, rather than being treated as a formal assessment. The analysis would not be done with the intention of 'dumping' disability workloads on people who are revealed to have some knowledge/experience. Rather, these staff members could be invited to participate on an internal SCN working or discussion group around disability issues,⁶³ if they are sufficiently interested, or could volunteer to be 'go to' people for specific queries from colleagues.
- Look again at the existing staff professional development and review system. Find ways to integrate opportunities to reflect on the staff member's experience, competence and learning needs in relation to the rights of children with disabilities.
- Review the job description for the child protection post within which disability is currently placed as a focal point role. Ensure that the disability focal point role is formally recognised in the job description and thus allocated time within the staff member's work plan/workload.
- Consider progressing from having just the disability focal point within the child protection post, to having a disability adviser. This person's role could be divided between: a) providing hands-on advice to policy, programmes and advocacy staff (in Oslo or countries), and b) supporting the wider capacity building process by taking a lead in efforts to revise induction/training courses or update guidance materials, etc. It is vital that such a role is not seen as a place to 'dump' all disability queries, but is treated as a leader of a wider capacity building movement.

⁶³ Information received during feedback on the report indicates that a similar group is being planned already.

Country programmes

- Rather than running separate disability trainings, country programmes could be supported to revise their existing induction and training courses so that theoretical and practical information about upholding the rights of children with disabilities is integral to all courses. The focus for the disability elements that are integrated into courses would be: a) to raise basic understanding of disability concepts and more broadly where discrimination comes from,⁶⁴ and b) to provide practical advice rooted in real-life examples of programme work. SCN could play a leading role by supporting one or a few of the country programmes it funds to review, revise and test some core induction or thematic (or other cross-cutting) training courses, and train the trainers to be confident to deliver the disability-related elements.

Organisational learning culture

SC does have experience in regard to working for the rights of children with disabilities, but over the years much of the history and knowledge has been subsumed by many other competing priorities. The following steps could help build on past knowledge and develop new ways of documenting and sharing experiences relating to the rights of children with disabilities:

- SCN could **catalogue and review all of SC's publications relating to disability**, and identify those that:
 - a) are still valid and immediately useful to programmes/partners
 - b) could be useful if updated or 'repackaged' (e.g. made shorter or turned into a poster rather than a document)
 - c) are a priority for updating, repackaging or re-publishing.

This could build on work already started by the IEWG in relation to education materials. This process could also identify what is missing in terms of topics or approaches. Work could be done to ensure that any updating/repackaging addresses this. Or plans could be developed for making new materials to fill the gaps or research could be done to find materials from other organisations that already fill the gaps. The purpose of this process would be to **create a manageably small selection of recommended and practical resources,⁶⁵ relevant for all thematic areas, which could be provided as a resource kit to country programmes.** Priority could be given to 'repackaging' materials in poster or leaflet format, so that the resource kit is displayed on office walls rather than stored on shelves.⁶⁶ SCN could take a lead in this process, with a view to building momentum to get other members and SCI on board.

- Learning and capacity building around disability will require not just publications/guides to be shared. There needs to be a **system for documenting and sharing up-to-date experiences**. This needs to be more than just obligatory M&E reporting which may not collect the kind of reflective, practical hints that are needed to inform practice on the ground. Any system for collecting and sharing disability-related experiences, however, needs to avoid being seen as bolt-on activities or an additional burden for overloaded staff. Better use could perhaps be made of the existing Onenet platform, as a forum for sharing and discussing experiences and ideas around including children with disabilities. Other ideas include:
 - As already mentioned, having **disability focal points in all SC global working groups** could be one way to promote a flow of information about disability-related activities and achievements into thematic debates. There could perhaps also be a regular conference call or annual meeting of the focal points during which they share experiences and mutually support each other.
 - SCN could encourage (and where necessary help to facilitate or give initial guidance for) **informal and enjoyable documenting processes**:
 - A noticeboard in the country office where anyone can pin up a photo or written note about a disability-related achievement or challenge and invite colleagues to respond. This board could have a SC poster (see above) as the centrepiece and then staff pin their thoughts, images, etc, around the poster. SCN could encourage managers to gather staff around this board occasionally during staff meetings, to encourage them to use/read it. And managers could even photograph the board, to document its contents for wider sharing with regional staff or Oslo staff, or via Onenet.
 - A photographic competition⁶⁷ on a theme related to disability and the rights of children with disabilities, with winning photos being published in a SCN publication⁶⁸ or via Onenet (with

⁶⁴ Elements of SCUK's 'issues of difference and discrimination' training might be useful here: Save the Children (2005) Making a Difference: Training materials to promote diversity and tackle discrimination, www.eenet.org.uk/resources/docs/Making%20a%20difference%20FINAL%20web.pdf

⁶⁵ The IEWG has started this in relation to education, via Onenet.

⁶⁶ Posters such as the INEE "Teachers can help everyone learn" poster offer a useful model to follow. This poster summarises on one A1 sheet the contents of a longer booklet. Anecdotal evidence suggests that the poster is much more popular at grassroots level because it is visually attractive and easy/quick to read whilst offering practical advice. It is also read by everyone who sees it on the wall, whether they are deliberately seeking to learn about inclusive education or just waiting for a meeting to start! See: www.eenet.org.uk/resources/docs/Teachers_can_help_everyone_learn_poster.pdf

⁶⁷ This of course would operate within SC's standards relating to child protection and photographic privacy.

⁶⁸ Could be a free online PDF at minimal cost.

captions/text to provide a bit more ‘back story’ about each featured programme’s work).

- For education programmes it is worth noting that EENET provides a free writing and editing support service to any project that wants to document and share its inclusive education work within EENET’s annual publication (Enabling Education Review) or website. SCN could inform the education projects it works with and encourage one project per year to engage with EENET and submit an article, which can then be shared with other programmes, as well as with a global readership beyond SC.

4.4. M&E, accountability

“Save the Children has not been accountable to children from marginalised groups, such as children with disabilities” and “a cross-cutting issue [like disability] is difficult for a NGO to deliver as they are not held to account for it” (SCI staff member)

4.4.1. Mainstreaming disability across the project cycle

One starting point in reviewing an organisation’s disability work is to look at whether or to what extent disability issues ‘crop up’ during the different stages of a programme/project’s life. The majority of KIs who discussed this issue concurred that disability/children with disabilities are not routinely considered in the project cycle, whether at the stage of planning, design, fundraising, implementation or M&E. One SCN KI went so far as to say that currently disability is “not even slightly” considered.

A survey respondent from Uganda noted that “there is a need to develop tools to support staff ... build capacity of staff in disability programming, to ensure that needs of children with disability are integrated in the project designs/plan”. The IEWG has started to develop a handbook to support education programmes with being more inclusive at each step of the project cycle.

The review was given access to 2013 annual reports and 2014 annual plans for the countries listed in the Norad 2015-2018 proposal. Disability is mentioned noticeably more in the annual reports than in the annual plans (excluding the Norad 2015-18 plan which mentions disability extensively). Disability indicators are not generally included in the annual plans. Consequently when disability is mentioned in annual

reports it is mostly anecdotal information, rather than reporting on formal indicators.⁶⁹

One SCN staff member noted that even though disability may be investigated, to varying degrees, in the child rights situation analyses (CRSAs), programmes do not have a systematic approach to ensuring they really understand the culture of disability in a particular context/country. This means not just recording the statistics, but really trying to understand what underpins the local attitudes or practices.

The consultants were able to access and review a random sample of CRSAs. The documents on the whole mentioned children with disabilities more often, and in more depth, than in annual plans and reports. There is very limited mention of information that illustrates what children with disabilities themselves say about their situation. There was not necessarily much correlation between what a CRSA says about the situation for children with disabilities in a country, and what is then outlined in the country programme's annual plans or recorded as having happened in annual reports. The relative strength of the CRSAs at mentioning disability issues, compared with the weakness of plans and reports, points again to capacity issues – it is easier to achieve an analysis of the situation/problems, but much more challenging to take action.⁷⁰ It was unclear to the consultants what mechanisms are in place to check if/how a country programme chooses to act on issues identified in the CRSA, or what systems are in place for regularly referring to and updating the CRSA as a 'live' document that informs ongoing programme improvements and developments.

4.4.2. Data collection

One survey respondent from SC Australia noted that their M&E framework disaggregates data by disabilities. However, the majority of KI's agreed that there is no systematic disaggregation of data according to disability within SC. The review of annual plans and reports revealed that children with disabilities are sometimes included in overall figures for children targeted or reached, but not disaggregated. For example, Cambodia's 2013 annual report states that 42,823 children (22,713 girls) under 6 years of age, including children with disabilities, gained access to and attended home-based and formal pre-school services. The lack of disaggregated data suggests that such programmes are relying on observations or anecdotal evidence of participation by children with disabilities, but are not establishing monitoring/data collection mechanisms for more concretely confirming this.

⁶⁹ In the annual plans for Lebanon, Laos, Malawi, Myanmar, Niger, South Sudan, Uganda and Zimbabwe there was no mention of disability or children with disabilities. Lebanon, Malawi, Niger and South Sudan did not capture disability focused results in their 2013 annual reports or their 2014 annual plans.

⁷⁰ SC is by no means unique in experiencing this. Over many years EENET has experienced that NGOs, students/academics, governments, etc, tend to favour researching and writing about the situation and challenges for people with disabilities, and find it much harder to take action or write about their actions.

The issue of collecting data on children with disabilities yielded mixed and often quite pessimistic views from KIs. Some felt that it should be compulsory to disaggregate, like it is for gender. However, such data collection focused on disability was felt by others to be impossible, or at best very challenging. A few focused their thoughts on how one would decide which categories of disability to count or how to accurately assess the child's disability (and who would do this) in order to categorise and count them accurately. Evidence from the Zimbabwe field work illustrated this issue: one SC-supported ECCD project was using seven categories of impairment, while the SC-supported inclusive education programme was using four categories. These differences would make it challenging for SC to collate disability data across all of its work in the country. It was perceived as much more simple to disaggregate data by gender, as there is no challenge in identifying whether a child is male or female.

Education staff in SC Nepal and Zimbabwe noted that data on children with disabilities is only collected for disability-specific projects, not on all projects.⁷¹ Interestingly one SCN KI noted, based on a previous field visit to Nepal, that data sets are available (at DEO level, at school level, etc) and that these do sometimes record children with disabilities separately. She highlighted that sometimes it may be the case that SC needs to look in the right places to find existing disability data, rather than starting from scratch.

Other KIs pointed out that SC needs to do more than just count the numbers of children with disabilities, and instead needs to become stronger at using qualitative measures of progress for this group. Norad, as the key donor encouraging SCN to be more disability-oriented, has also agreed that reporting on disability, at least initially, can take more of a narrative than statistics focus (reported by SCN staff).

4.4.3. M&E systems

4.4.3.1. Organisational expectations

Some KIs reported that SCN (and other SC members/SCI) advise or encourage the use of disability indicators and disaggregation within project and M&E plans (e.g., disaggregating enrolment figures), but that this is not compulsory and no guidance or tools are provided on how to do it.⁷²

“If there is no indicator to report on then it [disability] gets dropped” (SCS CRG staff)

⁷¹ In Zimbabwe, staff noted that children with disabilities may be counted within the wider category of orphans and vulnerable children.

⁷² In the 2015-2018 Norad framework, SCN has an indicator to capture education enrolment and drop out data, disaggregated by disability.

The lack of existing systems for ensuring programmes report on disability indicators is a hindrance that several KIs mentioned. Staff in head offices can “guide and push nicely” but cannot “enforce” if “the country is not ready and does not have the capacity and the reporting mechanisms” (SCN education staff). Interestingly, few KIs offered suggestions for how to ensure such capacity and mechanisms become embedded and ‘second nature’ within SC.

As mentioned in Section 4.5, the UNCRPD is not yet routinely used as a framework or guide within SC, and thus its potential as a framework for measuring results has also not been realised.

Staff in SC in Nepal expressed the view that existing M&E tools could not be used to look at disability issues. They felt new tools would need to be developed if SC were to expect all projects to monitor/measure disability indicators. There did not appear to be efforts to adapt existing M&E tools to gather disability information.

4.4.3.2. Measuring impact

The review of the 2014 annual plans for SCN-supported country programmes revealed a lack of clear disability-related indicators. SC’s education and disability mapping exercise in 2012 revealed that the indicators being used primarily tracked the process rather than the impact of education initiatives aimed at/supporting children with disabilities.

Within the latest Norad funding proposal, ten countries,⁷³ over half of the countries within SCN’s programme portfolio, include one or more indicators linked to children with disabilities. These indicators are largely linked to increasing children’s access to school, not linked to work in other thematic sectors. They are also primarily quantitative, counting children so as to disaggregate data by gender, physical disability, “mental disability” and orphans, with few qualitative indicators.⁷⁴ The presence of such indicators in general, however, is a positive step.

The field work in Nepal also confirmed that indicators are mostly quantitative and that evidence of impact of programmes on children with disabilities is mostly absent. There was a perception from some staff that it would be too costly to collect impact data across a large project, although the use of sample research to investigate impact appeared not to have been considered. Staff nevertheless expressed interest in receiving support to improve their impact evidence collection, so long as such data collection was built in from the start of a project (not attempted retrospectively).

⁷³ Ethiopia, Uganda, Somalia, Mozambique, Myanmar, Nepal, Cambodia, Palestine, Nicaragua, Guatemala

⁷⁴ P36 Norad proposal

One specific issue that was mentioned by several KIs is the growing SCI focus on learning outcomes within the education programme. This has been put forward as a way to more effectively monitor the impact of SC education programmes – beyond counting the numbers enrolled, towards seeing if there are learning benefits from the investments made in education. For most programmes, however, the only or most viable measurement of learning outcome has been seen in terms of children's levels of basic literacy and numeracy. Unfortunately, the approach runs the risk of being exclusive of children who are not able to pass standardised tests, for instance, due to learning difficulties associated with disability.

4.4.3.3. Formal evaluations

The consultants were able to access just a small random selection of evaluation reports from across different thematic areas and countries. Overall, disability and children with disabilities were not treated as an area of investigation in this small sample of evaluations, even in education projects, and even in projects that mention children with disabilities in their objectives. The quality of the reflections and analysis in relation to disability was also poor.

Recommendations

The lack of a global steer (and lack of donor expectation) on disability-focused indicators and data collection means that country programmes mostly decide for themselves how much or little information they record. This can vary between projects within a country as well as between countries.

SCN has in place a strategic plan which mentions commitment to reaching children with disabilities. It is therefore well-placed to require the country programmes it supports to meet some basic standards with regard to disability indicators and data collection, and in relation to periodic reporting and mid/end-term evaluations. These basic expectations could be used as a precursor to developing more comprehensive disability indicators, data standards and collection methods across SCI. Basic expectations from SCN could include:⁷⁵

- Programmes need to show that their baseline studies/CRSAs have included any available data on children with disabilities from government, other NGO or academic sources, even if the proposed project is not specifically focusing on children with disabilities. This needs to include quantitative and qualitative data, and 'stakeholder voice' data.

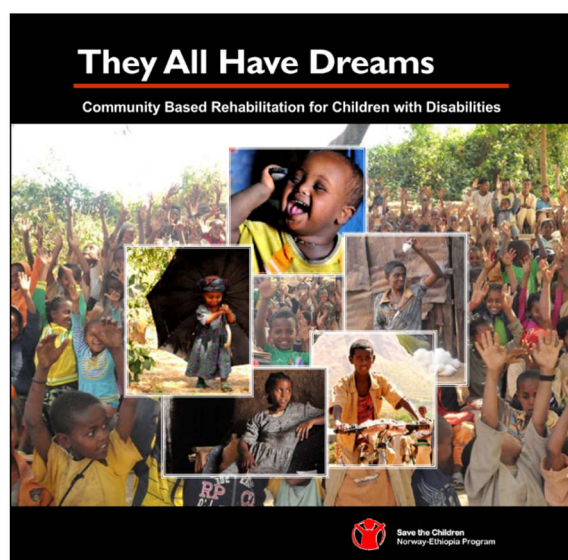
⁷⁵ There are many more recommendations that could be made for overhauling M&E systems across SCI to make them more oriented towards recording and acting on information about diversity and non-discrimination, but for now the consultants have suggested just some simple, achievable steps for SCN.

- Programmes need to show that they have proactively sought qualitative and quantitative data on children with disabilities from the records kept by their government or NGO implementing partners, even if the project is not specifically targeting children with disabilities.
- Programmes need to show that data collection mechanisms for new projects have included at least one set of qualitative and quantitative disability data.
- Programmes could be encouraged to ensure that the terms of reference for external evaluations include requests for the evaluators to look at disability issues. Programmes therefore also need to ensure that they try to recruit evaluators who have some disability equality awareness/experience, and who are capable of using accessible methods to include children/adults with disabilities within consultation activities.

SCN could also take a lead in using the UNCRPD as a ready-made framework for developing a set of simple qualitative and quantitative indicators and M&E tools. SCN could pilot their use in one or a few new projects that it supports. SCN could document the process and experience, and use this to encourage or advise wider roll-out of a similar process.

4.4.3.4. Learning lessons

On the whole, the message from KIs was that SC is not strong on reflecting on or documenting disability-related experiences in order to learn from them. The document review revealed very few SC materials that would facilitate disability-related 'learning from experience'. One resource which stood out was the booklet 'They All Have Dreams. Community Based Rehabilitation for Children with Disabilities. Good Practices and Lessons from Save the Children Norway Ethiopia Programme Intervention'. This is an easy-to-read document (short text with photos) which explains useful steps taken by the programme, illustrated by beneficiary case studies. It presents ideas that other programmes could adapt/adopt and does this in a way which suggests the work is not complex or highly technical, but builds on approaches SC already uses elsewhere (child clubs, community groups, etc). Other similar documents were not found in the time available for the literature searches.



One KI described what she perceived as a vicious circle. SC would need to receive more funding (or at least more funding that is aimed at or allows disability-focused work) in order to build the organisation's capacity on disability issues. However, in order to access funding, NGOs need to be able to show a solid body of work or experience that is well documented. She proposed that to break this vicious circle, SC needs to start working on gradually building up a coherent collection of small examples of its work around disability rights and equality. These can inform other programmes/staff, who also take small positive steps, until the organisation is building momentum on disability. This would be momentum which should carry more programmes along, and which should encourage donors to help where needed.

In order to document lessons learned, personnel need to be reflective – they need to think about what they set out to achieve, what they did, what worked well or not, and why. Very little of this depth of reflection has been found in the documentation available to the consultants. During field visits staff mostly seemed unfamiliar with reflective thinking, in as much as they did not quickly and automatically offer critical perspectives on their work. The online survey asked respondents what help they needed (personally) to be better at working with children with disabilities. However, the majority did not reflect on their own needs and instead reported on the help that project stakeholders need.

Some review respondents reflected on the issue of SC-supported inclusive education projects being 'stuck' on integration. For instance staff in Zimbabwe reflected critically that the resource centres were not doing enough to facilitate inclusion of children into regular classes, and consequently SC has given this greater focus in the next programme plans. However, other issues had not received so much critical reflection. For instance, there was little reflection on the alternatives that could be used instead of cascade approaches to teacher training, and staff were not very aware of the large body of documents and debates globally on this issue.

A common challenge related to learning from experience within the field of disability/inclusion is how to move beyond documenting the individual child case study and towards reflecting on wider lessons for programme and systemic changes. For instance, the Zimbabwe field report documents various positive examples of inclusion provided by SC staff and other stakeholders, but the majority recount the cases of individual children.

As mentioned earlier, with the exception of the Ethiopia CBR example, the documents reviewed often present limited or no information on *how* children with disabilities have been supported (methods, approaches). This is illustrated by examples from randomly selected Literacy Breakthrough reports. For instance, an early years project summary from Cambodia, August 2014, when asked if and how children with disabilities have been considered, simply reports "The project does

include special considerations for marginalized children especially children with disabilities, minority language and ethnic groups.”

Recommendations

A proposed goal for 2018 (in the new 2016-2018 global strategy steer) is: “Embed [a] culture of continuous improvement across the [SC] movement”. This is something that stretches well beyond the issue of disability, but disability could be one avenue through which SC trials new approaches to learning and critical thinking and reflection. The previous recommendations have already suggested some ways in which a culture of learning and improvement could be developed around disability, including:

- Disability focal points in all global working groups
- Use of alternative, informal, fun means of documenting, sharing and learning from experiences
- Improved availability of recommended and ‘repackaged’ resources with a practical focus; and training that is based on real-life programme examples not just theory
- Integration of simple disability indicators into all M&E.

4.5. Advocacy

4.5.1. Internal advocacy

Various KIs noted the need for a “massive disability awareness campaign” (SCN Oslo education staff member), or similar, within SC to improve staff and partner awareness. It was reported by KIs and other respondents that staff awareness tends to be raised on a ‘need-to-know’ basis, for instance if a project has a disability focus. There have not been any co-ordinated internal advocacy efforts around disability rights and equality, however. There have also been a small number of key individuals pushing the disability agenda in SCN, and to a lesser extent in SCI. However, as a former SC UK global disability adviser noted, when it is left to individuals to push issues like this, the individuals soon become seen as a nuisance. Their colleagues switch off, unless they start to hear similar advocacy message coming from other sources too.

4.5.2. Programme-level advocacy

The consensus view seemed to be that there are pockets of disability advocacy activity within country programmes, but this is on a project-by-project basis without an overall organisational approach or message. One KI from SCS noted that advocacy could be the main way in which SC supports children with disabilities. They felt that rather than attempting to provide services or other hands-on programmes, SC could/should be addressing disability from a child rights governance perspective, collecting information and using this with partners to lobby for government resources to be found or allocated to support children with disabilities.

SC advocacy staff in Nepal expressed similar views. They noted that they are not disability experts, but felt they could still advocate confidently on issues that affect children with disabilities, such as out-of-school children.

Advocacy efforts across SC are to some extent governed by SCI global advocacy messages around the current priority themes (e.g. child survival), although SC members have a degree of freedom to develop their own advocacy focus. However, there has not yet been any move to ensure that all advocacy messages comply with some core gender- and disability-sensitivity 'rules' (even for global advocacy outputs that need formal sign-off). There is no checklist for 'good' advocacy outputs which could include checking to ensure that gender and disability are in some way addressed in campaigns, as cross-cutting issues.

One KI highlighted limited conceptual linking within advocacy. The example given was that even though poverty is a major focus for SC's advocacy, the globally well-documented links between poverty and disability do not feature. Further the KI noted that the next global campaign is on equity, but to her knowledge disability has not been discussed, and she anticipated there could be resistance to any attempt to do this.

Recommendations

SCN could take a lead in developing an internal advocacy campaign that:

- raises awareness among its staff and country programmes about how and why SCN and SCI commitments to children with disabilities are important. Examples from experience could help to illustrate the arguments and show that supporting children with disabilities is achievable for SC programmes
- promotes the existence of the UNCPRD and encourages its use as a framework for planning and monitoring programme interventions or external advocacy around the rights for children with disabilities.

4.5.3. Links with global advocacy movements and opportunities

Discussions with some KIs touched on international advocacy initiatives which have relevance to inclusive education and children with disabilities. There was reported to be limited awareness or connections being made by SC.

For instance, the UNCRPD Committee in early 2015 started a process to develop a general comment on inclusive education (Art.24), and invited civil society/NGO submissions. The SC education KIs were mostly not aware of the process or invitation.⁷⁶ This correlates with a reported general lack of focus in SC globally and within country programmes, on using the UNCRPD as a rights framework for the organisation's work.

Efforts a few years ago to develop a guide on the UNCRPD and children⁷⁷ reportedly resulted in a brief flurry of interest and action, but then the guide has "been lost" again.

One KI highlighted that Norway is reporting to the UNCRPD Committee in 2015, offering an ideal opportunity for SCN to "make more noise" about the Convention locally and internationally. CRG staff in Oslo reported on some efforts in Malawi's SC programme to make connections between the UNCRC and UNCRPD, and noted that a forthcoming technical visit to Niger would also be used to raise awareness of the UNCRPD.

In Nepal, SC staff recognised that there are opportunities to advocate with partners who use the UNCRPD as their framework. They felt this would be one way to expand SC's rights framework beyond the UNCRC, without necessarily having to become UNCRPD experts themselves.

Some education KIs also noted that they were unaware of what the new SDGs were proposing in relation to disability, or what international dialogue was taking place around this issue.

Recommendations

Re-joining IDDC and playing a more active role in some of its task groups could help SC access a well-established and respected network of organisations with extensive experience of disability-focused advocacy linked to major global movements and campaigns. By supporting IDDC's advocacy efforts, SC could help

⁷⁶ SC was part of IDDC's submission to the Committee through its informal membership of IDDC's inclusive education task group.

⁷⁷ Save the Children (2009) See Me, Hear Me. A guide to using the UN Convention on the Rights of Persons with Disabilities to promote the rights of children

to support the achievement of rights for children with disabilities without the need always to run its own campaigns or make its own individual submissions to UN processes, etc. SC could help to bring its own child-focused expertise to the Consortium to ensure that IDDC's efforts always consider children with disabilities as well as adults. SC could also bring the very valuable perspective of the 'generalist' NGO to the Consortium's work. This would balance with the perspectives of disability NGOs and thus lend credence to campaigns (i.e. showing that it is not just disability organisations that want to fight for the rights of children with disabilities).

Other similar disability-focused networks or consortia will exist internationally, regionally or nationally. SCN and SCI could aim to play an active role in them, to help achieve advocacy goals without SC needing to do extensive work directly.

5. Conclusion

This review sought to map and analyse SC's experience, knowledge and capacity regarding the promotion of the rights of children with disabilities, and make pertinent recommendations. Various research methods were used, and revealed noticeable trends in the information provided from diverse respondents.

The strategic commitments made by SCI and SCN are matched with staff commitment to uphold the rights of children with disabilities. This is not always matched with practical 'know-how' and confidence among staff regarding disability-focused interventions. Among the interventions currently supporting children with disabilities, the bulk of work is within the education (primarily inclusive education) sector, with more limited work in other sectors or across more than one sector.

A lack of documented evidence – likely stemming from the lack of SC and donor mandatory activities and indicators relating to disability – makes it challenging to record accurately the work that is happening. In particular there is a lack of critically reflective documentation around *how* children with disabilities are included. The lack of such documentation is also likely linked with the low staff capacity (both as a cause and effect), identified by respondents throughout the review.

The need for more disability awareness raising and training activities, especially integrated into other thematic/operational trainings, and for more ways to share and learn from experience, was commonly raised during the review. Also a key topic was whether/where SC should have specialist disability advisers. Respondents noted this role may be useful but needs to be accompanied by general staff capacity raising and a mandatory focus on children with disabilities within all the processes of the programme cycle.

The existing and further potential support that disability organisations could give SC in relation to implementing work that supports children with disabilities, as well as building SC's own capacity, was another common topic in the review. Such support could be seen as helping SC within a twin-track approach. Between SC and their partners they could effectively deliver both individual level (more technical) support and systemic changes to uphold the rights of children with disabilities. Further ideas on how to include children with disabilities could be elicited by SC ensuring that children with disabilities are more routinely consulted during project consultation processes.

The review revealed examples of promising work that can be built on, shared and learned from, in order to build confidence and capacity within SC and increase the organisation's reach to children with disabilities. It also revealed challenges, all of which can be addressed through relatively straightforward actions during the forthcoming SCI strategy period (2016-2018), designated as a time for focusing on disability building capacity. The next section provides a summary of key recommendations.

6. Summary of recommendations

Detailed recommendations are provided throughout the report. The following table offers a brief summary of the main points.

Issues raised by the review	Recommendations
<p>Staff may be concerned about the extent to which SC can/should engage in specialist disability work.</p> <p>SC currently lacks technical expertise on disability</p>	<p>1. Disability work in SC can be presented within a twin-track framework: providing individual, technical support, and system-level changes. Through collaboration with disability partners SC could support both tracks.</p>
<p>SCN and SCI have made clear strategy commitments to children with disabilities</p> <p>Change of attitudes and practices to enable inclusion of children with disabilities takes a long time</p> <p>2016-2018 is a disability capacity building period of SCI</p> <p>Many staff lack clarity about key disability concepts</p>	<p>2. A brief policy on disability, outlining concepts and longer-term commitments, could be developed as a basis for mandatory disability capacity building.</p>
<p>Donors are not always encouraging work that incorporates the rights and needs of children with disabilities. They may lack the capacity to measure quality interventions for children with disabilities.</p>	<p>3. The SC 2016-2018 capacity building period could be used to raise disability awareness among donors. SC could share lessons from its growing experience to help influence donor attitudes towards disability.</p>
<p>Children with disabilities are considered much more within education sector work than other sectors</p>	<p>4. Experiences from the education sector can be gathered, adapted and shared (through simple 'learning from experience' media) to help give practical advice/support to programmes in other sectors.</p>
<p>Even within the education sector, not all education programming is inclusive for children with disabilities</p>	<p>5. The Inclusive Education Working Group (IEWG), with SCN's support, could identify and adapt key SC education resources to be more inclusion-</p>

Issues raised by the review	Recommendations
	oriented. The inclusion adaptation to the QLE has been a starting point.
<p>Material and human resource gaps exist with regard to providing children with disabilities with the support they need in programmes</p> <p>SC programmes are not making sufficient use of implementation and strategic partnerships with disability organisations</p> <p>There is much international disability advocacy activity relevant to SC's work, but SC is not always well linked in with these debates/movements</p>	<p>6. Greater use of partnerships with disability NGOs and disabled people's organisations could help SC with understanding/delivering material needs, bridging human resource capacity gaps, and building SC staff capacity. SC could seek to engage in disability networks to share experiences and collaborate in advocacy work</p>
<p>Child participation and child voice among children with disabilities remains limited (as far as available information shows)</p>	<p>7. SC's advice/guidance on child participation could be revised to offer more support with including children with disabilities. Partnerships with disability organisations could also help SC access and support children with disabilities to participate.</p>
<p>There is not much co-ordination/collaboration or discourse on disability between SC members</p> <p>Disability issues are not considered in depth in all thematic areas, beyond education</p>	<p>8. The existing SCI (inter-member) working groups could each assign a disability focal person to 'champion' disability within the work of their thematic group. The focal persons could come together to share experiences and provide mutual support</p>
<p>At SC member and country level there is understanding of / commitment to the rights of children with disabilities, but overall a lack of practical 'know-how'</p>	<p>9. Inductions and other thematic and cross-cutting trainings at SCI, member and country level could be revised to incorporate disability equality/rights issues. Commitments to disability rights could be integrated into job descriptions and thus into professional development/review processes</p>
<p>SC has a body of experience and evidence around support for children with disabilities, and pockets of ongoing work, but many staff are not aware of it nor effectively learning lessons from experience</p>	<p>10. Creative ways of documenting and sharing project activities and successes, to help facilitate learning from experience, could be encouraged (e.g. better use of information sharing through posters, noticeboards, Onenet, photography, etc). Useful older</p>

Issues raised by the review	Recommendations
	materials could be updated and 'repackaged'.
<p>There is limited disability data collection/disaggregation of data by disability, which is linked with a lack of disability indicators and a lack of focus on disability/children with disabilities in monitoring and evaluation (M&E).</p> <p>The potential for using the UN Convention on the Rights of Persons with Disabilities (UNCRPD) as a framework for monitoring is not being realised.</p>	<p>11. SCN could encourage the country programmes it supports to show that they have: included disability data in baselines, included qualitative and quantitative disability indicators in project plans/M&E plans, and included investigation of disability issues in the terms of reference for evaluations.</p> <p>12. SCN could also take a lead on developing / piloting indicators, data collection and M&E tools using the UNCRPD framework. It could document the process of developing these tools and of raising capacity to use them, for other members to learn from.</p>
<p>There has not been a co-ordinated disability awareness-raising effort in SC, to help all staff understand the organisation's obligation and potential to support children with disabilities</p>	<p>13. SCN could lead an internal advocacy campaign, using the UNCRPD framework and examples from experience, to highlight how and why the SCN/SCI commitments to children with disabilities are important. This could be a starting point for SC developing an external advocacy campaign, based around a key piece of research and its own growing experience.</p>