



Including Adolescent Girls with Disabilities in Humanitarian Programs: Principles and Guidelines

Principles for Inclusive Adolescent Girls' Programming in Humanitarian Settings

Adolescent girls with disabilities and girls who live in households with persons with disabilities are often overlooked in humanitarian programming. The Women's Refugee Commission has developed the following principles to foster their participation and to strengthen protective assets, which will mitigate their risk of violence, abuse and exploitation.

Principle 1: Prioritize girls with disabilities' right to participation and inclusion

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) requires States Parties to ensure that persons with disabilities are protected in situations of risk or humanitarian crisis, and “that protection services are age-, gender- and disability-sensitive.”¹ Humanitarian actors should recognize the diversity of the population they serve, including the different risks faced by adolescent girls with different types of disabilities and by girls living in households with persons with disabilities. Their inclusion in new and ongoing adolescent girls' programming is critical to reduce gender-based violence (GBV) and should be a core part of programming—not something “special” or separate.

“When I come to the event and I see there are persons with disabilities, I feel like I am not alone. And when I see other [non-disabled] people there, I feel equal.”

Girls with disabilities presenting to women's organizations in Northern Caucasus as part of a program evaluation.

Principle 2: See the girl first, not her disability

Girls with disabilities often identify as girls first. They have life experiences, dreams and goals like other girls and, when asked, may identify simply as girls, daughters, sisters and friends. They are exposed to the same stigma, discrimination and inequality based on both age and gender. Yet, these factors are often overlooked, as humanitarian actors, families and communities prioritize the disability-related needs of this group.

“We want to learn things, we want to go to school, we want to make friends, and we want to be productive. Someday, some of us want to be wives and mothers. But people forget about girls with disabilities. They forget we have goals and dreams.”

Bolia, a 16-year-old girl living in a refugee camp in Burundi.



Girls with disabilities in Northern Caucasus: “We would like a place to meet with some girls at a café or a place for just girls with and without disabilities—just girls, without adults.”

Principle 3: Don't make assumptions

Humanitarian actors often make assumptions about what girls with disabilities can and cannot do, or what activities would be most suitable for them. Taking time to consult with them, exploring their interests and providing them with opportunities allows girls with disabilities to be recognized as the experts on their situation and enables them to provide insights into issues that shape their daily lives.

"I can work hard and I can prove that despite what they said in the hospital in the Congo, I am not 'worthless'. Instead, I am a girl with a lot to share and to offer."

Sifa, a 16-year-old refugee living in Burundi.

Principle 4: Identify and value all contributions

Humanitarian actors should work with girls with disabilities to identify their skills and capacities, and build programs and activities around their strengths. This can support inclusion and protective peer support among girls. It can also lead to changes in attitudes of parents

and caregivers, who often act as gatekeepers to girls' access to program activities and can play a critical role in both their protection and empowerment.

"At these events, parents were standing aside and our children were at the front and the officials were paying attention to them ... I was really proud, and I was thinking, is it really my daughter?"

Mother of a girl who is deaf in Northern Caucasus.

Principle 5: Work with families and caregivers

Humanitarian actors should seek to not only understand the concerns, priorities and goals of girls with disabilities, but also of girls who live in households with family members who have a disability, as they may also be excluded from community activities and opportunities. It is critically important to engage caregivers of girls with more profound disabilities. By engaging wider family units, the humanitarian community can both support and strengthen healthy relationships and balanced power dynamics among caregivers, girls with disabilities and other family members.

Adolescent Girls' Programming in Humanitarian Settings

Adolescent girls everywhere face risks, including exploitation, sexual and gender-based violence and early pregnancy. At the same time, they have the potential to transform their own lives, their families and the wider community.² Displacement due to conflict or crisis exacerbates risks. However, this upheaval can also present an extraordinary opportunity to identify girls who might otherwise have remained invisible.³

Several protective factors—or "assets"—are associated with improved health-seeking behavior, increased access to opportunities and reduced risks.⁴ Human and social assets include communication skills, literacy, self-esteem, friendship networks and relations of trust. Financial and physical assets are resources that help create security, develop a habit of saving and provide income generation options, such as savings, access to loans, identity cards and land ownership rights. Factors that support girls in a healthy transition to adulthood and protect them from violence include being in school, having strong friendship networks and social affiliations, having a safe place to meet peers, establishing and maintaining relations built on trust, and having access to information about health and financial literacy.⁵

Effective humanitarian action requires accounting for and responding to girls' diverse needs, vulnerabilities and capacities—girls of different developmental stages, education levels, and marital and disability status.⁶

The Women's Refugee Commission has developed field guidance and tools designed to connect displaced adolescent girls to resources that promote their survival and access to opportunity—education, health and economic.⁷

“My daughter is growing up. She is getting bigger, so taking care of her can be challenging. But we do it together, my oldest daughter and me... She loves to be outside and to see things and greet people ... I know she enjoys this, so I try hard to take her out.”

Mother of a 14-year-old girl with intellectual disabilities living in a refugee camp in Ethiopia.

Guidelines for Humanitarian Actors for Inclusive Adolescent Girls' Programming

There are some practical steps that humanitarian actors can take to support the implementation of these principles and promote inclusive and accessible humanitarian programming for adolescent girls with disabilities and girls affected by disability.

1. Profile diversity among adolescent girls in a crisis-affected community

Effective identification and targeting is key to good programming in a humanitarian crisis. Adolescent girls are a diverse group, with different needs, concerns and capacities. Humanitarian actors can better understand this diversity by collecting and analyzing population data that is disaggregated by sex, age and disability, and conducting rapid assessments to identify the profile of adolescents in a community, including vulnerability factors such as living with both parents/just one parent/or alone; in/out of school; married/unmarried; with/without a child; and different types of disability.

Involving girls with disabilities in program design and evaluation is critical to accurately identifying barriers to participation in programs and developing strategies to improve their participation and understanding what changes matter most to them. Participatory approaches, such as ranking exercises, photo elicitation and story-telling are some ways,⁸ in addition to more traditional qualitative methods (e.g., focus group discussions and one-on-one interviews), to effectively explore the concerns and ideas of individuals who have different communication needs.



“I can work hard and I can prove that despite what they said in the hospital in the Congo, I am not ‘worthless.’ Instead, I am a girl with a lot to share and to offer.”
Sifa, a 16-year-old girl with disabilities in Burundi.

2. Outreach is critical

Adolescent girls with disabilities, as well as those who are care-givers of children, spouses and other family members with disabilities, may be isolated and hidden within their communities. They may also lack confidence and social networks, and their mobility and access to public spaces may be restricted due to security or to attitudinal and environmental barriers. Assessments and evaluations should therefore include an outreach component to engage girls with disabilities and caregivers who are isolated in their homes. It may be possible to support existing girls' groups to undertake such outreach, providing information to girls with disabilities and their parents about the activities available, establishing communication preferences and developing strategies to address barriers to participation.

3. Put girls at the center of program decision-making

In contexts of displacement and upheaval, adolescent girls with disabilities, just like those without, can be

supported to identify their own goals and the assets that they need to develop. Putting adolescent girls at the center of decision-making gives them ownership over programs and activities that affect them, and allows them to build their confidence and develop important life/leadership skills.⁹

4. Make safe spaces “safe” for all girls

Establishing safe physical spaces where girls can meet and socialize and safely access information and services is an effective method of reaching those who may be particularly socially isolated, lack confidence and have genuine fears for their safety in camps or urban settings. Humanitarian actors managing safe spaces can support girls’ groups to reflect on what makes this space “safe” for them. They can establish their own ground rules, which will in turn ensure that activities are open and welcoming to girls with different types of disabilities, reducing risk of stigmatization and discrimination. Girls’ groups can also play a critical role in defining whom they would like to include in future activities, and how they might conduct outreach to those groups of girls who may be more isolated and excluded, such as those with intellectual disabilities.

5. Identify mentors with disabilities

Creating a network of strong young female leaders with disabilities in a community will not only improve the status of women and girls and challenge social norms relating to gender in communities, but also highlight the skills and capacities of persons with disabilities. Adolescent girls with disabilities want to be seen as leaders, women, friends, community members—as people making valuable contributions to their community. Humanitarian actors should recruit young women with disabilities as volunteers and staff in all types of programs, but particularly in adolescent girls’ programming.

Notes

1. United Nations, Convention on the Rights of Persons with Disabilities (2006). http://wrc.ms/CRPD_translations (accessed 29 June 2015).
2. Growing evidence suggests that investing in adolescent girls’ health, education and well-being is an effective pathway to development, with positive effects on entire societies. See Jad Chaaban and Wendy Cunningham, “Measuring the economic gain of investing in girls: the girl effect dividend,” *Policy Research working paper no. WPS 5753* (Washington, DC: World Bank 2011). <http://wrc.ms/1EkVoww> (accessed 29 June 2015).
3. Women’s Refugee Commission, *Strong girls, powerful women. Program planning and design for adolescent girls in humanitarian settings* (New York, 2014). <http://wrc.ms/StrongGirlsReport>
4. SK Vesely, et al., “The potential protective effects of youth assets from adolescent sexual risk behaviors,” *Journal of Adolescent Health*, volume 34, issue 5 (2004), pp. 356-365. See also Mc Kegler, et al., “Combining quantitative and qualitative techniques in planning and evaluating a community-wide project to prevent adolescent pregnancy,” *International Electronic Journal of Health Education*, vol. 1, no. 1 (1998) pp. 39–48.
5. Judith Bruce, *Violence against adolescent girls: a fundamental challenge to meaningful equality Girls first! Perspectives on girl-centered programming* (New York: Population Council, 2011).
6. Women’s Refugee Commission, *I’m here: Adolescent girls in emergencies. Approach and tools for improved response* (New York, 2014). <http://wrc.ms/lm-Here-report>
7. See, for example, <http://wrc.ms/lm-Here-Field-Test-South-Sudan>
8. See, for example, “Documenting ‘Stories of Change.’” <http://wrc.ms/GBV-tool-stories-of-change>
9. Women’s Refugee Commission, *Strong girls, powerful women. Program planning and design for adolescent girls in humanitarian settings* (New York, 2014). <http://wrc.ms/StrongGirlsReport>

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