YOUTH2030

Compact for
Young People
in Humanitarian
Action

UNFPA

United Nations
Youth Office

Checklist
to ensure the meaningful engagement of young persons with disabilities in humanitarian action

November 2023

This checklist has been developed by the Youth2030 Disability Task Team, under the leadership of the UN Office of the Secretary General's Envoy on Youth (OSGEY) and the United Nations Population Fund (UNFPA). The Task Team's main goal is to promote the rights and meaningful participation of young persons with disabilities. Therefore, this document includes inputs from the Task Team members: UNICEF, UN Women, the World Health Organization (WHO), International Labour Organization (ILO), UN Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF), United Nations Institute for Training and Research (UNITAR), International Telecommunication Union (ITU), World Intellectual Property Organization (WIPO), United Nations Office on Drugs and Crime (UNODC), Department of Management Strategy, Policy and Compliance (DMSPC), the International Disability Alliance's (IDA) Youth Committee and the Global Network of Young Persons with Disabilities (GNYPWD).

The document is also a result of the Youth2030 Disability Task Team's consultation with Türkiye's UN Country Team (including the Resident Coordinator's Office, the Disability Inclusion Task Team (DITT) and the Task Team on Women's Empowerment in Humanitarian Action (WEHA).

Providing feedback on this checklist
Share your feedback about the use and relevance of this document by contacting Manuela Rubianogroot, Disability Focal Point, UN Office of the Secretary General's Envoy on Youth, at manuela.rgroot@un.org and Nathaly Guzman, Technical Specialist in Disability and Gender, Gender and Human Rights Branch, Technical Division, UNFPA at nguzman@unfpa.org

YOUTH2030

Contents

**Key steps for disability-inclusive
and youth-sensitive humanitarian response:**

Y⬤UTH2030

Acronyms

CRPD	UN Convention on the Rights of Persons with Disabilities
CERF	Central Emergency Response Fund
CSO	Civil society organization/s
HPC	Humanitarian Program Cycle
GAM	Gender and Age Marker
HCT	Humanitarian Country Team
M&E	Monitoring & Evaluation
MYE	Meaningful Youth Engagement
INGO	International Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OPD	Representative Organization of Persons with Disabilities
PSEA	Protection from Sexual Exploitation and Abuse
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
UNCT	United Nations Country Team
UNDIS	United Nations Disability Inclusion Strategy
UNHCR	United Nations High Commissioner for Refugees
WG-SS	Washington Group Short Set of Questions for Disability Statistics
WLO	Women-led organization
WRO	Women's-rights organization

# Checklist to ensure the meaningful engagement of young persons with disabilities in humanitarian action

Introduction

After the earthquake in Türkiye-Syria in February 2023 an emergency response was provided to the affected population. Young persons with disabilities were one of the social groups most affected by the crisis. These were either young persons who acquired a disability due to the earthquake, or young persons with disabilities who were further isolated after the crisis due to compounded and structural barriers.

In response to this situation the Compact for Young People in Humanitarian Action reached out to the Youth2030 Disability Task Team with the aim of supporting humanitarian teams in the field. The current version of this checklist has been developed for a broader context not only for the Türkiye-Syria case, but also for other humanitarian crises. This checklist aims to provide guidance on how to ensure meaningful participation of young persons with disabilities in local humanitarian response. The expected users are humanitarian actors, especially those working in the field.

Young persons with disabilities are those between ages 15-24 with long-term physical, mental, intellectual, or sensory impairments which, in interaction with social barriers, may hinder their full and effective participation in society, on an equal basis with others[1]. However, depending on the context, young persons are considered persons between 15-29 years old. Within the disability rights movement, for instance, some organizations suggest this broader age range[2] due to structural barriers that affect development of persons with disabilities and later transition into adulthood.
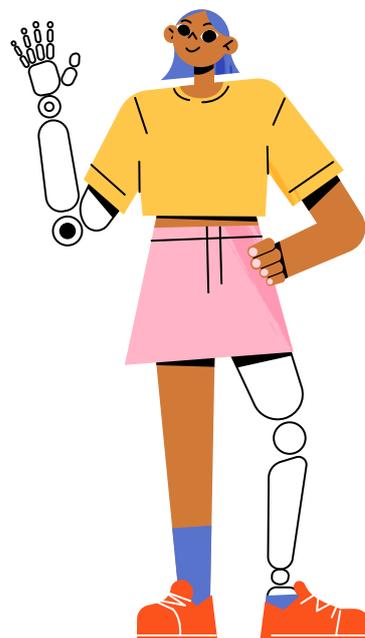
Cross-cutting considerations

Human rights-based approach
The UN Convention on the Rights of Persons with Disabilities (CRPD) incorporates the social model and the human rights-based approach to disability. According to this approach, disability is a result of the interaction between a person's diverse characteristics and the barriers imposed by society. This approach moves away from charity and medical models of disability, which misrepresent persons with disabilities as aid recipients or in need of a cure. Instead, it recognizes persons with disabilities as rights holders who can and should contribute to society on an equal basis with others. This requires removing all barriers than hinder their participation.

Gender equality and intersectionality
These approaches are needed to understand which compounded factors affect young persons with disabilities already impacted by humanitarian crises, in order to remove those barriers, and to identify their capacities and leadership, in order to further strengthen them. Young women with disabilities and young LGBTQI+ persons with disabilities, for instance, may face further isolation, discrimination, and violence (including sexual and gender-based violence (SGBV), and the denial of their bodily autonomy). An intersectional approach recognizes young people's diversity and, therefore, also allows understanding that being part of a certain type of organization such as an OPD, doesn't mean they cannot be a part of another, such as a youth network. Recognizing this is crucial as people who face multiple and compounded forms of discrimination, like young persons with disabilities, might be left in the margins if they are not members of certain networks or organizations.

Accessibility
According to the CRPD (Art.9), accessibility is a pre-requisite for persons with disabilities to participate meaningfully: this means they have access to information, spaces[3], etc. Therefore, all humanitarian response efforts should aim to ensure life-saving information is shared in a diverse range of formats (Easy-to-read formats, videos, pictograms) and spaces for people's protection are accessible (infrastructure).

Autonomous decision-making
Legal capacity means that the law recognizes you as a person with rights. It also means that people can make autonomous and informed decisions about their lives. The CRPD (Art.12) recognizes that persons with disabilities have the right to "enjoy legal capacity on an equal basis with others in all aspects of life" and should have access to "the support they may require in exercising their legal capacity". Decision-making by young persons with disabilities should be respected, avoiding substituted decision-making by their parents, guardians, or caregivers[4].

Participatory approach

In line with the motto of the global disability movement, *nothing about us, without us,* and the localization agenda in humanitarian response[5], the representative organizations of persons with disabilities[6] (OPDs) are to be consulted throughout the humanitarian response cycle, as indicated in the CRPD and the UN Disability Inclusion Strategy[7] (UNDIS). Consultations should also include young persons with disabilities from the local communities, youth networks and youth organizations and women-led organizations. A key component of a participatory and intersectional approach is involving diverse organizations in humanitarian response. Young persons with disabilities may find it challenging to engage in OPDs, which tend to be male- and adult-led, and with certain groups of persons with disabilities, being underrepresented. At the same time, young persons with disabilities aren't always connected to or belong to a youth organization or network due to lack of accessibility and stigmatization. Therefore, we must do our best to reach them through diverse channels, to ensure their meaningful participation and diverse representation. This participatory approach also means refraining from making assumptions about the capacities, needs and expectations of young persons with disabilities. When in doubt about their expectations and needs, they must be the first ones consulted[8].

Meaningful Youth Engagement (MYE)

MYE refers to how youth should be involved in decision-making and policymaking processes in a significant way that prevents tokenism. MYE is based on the following core principles[9]: human rights-based and safe; institutionally mandated; designated; resourced; transparent; accessible; voluntary; informative; reciprocal accountability; diversity and inclusion; and recognizing youth as partners[10].

'Do no harm' principle

This is a key injunction in humanitarian response that calls upon humanitarian actors to act in ways that do not generate intended or unintended negative consequences. It means keeping people safe from any form of harm caused by the misuse of power and making sure that humanitarian assistance does not expose them to violence, abuse, or exploitation. Humanitarian actors need to be aware of these risks and take actions to minimize harms associated with their presence and activity. This includes making sure that protection mechanisms against Sexual Exploitation and Abuse (SEA), discrimination and harassment are accessible and in place.

Disability-inclusive budgeting

A key element for humanitarian response (both within the UN System (UNCT, HCT, Local Humanitarian Teams) and with State entities) is to ensure emergency projects include and target young persons with disabilities, have specific indicators to track progress and a budget for disability inclusion. This includes budgeting for young persons with disabilities as partners and beneficiaries of humanitarian response, for the provision of reasonable accommodations and for accessibility of information, communications, and infrastructure.

Key steps for disability-inclusive and youth-sensitive humanitarian response

The humanitarian program cycle (HPC) consists of sequential elements and two ongoing 'enablers', Coordination and Information Management, to support a successful and effective response.

The elements are: 1. Needs Assessment and Analysis; 2. Strategic Response Planning; 3. Implementation and Monitoring 4. Resource Mobilization and 5. Operational Peer Review and Evaluation. However, "there is no "one size fits all" approach to the application of the humanitarian programme cycle.

Tools should be applied flexibly and in a 'light touch' manner to ensure evidence-based, prioritized responses and periodic reporting on results in support of the delivery of humanitarian protection and assistance"[11].

Therefore, the structure of this Checklist has been tailored to the specific context, while maintaining the essence of the HPC:

Needs assessment

Analysis

Strategic Response Planning

Response implementation

Monitoring, Evaluation and Reporting

1st Step:
Needs Assessment

This assessment is the evidence-base for strategic planning and provides the baseline information to build solid response monitoring systems. This is why this assessment and analysis should be a continuous process throughout the HPC. The phase has two components: 1) finding available information and 2) collecting new information.

1 **Finding available information**

☐ Ensure you have statistics and data on people affected by the humanitarian crisis, disaggregated (to the greatest extent possible) by age, gender, disability, race/ ethnicity, and nationality.

☐ Disability-disaggregated data can be ensured with the leadership and support of UN agencies (i.e., OCHA), INGOs, Clusters or Working Groups coordinating the humanitarian response. To facilitate collecting data disaggregated by disability, include the Washington Group Short Set of Questions (WG-SS) into data collection tools. This should also help to ensure indicators reflect age, disability, and gender- disaggregated data. This will be useful afterward in assessing the impact of programs and activities implemented.

☐ The WG-SS are not the only method to collect data on persons with disabilities. Depending on the context and availability of data, you can use different methods. Other useful resources include the Washington Group and UNICEF Child Functioning Module (CFM) for ages 5–17. For further guidance, refer to the Collection of data on disability inclusion in humanitarian action - Decision tree.

☐ Key questions to ask:

○ How many persons with disabilities are in the country or affected area according to the national, regional or sub-regional statistics?

○ How many persons with disabilities were affected by the humanitarian crisis? How many are young persons with disabilities? How many are women and girls with disabilities?

○ How many persons acquired a disability due to the crisis? What impacts have they suffered?

○ What are their main needs?

○ Which capacities or opportunities to mobilize young persons with disabilities already exist? E.g., OPDs, youth networks.

☐ The data collection in each country is usually led by UN agencies such as OCHA. Check their Situation Reports.

☐ Ensure this data is consulted, validated, and shared with OPDs, young persons with disabilities from the community, youth-led networks and organizations and women's organizations.

Find methods to triangulate and complement existing information:

☐ The CRPD and UNDIS highlight the importance of consultation with persons with disabilities, through their representative organizations (OPDs). Make sure you involve local OPDs in this process.

☐ Information collected should be complemented by ensuring most marginalized persons with disabilities are part of the process: whenever possible, schedule interviews with young persons with disabilities, focus group discussions with young persons with disabilities, youth organizations and women's organizations.

☐ Consider having specific focus group discussions with young women and girls with disabilities and young LBGTIQ+ persons with disabilities.

☐ Don't forget: Informed consent and confidentiality!

2 Collect new information

☐ Collecting new information immediately at the onset of the crises includes, for instance, mapping existing key actors and stakeholders and availability and accessibility of services.

☐ Map which capacities and opportunities exist within **State entities**, especially on a local level. This is important since local entities are commonly the first respondents and the entities that people attend to during a crisis.

☐ It is also important to understand what is the capacity of the service providers. Depending on the most relevant sectors/clusters, identify available services and providers responding to young persons with disabilities' needs.

☐ **Key questions to ask regarding State entities and service providers:**

○ Are hospitals or healthcare facilities functioning in the area? If so, what is available? Do they provide mental health support? Can young persons with disabilities access these services? Are medications available? Are facilities accessible? Are sexual and reproductive health services available and accessible[12]?

○ Are there judicial or legal entities functioning in the area? If so, what is available? What services are they providing? Are these accessible when it comes to infrastructure, communication and information?

○ Are there existing GBV referral mechanisms available? This is relevant information that could be shared with women with disabilities, LGBTIQ+ persons with disabilities and young persons with disabilities who may have suffered GBV.

☐ Identify existing **civil-society organizations,** including OPDs, youth networks, women-led organizations, etc. What work are they doing? Are they supporting the humanitarian response? If so, how? What activities and products are they developing? Are these accessible? Do they have mechanisms in place for Protection from Sexual Exploitation and Abuse (PSEA)?

OPD, youth network, WLO	Main mission and activities	Main humanitarian related activities

☐ Identify **International Organizations,** including UN Entities/INGOs/coordination mechanisms that are working on disability inclusion and/or humanitarian response. What work are they doing? Are they supporting the humanitarian response? If so, how? Do they have funded humanitarian projects? What activities and products are they developing? Are these accessible? Do they have mechanisms in place for Protection from Sexual Exploitation and Abuse (PSEA)?

☐ Identify **Task Teams, Working Groups or other inter-agency coordination spaces** working on Disability Inclusion, Youth and/or Gender, make sure to coordinate with them as they may already have developed a mapping of available services for persons with disabilities, including young persons, women and LGBTIQ+ persons with disabilities.

2nd Step:
Analysis

A disability-inclusive analysis in emergencies focuses on the impact of the crisis on persons with and without disabilities. It compares the state of disability-related issues prior to the crisis with how these issues have changed since the crisis occurred.

An intersectional approach should complement and nurture this analysis. Persons with disabilities are not a homogenous group and compounding factors impact their lived experiences based on their age, gender, sexual orientation, gender identity, race and ethnicity, and nationality. An intersectional approach allows to identify and respond to the specific needs of persons with disabilities and promote their existing capacities.

☐ List the distinct capacities, needs and preferences of young persons with and without disabilities. Are they the same as before the crisis or have they changed?

☐ List the roles and responsibilities of young persons with disabilities in the community. Ask questions such as:

○ Is there a fair (paid and unpaid) workload distribution?

○ Is there a gendered distribution of these roles (e.g., between young women and young men with disabilities)?

○ How does the distribution impact their respective rights and opportunities?

○ Do they have access to supported decision-making mechanisms?

○ Are certain groups of young persons with disabilities more affected by violence, than others (for example, gender-based violence)?

○ Who makes decisions about the use of resources?

○ Are needs met equitably?

☐ Note the dynamics between persons with and without disabilities.

○ How do persons with and without disabilities help or hinder each other in meeting their needs and fulfilling their rights?

○ Who perpetrates violence against whom?

○ What roles do institutions and the community play in meeting needs and rights, and addressing and preventing violence?

3rd Step
Strategic Response Planning

1 **Prioritizing needs**

☐ Select one or two humanitarian sectors to be prioritized based on the information collected and analyzed. The sectors include the following:

○ Protection (including SGBV)

○ Shelter
(including accessible shelter spaces, bathrooms, etc.)

○ WASH

○ Health

○ Food security

○ Nutrition

○ Livelihoods

○ Cash

○ Logistics

○ Emergency telecommunications

○ Education

○ Early recovery

○ Camp coordination/ management

☐ Ensure prioritization is done jointly and consulted and validated with OPDs, persons with disabilities from the community, and youth-led networks and organizations. This can be done by ensuring OPDs and youth networks are part of HCT/Subcluster meetings, etc., which also strengthens this organizations' capacities to work with an intersectional and disability-inclusive approach. Set up short calls or send e-mails.

2 **Planning the response**

☐ Plan the response based on the prioritized needs and sectors and ensure these needs are mainstreamed within existing response efforts.

☐ Develop tailored **activities**, **results**, **outputs**, **indicators**, and **targets** against which progress will be measured.

☐ Ask these questions:

- ○ Have funds been allocated for emergency response (e.g., CERF funds)?

- ○ Have donors included specific requirements for persons with disabilities to be included in these projects?

- ○ Have other UN agencies used the GAM marker[13] to design their projects?

- ○ Do existing programs include a disability approach, or can it be included?

- ○ Do these projects target young persons with disabilities directly, or do they have a reasonable accommodation budget?

- ○ Is disability inclusion mainstreamed in the project's indicators?

- ○ Do indicators include disability-, youth- and gender-disaggregated data?

☐ When planning the response, you also need to plan for a budget with allocations for:

- ○ Targeted activities for young persons with disabilities

- ○ Provision of reasonable accommodation

- ○ Accessibility of documents and services (including Sign Language Interpretation, captioning, the use of alternative formats)

- ○ Assistive devices and technologies

- ○ Accountability for Affected Populations, including accessible complaint mechanisms

☐ The planning phase can also include the provision of capacity-building on disability inclusion for other UN agencies, State entities, service providers and CSOs (including women-led organizations, youth networks/organizations and OPDs) already working on the field. This is to better equip them to respond to the needs of young persons with disabilities.

☐ If there are Task Teams, Working Groups or other inter-agency coordination spaces working on disability inclusion, youth and/or gender, make sure to coordinate with them as they may already have developed capacity-building sessions on these topics and have partnerships with CSOs doing so.

☐   Ensure the response planning process is consulted/validated with OPDs, young persons with disabilities, and youth-led networks and organizations by, for instance, setting up short calls and sending emails. Consultation and validation can be done by ensuring OPDs and youth networks are part of HCT/Subcluster meetings, etc.

☐   Response planning should also include transferring funds to an OPD, youth network, or women's organization. This could mean that the organization is an implementing partner or grant recipient.

Consider

Requesting a Certificate/Medical Report to determine if a person with disabilities is eligible for humanitarian assistance, can create additional barriers. Demanding a disability certificate can potentially exclude people who acquired a disability due to the humanitarian crisis. Eligibility criteria in this type of processes which require time and have financial implications may include legal citizenship status and may only be addressed to national citizens. Therefore, it can also exclude young refugees or young stateless persons with disabilities that may be in the country and do not have equal access to disability certification processes.

Note!

UN agencies such as UNHCR use Specific Needs Codes on Disability to identify and flag individuals facing specific protection risks. However, this data is not openly recommended for targeting purposes: the codes "validation" as a criterion for eligibility may create problems. Besides this, the Washington Group Questions are not designed for identification and certification processes[14].

Governments and organizations (including humanitarian assistance INGOs) may need to establish an interim process to ensure that their targeted support for persons with disabilities reaches them. Different options exist on this regard. For instance, in the European Union, some Governments have provided targeted support programs for Ukrainian persons with disabilities using wide criteria (e.g., having, or stating to have, a Ukrainian disability certificate).

4ᵗʰ Step
Implementation

Humanitarian response can be provided in partnership with an OPD, a youth network or a women-led organization. This includes transferring funds to an organization that is an implementing partner or a grant recipient. Implement based on planned projects and activities, including the results framework, targets, indicators.

☐ For the delivery of emergency kits, identify young persons with disabilities who need these kits and consult them on what these kits should include based on their needs. This can be done with the support of OPDs, youth networks and women's organizations'.

☐ Ensure there is sufficient information about young persons with disabilities who will receive humanitarian assistance. Ensure there is a way to indicate their needs for reasonable accommodation, e.g., Is a personal assistant needed? Is Sign Language interpretation needed? Are there extra costs related to disability that will require additional funds to cover, for example, transportation[15]?

☐ When scheduling the delivery of emergency kits, share information about schedules and requirements in accessible formats, and through OPDs, youth organizations and women's organizations.

☐ If menstrual health products are provided, sign language interpreters might be needed for young persons who are deaf or hard of hearing to access information about the use of these products.

☐ If young persons with disabilities affected by the crisis have guardians, caregivers or personal assistants, explore ways to involve them in the process. However, this not for them to substitute the young person's own decision-making, but to give them tools to better support the young persons' autonomous decision-making process.

5th Step
Monitoring, Evaluation and Reporting

☐ Make sure good practices and lessons learned with young persons with disabilities throughout the project implementation are built and documented. Identify, among other things, what accessibility measures were taken during the response? What worked well? What can be improved?

☐ Develop various feedback mechanisms. An initial survey in accessible format can be circulated among OPDs, young persons with disabilities from the community, youth networks and women's organizations for receiving their feedback. This initial information can be further complemented through specific meetings and/or Focus Group Discussions with these organizations while ensuring young women with disabilities, LGBTIQ+ persons with disabilities, and other underrepresented groups, meaningfully contribute.

☐ If an OPD, youth network or women's organization is the implementing partner, they will have a direct responsibility for M&E and reporting. Ensure their reports have space for including feedback on disability inclusion, including good practices and lessons learnt.

☐ Even if none of these organizations is the implementing partner, make sure to create periodic spaces and mechanisms for feedback with OPDs, young persons with disabilities from the community, youth networks and women's organizations. Share results, have qualitative analysis conversations, and discuss adjustments when needed.

☐ These lessons should be documented and further disseminated for advocacy with UN entities and their coordination spaces such as the UNCT's Disability Inclusion Task Team, when applicable, and in the UNCT, as well as among Government entities and donors.
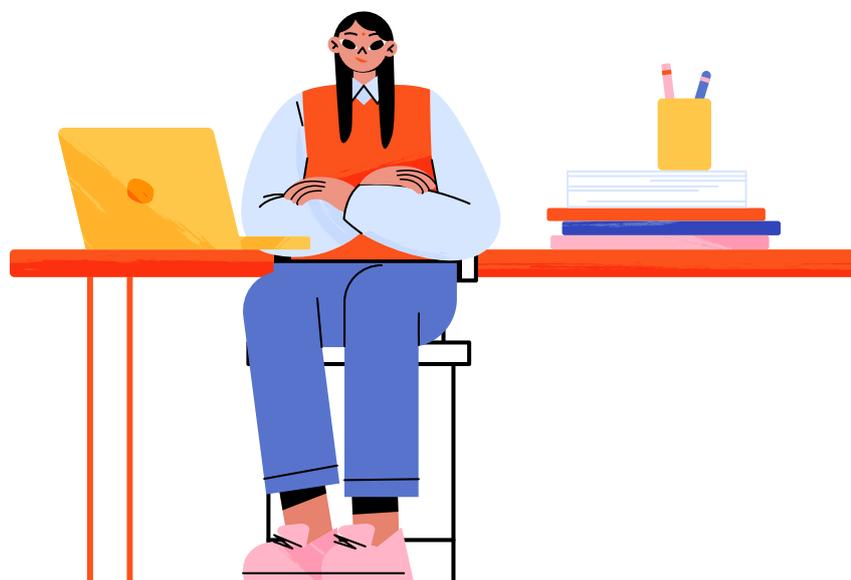
Links to tools and resources

1. Inter-Agency Standing Committee (IASC). Guidelines: INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION

2. Inter-Agency Standing Committee (IASC). Guidelines on Working with and for Young People in Humanitarian and Protracted Crises

3. Inter-Agency Standing Committee (IASC). Improving humanitarian effectiveness. IASC Gender with Ager Marker (GAM)

4. Inter-Agency Standing Committee (IASC). Accessing the GAM

5. Inter-Agency Standing Committee (IASC). Guidelines: Inclusion of Persons with disabilities in Humanitarian Action

6. Inter-Agency Standing Committee (IASC). Gender Handbook for Humanitarian Action

7. Inter-agency Working Group (IAWG). Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. Minimum Initial Service Package for Sexual and Reproductive Health

8. Interagency Advisory Group. Collection of data on disability inclusion in humanitarian action: Decision tree

9. Protection Sector Report. Rapid Protection Assessment Findings. Syria Earthquake. February 2023

10. Türkiye Disability Inclusion Task Team (DITT): Sectoral technical guidance on disability inclusion in emergencies (Earthquake response – February 2023)

11. Türkiye Disability Inclusion Task Team (DITT). Mapping of specialized services for persons with disabilities

12. UN Convention on the Rights of Persons with Disabilities (CRPD)

13. UN Committee for the Convention on the Rights of Persons with Disabilities. General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention

14. UN Disability Inclusion Strategy. Communication Guidelines

15. UN Disability Inclusion Strategy. UNDIS Consultation Guidelines

16. UN Special Rapporteur on the Rights of Persons with Disabilities: Report on legal capacity and supported decision-making. December 12, 2017

17. United Nations. Our Common Agenda - Policy Brief: Meaningful Youth Engagement in Policy and Decision-making Processes

18. UNICEF. Toolkit: Disability-Inclusive Humanitarian Action

19. UNICEF. Essential actions on disability-inclusive humanitarian action

20. Women's Refugee Commission (WRC), International Rescue Committee (IRC). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners

21. Youth Coalition on Sexual and Reproductive Rights – UNFPA. Manifesto on Meaningful Youth Engagement for Young Persons with Disabilities

Endnotes

1 Convention on the Rights of Persons with Disabilities. Article 1 - Purpose

2 For further reference, the IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises recommend using the following age groups/brackets as far as possible when analyzing and reporting results for comparability and streamlining: Children (0–17), adolescents (10–19; younger adolescents, 10–14; older adolescents, 15–19), youth (15–24), young people (10–24).

3 CRPD, Article 9 – Accessibility. "1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. (…)"

4 UN Special Rapporteur on the Rights of Persons with Disabilities: Report on legal capacity and supported decision-making. December 12, 2017

5 The localization agenda is focused on increasing local actors' access to international humanitarian funding, partnerships, coordination spaces, and capacity building.

6 "Organizations of persons with disabilities (OPDs) are non-governmental organizations led, directed and governed by persons with disabilities, who should compose a clear majority of their membership". Committee on the Rights of Persons with Disabilities, General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention, CRPD/C/GC/7, para. 11.

7 For guidance on Consultation with persons with disabilities and OPDs please refer to the UNDIS Consultation Guidelines. These Guidelines are also available in an Easy-to-read version

8 On principles and approaches to working with and for persons with disabilities and young persons in humanitarian crisis, refer to the Inter-Agency Standing Committee's (IASC) Guidelines, both on the Inclusion of Persons with Disabilities in Humanitarian Action, and on Working with and for Young People in Humanitarian and Protracted Crises.

9 United Nations. Our Common Agenda Policy Brief 3: Meaningful Youth Engagement in Policy and Decision-making Processes. Page 5

10 For further reference on the meaningful youth engagement of young persons with disabilities, the Manifesto on Meaningful Youth Engagement for Young Persons With Disabilities provides useful guidance.

11 IASC REFERENCE MODULE FOR THE IMPLEMENTATION OF THE HUMANITARIAN PROGRAMME CYCLE

12 Minimum Initial Service Package for SRH in Crisis.

13 The GAM asks users to examine how gender, age, and disability are incorporated in 10 essential elements of any humanitarian or development program. Discussing and answering its questions with your colleagues greatly increases the likelihood that you will design a gender-responsive project. Discussing and answering its questions during monitoring will help you identify what you are doing well, and where you may want to improve. For more information: What is the GAM?

14 For further guidance on the use of these codes, which are based on the Washington Group Questions, please refer to: UNHCR Specific Needs Codes – Disability Guidance | UNHCR and UNHCR Specific Needs Codes – Disability Interview Guide | UNHCR.

15 For more information about disability-related extra costs, you can access these videos from the Center for Inclusive Policy: 1. Understanding Extra Costs (video with ISL and subtitles); and 2. Addressing Extra Costs (video with ISL and subtitles)