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International Centre for Evidence in Disability

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PROTECT US!

Inclusion of children with disabilities in child protection

Key findings

- Girls and boys with disabilities experience extremely high levels of violence compared to children without disabilities.

- Girls and boys with different types of impairments are vulnerable to many forms of violence, but violence is most noticeable for children with intellectual impairments and communication difficulties. In addition, girls with disabilities were more likely to report emotional and sexual violence than girls without disabilities.

- Children with disabilities find it difficult to access community-based child protection mechanisms, due to a range of barriers including environmental barriers, social barriers and institutional barriers.

Recommendations for organisations

- Develop targeted programmes aiming to prevent and respond to violence against children with disabilities.

- Take concrete steps to ensure mainstream child protection programmes are accessible and inclusive.

- Build knowledge and capacity of child protection professionals and community-based volunteers on the rights, vulnerabilities and capacities of children with disabilities.

Recommendations to governments

- Evaluate formal child protection services for accessibility and inclusion, and make necessary adaptations to ensure they are suitable for children with disabilities, regardless of type of impairment.

- Provide safe, inclusive education for all children.

Recommendations for research

- Conduct research on the root causes of violence against children with disabilities, how they can be prevented, and how different elements of child protection systems can be made inclusive of and effective for children with disabilities.

This full report and the executive summary are available at: **https://plan-international.org/protect-us**

PREFACE

Over the last year, the world has rallied behind the Sustainable Development Goals, with the guiding vision to “leave no one behind”. Yet, across the world, children with disabilities are experiencing grave violations of their rights. Children with disabilities are more likely to experience violence, less likely to go to school and more likely to live in extreme poverty.

Plan International implements programmes across the world aiming to protect all children against violence. Plan International Norway initiated this research with the aim of learning more about violence against children with disabilities and how to better prevent and respond to it.

This research provides valuable insights into the lives of children with disabilities. It confirms that they are experiencing high levels of violence, and that they have difficulty accessing child protection mechanisms. It shows the need to learn more about the vulnerabilities of girls and boys with different impairments, and how we can develop and support child protection mechanisms that are inclusive of all children.

This is an extremely important piece of research; it shows that if we don’t explicitly include, we exclude. I urge everyone working on child protection, children’s rights and development to read it, learn from it, and join our call to action to protect all children with disabilities from violence.

Together, we can ensure children with disabilities are not left behind.

Kjell Erik Øie, Programme Director, Plan International Norway

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TERMS AND DEFINITIONS

Child	A child is any person under the age of eighteen years (UNCRC, 1989).
Child protection	The measures that are taken to prevent and respond to all forms of violence against children.[1]
Child protection system	A comprehensive, interacting and sustainable series of functions and structures including laws, policies, and services (at all levels) with the purpose of preventing and responding to all forms of violence against all children (Plan, 2015a).
Community-based child protection mechanism	A network or group of individuals at community level who work in a coordinated manner towards protection of children from all forms of violence, in all settings (Plan, 2015a). Such mechanisms can be indigenous or externally initiated and supported. They may be more formal or informal in their structure and functioning. Community-based child protection mechanisms are linked to and contribute to child protection systems.
Disability	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 (UNCRPD, 2006)
Exclusion	The process that prevents certain people or groups from fulfilling their rights (Plan, 2016). This process involves complex social, cultural, economic, spatial and environmental factors and dynamics that create inequality in people's access to and control over opportunities and resources.
Inclusion	An approach that recognises and addresses the exclusion of some children, especially regarding discrimination based on gender, disability, minority status (Plan, 2015a).
Violence against children	All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, emotional or psychological violence. (UNCRC, 1989, and General Comment No. 13 of the UNCRC Committee).

[1] Adapted from definition in Plan, 2015a

LIST OF ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
CBCPM	Community Based Child Protection Mechanism
DPO	Disabled Person's Organization
LMIC	Low and Middle Income Country
LSHTM	London School of Hygiene & Tropical Medicine
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
OR	Odds Ratio
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

1. INTRODUCTION

Plan International has committed itself to the prevention and elimination of any form of violence against children, has prioritised child protection as one of its primary areas of work, and is particularly committed to supporting community-based child protection mechanisms ((Plan, 2015a; Plan, 2015b). As part of its programming approach, Plan International works with governments, civil society organizations, communities and children to promote the development and implementation of strong and sustainable national child protection systems in order to address violence against children and ensure that children are protected from harm. In addition, the organisation acknowledges the particular vulnerability of excluded children, and seeks to ensure that its programming is inclusive of all children (Plan, 2016). Children with disabilities are a significant group among excluded children and an important focus of Plan International's work. Therefore, this primary research was commissioned by Plan International, funded by the offices of Plan International Norway, Plan International United Kingdom, and Plan International Finland. The purpose was to assess to what extent children with disabilities are included in community-based child protection mechanisms, identify barriers and enablers to inclusion within these mechanisms, and make practical recommendations to Plan International, governments and other key stakeholders on how to incorporate more effective and inclusive practices in their work. This report details the background, methods, results and recommendations from this research project.

1.1 Childhood disability

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 (UNCRPD, 2006). Globally, the World Health Organization (WHO) estimates that 93 million children aged 0-14 are living with a disability, most of whom live in low and middle-income countries (LMICs) (WHO, 2011). Others put this figure even higher – with UNICEF estimating that up to 150 million children aged 0-18 have disabilities worldwide (UNICEF, 2005). Children with disabilities are often amongst the most socially excluded and vulnerable (WHO, 2011). A recent study analysing the 2012 data that Plan International collects annually on its sponsored children showed that children with disabilities (across 30 countries) were on average 10 times less likely to attend school than children without disabilities (Kuper, 2014). These children were also significantly more likely to have reported a serious illness in the last 12 months. There is, however, a general lack of data on the needs of children with disabilities and their level of inclusion in a range of services and programmes. UNICEF in their report on Children with Disabilities highlights that for children with disabilities *'many of their deprivations stem from and are perpetuated by their invisibility, and that there is a need for research to render more children visible by improving data collection and analysis'* (UNICEF, 2013).

1.2 Violence against children

Violence against children is extremely common. Every year, approximately one billion children around the world experience violence (Hillis, 2016). The WHO defines several types of violence against children, including physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children (WHO, 2006):

- Physical abuse includes the 'intentional use of physical force against a child which results in, or has a high likelihood of resulting in, harm for the child's health'.
- Sexual abuse includes 'the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society'.
- Emotional violence includes acts which 'may have a high probability of damaging the child's physical or mental health, or its physical, mental, spiritual, moral or social development. Abuse

of this type includes: the restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment.'

- Neglect includes 'failure on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so'.

Violence has a long-lasting negative impact on children, including on their physical and mental health (Norman, 2012). Excluded children may be particularly vulnerable to experiencing violence, and amongst these, children with disabilities are an important group.

1.3 Children with disabilities' vulnerability to violence

Evidence is emerging that children with disabilities are particularly vulnerable to violence. A systematic review of 17 studies showed that one in four children with disabilities reported experiencing violence (26.7% with 95% confidence interval 13.8 - 42.1[2]), of whom 20.4% reported physical violence and 13.7% sexual violence (some reported both types of violence) (Jones, 2012). Overall, children with disabilities were three to four times more likely to be victims of violence than their peers without disabilities. A parallel review also found that adults with disabilities were more vulnerable to violence (Hughes, 2012). However, both reviews highlighted concerns with the quality of the studies, and notably all the data for the reviews came from high income countries. Until recently, data concerning vulnerability of children with disabilities to violence were missing from LMICs.

A large quantitative study conducted in 2014, exploring the prevalence of violence among children attending primary school in Uganda, revealed very high levels of violence among children in general, and even higher levels among children with disabilities (Devries, 2014). In particular, girls with disabilities were significantly more likely to experience physical and sexual violence than girls without disabilities — a staggering one in four reported experiencing sexual violence. Another study across five countries in Africa also highlighted the high levels of violence experienced by children with disabilities (African Child Policy Forum, 2010). Qualitative research in Nepal, conducted by Plan International and LSHTM, complement these data by showing that violence is an extremely important concern among children with disabilities and their carers (Plan International, 2014), as noted in this quote:

> *"Usually her friends tease her for being mad and they get into fights for which teachers would hit Menkhu… Menkhu gets more of the beating compared to other children. That's why she doesn't like to go to school…"*
>
> Mother talking about her daughter, who has an intellectual impairment

Few studies have investigated why children with disabilities are more vulnerable to violence. Despite the lack of evidence, some suggested reasons include (Jones, 2012, Hughes, 2012):

- Stigma and discrimination against children with disabilities, often arising from cultural beliefs and practices
- Lack of support for the caretakers of children with disabilities
- Lower physical and emotional defences of children with disabilities
- Communication barriers limiting reporting of violence
- Greater likelihood of being in situations of vulnerability (e.g. in care of non-related carers)

However, as noted earlier, the Jones and Hughes review only included studies conducted in high income countries and so there is minimal understanding of whether children with disabilities are vulnerable to violence in LMICs and the reasons for their vulnerability.

There is also a lack of evidence on how to effectively reduce violence perpetrated against people with disabilities, particularly within LMICs. A systematic review identified 10 studies assessing the effectiveness of interventions to prevent and respond to violence against persons with disabilities (Mikton, 2014). One was conducted in South Africa, while the remainder were in high income countries, and only two included children. All were judged to have a high risk of bias, highlighting concerns about the quality of the evidence.

[2] There is 95% likelihood that the 'true' value of the parameter (in this case prevalence of violence) is included within the 95% confidence interval.

1.4 Child protection mechanisms

Children with disabilities are more vulnerable to violence, and so efforts are needed to prevent the perpetration of violence and to ensure that there is an appropriate response to violence. There is a range of child protection mechanisms to prevent and respond that are offered by both governments and NGOs, and different terms are used to describe these efforts. Plan International uses the following definitions of child protection (Plan, 2015a):

- Child protection is the measures that are taken to prevent and respond to all forms of violence against children[3].
- A child protection system is *'a comprehensive, interacting and sustainable series of functions and structures including laws, policies, and services (at all levels) with the purpose of preventing and responding to all forms of violence against all children'*.
- A community-based child protection mechanism is *'a network or group of individuals at community level who work in a coordinated manner towards protection of children from all forms of violence, in all settings. Such mechanisms can be indigenous or externally initiated and supported. They may be more formal or informal in their structure and functioning, and can vary widely across settings in their structures and how they are labelled. Community-based child protection mechanisms are linked and contribute to child protection systems'* (Plan, 2015). The term 'mechanism' is inclusive, and consists of local child protection programmes and services.
- Child protection services refer to formal services, usually run by governments, such as official child protection and social welfare services, police, health care, and legal support services.
- Child protection programmes refer to programmes for prevention of or response to violence which are outside the normal remit of formal services, of the type usually run by NGOs. However, these programmes often aim to complement and/or strengthen government-run services.

This report uses the above definition of community-based child protection mechanisms and takes the perspective of the child as its starting point. The report will therefore discuss community members, groups and structures that children may come into contact with in relation to child protection issues. These mechanisms may include community groups, such as child protection committees, but also other groups and individuals, family programmes, and school-based programmes, as well as local services in some cases.

There are both advantages and disadvantages to the different mechanisms that provide for child protection. Community-based child protection programmes, which are commonly supported by NGOs including Plan International, have the potential to reach and be accessible to more children than formal services, which are often more centralised or otherwise harder to access. There are also potential concerns about community-based informal mechanisms, as the people involved may be likely to share some of the same norms and values as community members with whom they work, and this can potentially lead to stigma against people with disabilities, failure to recognise abuse, and inappropriate responses depending on the setting. Furthermore, these activities are usually carried out on a voluntary basis rather than as a core activity for those involved in these mechanisms.

Another key concern is that child protection mechanisms are not available to all, and in particular children with disabilities may experience difficulties in accessing these as a result of a range of barriers. This study considers three main groupings of barriers, namely environmental, social and institutional barriers (White, 2016).[4]

- Environmental barriers: physical barriers such as uneven terrain and/or barriers associated with built infrastructure such as steps. For example, children with vision or mobility impairments may have difficulties in physically accessing child protection services or programmes. Furthermore, health services, police, schools and courts may not be

[3] Adapted from the definition used in Plan, 2015a

[4] A variety of systems are available for categorisation of barriers, including in terms of environmental, attitudinal and institutional barriers. It is the view of the research team that this grouping may not fully capture the barriers that arise from the interaction between people, so in this study "social" barriers have been used rather than "attitudinal".

disability–friendly, with poor physical accessibility for persons with disabilities (e.g. lack of ramps).

- Social barriers: barriers that arise through interaction with other people and could be due to cultural beliefs or practices resulting in stigma and/or could be due to the lack of communication and information in relation to disability. For example, child protection professionals may not have experience in communicating with, or addressing the needs of, children with disabilities (e.g. communicating with children with hearing or intellectual impairments). Additionally, beliefs regarding the nature of disabilities and the value of children with disabilities can pose significant access constraints.
- Institutional barriers: barriers in relation to policies, laws and institutions that overlook the needs of people with disabilities or prevent their full participation. For example, policies and legislation might be neutral regarding the inclusiveness of children with disabilities, where they do not acknowledge or provide for the specific vulnerabilities of children with disabilities.

There is a significant lack of evidence in this area, and consequently little consideration is given towards the inclusion of children with disabilities in child protection mechanisms, whether community-based or not. Hence a greater understanding is needed of how all child protection mechanisms can be (more) inclusive of children with disabilities.

1.5 Guiding international conventions

The two key conventions which provide a global legal framework to protect children with disabilities from violence are: the United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Appendix 3).

Within the UNCRC, Article 19 refers to the protection from all forms of violence for all children, Article 23 to the specific vulnerability of children with disabilities, and Article 2 to non-discrimination (UNCRC, 1989). The UNCRC includes a broad range of provisions that seek to protect all children and applies to all children, whatever their race, religion or abilities. All countries that have ratified the UNCRC therefore have a responsibility to be inclusive of children with disabilities.

The UNCRPD clearly sets out the obligations on States to promote, protect and ensure the rights of persons with disabilities (UNCRPD, 2006). This includes Article 16 on ‘Freedom from exploitation, violence and abuse’ and the statement that ‘States Parties shall ensure that protection services are age-, gender- and disability-sensitive.’

The African Charter on the Rights and Welfare of the Child (ACRWC) is influential in Africa. It requires States to ensure that children are protected from all forms of torture and inhuman or degrading treatment by parents and others caring for the child and Article 13 states that children with disabilities should ‘have the right to special measures of protection.’

Collectively, the international legal framework provides a clear and definitive set of obligations for States to be inclusive of children with disabilities generally, as well as to specifically address violence against all children, including children with disabilities.

Furthermore, there are four specific references to ending violence in the Sustainable Development Goals, including Target 5.2 to ‘Eliminate all forms of violence against women and girls’, Target 16.2 to ‘End abuse, exploitation, trafficking and all forms of violence against children.’ As the available data clearly shows that children with disabilities are more vulnerable to violence, these targets are unlikely to be met without a specific focus on children with disabilities. Yet, there is little known about how children with disabilities can best be included within child protection mechanisms to prevent and respond to violence perpetrated against them.

Both Uganda and Malawi, the countries where the current study is conducted, have signed and ratified these UN conventions. In addition, both Uganda and Malawi have signed and ratified the ACRWC.

1.6 Introduction to the study

This study aims to contribute to filling the knowledge gap in relation to inclusion of children with disabilities in community-based child protection mechanisms in Uganda and Malawi. The research objective is to assess to what extent children with disabilities are included in community-based child

protection mechanisms supported by Plan International, identify the barriers and enablers to inclusion within these mechanisms, and make practical recommendations for more inclusive practice.

The following chapter will describe the methodology of the study, followed by the findings from the literature review in chapter three. Chapter four discusses the findings from the quantitative study undertaken in Uganda, which shows that children with disabilities are more prone to experiencing violence in school then their peers without disabilities. It also shows that a community-based child protection programme can reduce violence at school for all children, including children with disabilities. Chapter five describes the qualitative findings from the study in Uganda, identifying both the barriers and enablers to access child protection mechanisms for children with disabilities in general, as well as more specifically for Plan International. Chapter six provides the same analysis for Malawi, where the awareness of children about child protection mechanisms was generally higher. In chapter seven the overall findings of the study will be discussed in more depth, followed by the recommendations in chapter eight.

2. METHODOLOGY

2.1 Overview of methodology and setting

In selecting the study locations, Plan International and the LSHTM collaboratively agreed that the research would focus on two country settings, Uganda and Malawi. The Plan International offices in both countries expressed interest in taking part in this research project in order to learn more about how to include children with disabilities in their child protection programmes. Furthermore, the LSHTM team had extensive experience of working within both settings, and had well established working relationships with local partners. In addition, the selection of Uganda allowed the research team to take advantage of the large quantitative study on children and violence that was already being conducted by LSHTM.

LSHTM employed several complementary methodologies in order to address the following research questions:

1. To what extent do children with disabilities have access to community-based child protection mechanisms supported by Plan International?
2. What are the factors that stop children with disabilities from accessing or effectively making use of these mechanisms (barriers)?
3. What are the factors that enable children with disabilities to access and effectively make use of these mechanisms (enablers)?
4. Are the community-based child protection mechanisms supported by Plan International able to address and prevent violence against children with disabilities?
5. If the community-based mechanisms supported by Plan International are unable to address and prevent violence against children with disabilities, what components of the programmes need to be adapted, added to or changed to ensure such access? What would such additions or adaptations be?
6. What should Plan International be doing differently in its child protection programming (e.g. advocacy and intervention models or interventions) to ensure that violence against children with disabilities is addressed more efficiently and systematically?

First, a desk-based literature review was conducted to understand how children with disabilities are catered for in the child protection field, as well as to identify successful strategies to include children with disabilities in child protection programmes and services. Second, a quantitative analysis of existing data from another LSHTM study in Uganda was undertaken to learn more about the scale and type of violence experienced by children with disabilities, and explore the effectiveness of a school-based violence prevention programme for children with disabilities. This programme was used as an example of a community-based child protection programme,[5] from which lessons could be learnt on inclusion of children with disabilities for other Plan International supported programmes. Finally, qualitative research was undertaken in Uganda and Malawi, with stakeholders from child protection services and NGOs, local stakeholders, children with disabilities and their caregivers.

The qualitative and quantitative research provided different, and complementary, types of information. In this study, the qualitative research allowed an examination of the experiences of children around disability and violence, and enabled an understanding of their perceptions of barriers and enablers to accessing child protection mechanisms. However, qualitative research does not provide data about the prevalence of different types of violence against children with disabilities, or whether programmes are effective at preventing violence.

Conversely, quantitative research allows the estimation of the prevalence of different forms of violence perpetrated against children with disabilities, and to explore the effectiveness of, in this case, a school-based intervention. But unlike qualitative research, it does not provide an understanding of how

[5] The Good School Toolkit was an intervention offered to children in schools in the community in order to protect them from violence. This intervention was led by an NGO, and implemented in collaboration with a range of actors in the community. The intervention therefore qualifies as a community-based child protection programme under the definition used in this report.

children and other stakeholders perceive or experience violence, disability, or different interventions to address these. The mixed method approach, using both qualitative and quantitative methods, therefore maximises the advantages of both data collection techniques.

2.2 Literature review

The literature review aimed to understand to what extent children with disabilities are catered for in child protection mechanisms, as well as to identify successful strategies to include children with disabilities in both child protection programmes and child protection services.

Documents were identified from three sources:

- Keeping Children Safe Network and its member organizations.
- Plan International
- Peer-reviewed literature and grey literature

For the third source, the literature was searched using keywords related to “child protection” AND “disability”. The search was kept broad as it was anticipated that there was little relevant literature on this topic, which ultimately was proved to be the case (details in Appendix 1).

2.3 Quantitative study: The Good School Toolkit: does it prevent violence against children with disabilities?

Study background

In Uganda, in order to capitalise on an existing study in order to reduce potential duplication of work, the Good School Toolkit, an example of a community-based child protection programme, was examined to determine whether it reduced violence perpetrated against children with disabilities. This study was conducted by the LSHTM and Raising Voices, a Ugandan NGO. The study included a cluster randomised controlled trial in 42 primary schools.[6] The original results of the trial showed that the Good School Toolkit was an effective intervention to reduce violence against children from school staff in Ugandan primary schools (Devries, 2015). For the current study, the data that was originally collected and analysed was re-examined to explore whether this intervention was also effective for children with disabilities.

The study was set up as follows:

In relation to the intervention itself, Raising Voices developed the publically available Good School Toolkit, which is a type of community-based child protection programme. The Good School Toolkit is a complex behavioural intervention which aims to foster change of the operational culture at the school level. It is targeted at staff, students and the school administration. The Toolkit draws on the Transtheoretical Model and contains behavioural change techniques that have been shown to be effective in a variety of fields. The Toolkit materials consist of T-shirts, books, booklets, posters, and facilitation guides for about 60 different activities. These activities are related to creating a better learning environment, respecting each other, understanding power relationships, using non-violent discipline, and improving teaching techniques.

The trial involved the selection of forty-two (42) schools from a list of all primary schools in Luwero District. The schools were randomly allocated to receive either the Good School Toolkit with implementation support from Raising Voices, or to a wait-list control group. The intervention was implemented over 18 months, between September or October, 2012, and April or May, 2014.

A number of measures were taken to ensure that appropriate ethical standards were met. Ethical approval was granted by the LSHTM Ethics Committee and the Uganda National Council for Science and Technology. Eligible students were restricted to those who could speak Luganda or English and were deemed by interviewers to be able to understand the consent procedures. Only children aged about 11-14 took part in the study, as they were able to respond to questions about violence in survey format. All children were offered counselling, and children were informed during the consent process

[6] Website details for the study are: http://raisingvoices.org/good-school/ Technical details about the methodology and original results are described more fully elsewhere (Devries 2013, Devries, 2015). This study was funded by MRC, DfID, Wellcome Trust, Hewlett Foundation, and the current analyses by Plan International.

that their details might be passed on to child protective mechanisms if there were concerns related to violence or other difficulties disclosed by the child (Devries, 2013; Devries, 2015). All information was kept confidential and anonymised. If a child protection issue arose, local partner child protection organisations and services were notified of the situation and additional support for the children was made available (Child 2014, Devries 2015).

The following data were collected on all children enrolled in the study:

- Violence[7]: The primary outcome was student self-reported experience of physical violence from a school staff member during the past week, according to the International Society for the Prevention of Child Abuse and Neglect Screening Tool—Child Institutional (ICAST-CI). In addition to physical violence from school staff, other forms of violence measured include emotional and sexual violence from school staff and peers, physical violence from peers, and injuries as a result of physical or sexual violence from school staff.
- Disability[4]: Disability was assessed using the 6 Washington Group Short Set questions, whereby children were asked if they experienced difficulties with walking, seeing, hearing, self-care, communication or remembering/concentrating. Response categories were 'no difficulty', 'some difficulty', 'a lot of difficulty' and 'cannot do' for each question. Children were classified as having a disability if they reported 'a lot of difficulty' or 'cannot do' in one or more domain, or if they reported 'some difficulty' in two or more domains. Children were classified as having some functional difficulties if they reported that they had 'some difficulty' in one domain only. Otherwise children were classified as having 'no disability'.
- Intervention exposure: Exposure to the intervention was measured using a score constructed based on responses to 10 questions. Referrals to the study's child protection partners (these comprised local services and specialist NGOs) were measured as 'yes' or 'no'.

The data were analysed to assess both the vulnerability of children with disabilities in schools to violence, and whether the child protection intervention was equally effective for them as for children without disabilities.[8] The specific questions analysed in the current analyses were:

- Were children with disabilities more likely to report experiencing violence than children without disabilities?
- Which types of impairments are most associated with violence?
- Were children with disabilities able to participate in the Good Schools Toolkit intervention to the same degree as children without disabilities?
- Was the Good School Toolkit as effective at reducing violence against children with disabilities as children without disabilities?
- Were children with disabilities more or less likely than children without disabilities to disclose their experiences of violence?

2.4 Qualitative study component: Malawi and Uganda

The qualitative study was conducted to allow for an understanding of the perspectives of children with disabilities, their caregivers, and other stakeholders in detail, with respect to experiences of violence, and barriers and enablers to inclusion of children with disabilities in child protection programmes and formal services.

The research was conducted in two districts in Malawi (Kasungu, Mulanje) and one district in Uganda (Kamuli), all of which are areas where Plan International works. These districts were selected jointly by Plan International and the LSHTM. Data collection took place in October 2015 in Malawi and December 2015 in Uganda.

Several measures were taken in order to ensure that the study adhered to appropriate ethical standards. Ethical approval was granted by the LSHTM ethics committee, the Uganda National

[7] Items are listed in Appendix 2.
[8] The original study analyses were undertaken to assess whether the intervention reduced violence perpetrated against all children (whether disabled or not) in the intervention schools compared to the control schools.

Council for Science and Technology and the National Committee on Research in the Social Sciences and Humanities in Malawi. This research also adhered to Plan International's Child Protection Policy and Research Policy and Standards. Before the start of each interview, informed written consent was obtained from key informants, caregivers and older children (above 16 years). For younger children and children with communication/intellectual impairments, a simplified oral assent was sought, and pictorial child-friendly information sheets were developed. Information was kept confidential and data were anonymised. In this report, where quotes are provided, all names of children have been changed in order to maintain confidentiality. If a child protection issue arose, Plan International Malawi or Uganda was notified of the situation and additional support for the family and child was made available. The Plan International head office was also notified.

In relation to the selection of study participants, LSHTM and the Plan International country offices jointly selected children aged 6-18 years old using pre-defined criteria to ensure that the sample was representative by impairment type/condition (physical, intellectual, hearing, visual, epilepsy, albinism) and gender. Approximately 20 children in each setting were identified for interview (either directly or through a proxy), as this was feasible given the timing restrictions. In Malawi, children were identified from Plan International's sponsorship programme (which records if a child has a disability) or through community-based volunteers. In Uganda, children were also identified through the sponsorship programme, but additional non-sponsored children were included to be able to achieve the required sample size. In addition, in Uganda, children were selected for interview from both Plan International supported and non-supported parishes within the district to allow assessment of the role of Plan International in child protection mechanisms. The parishes where Plan International does not work were selected based on the understanding that no other NGO working in the area of child protection or disability was active in that area. In Malawi, Plan International activities were operational throughout the selected districts.

Key informants were selected for interviews after consultation with the respective Plan International country offices to ensure that important stakeholders were included. These key informant interviews included Plan International Malawi and Uganda staff, community child protection committee members, members of Disabled Peoples' Organisations (DPOs), representatives of parent support groups, teachers of children with disabilities, and individuals/groups involved in child protection and/or disability activities (e.g., teachers, police, government officials (e.g. Rehabilitation and Disabilities Officers, Probation Officers), community-based organisations, and volunteer groups).

Children and caregivers were interviewed separately. However, if a child was unable to communicate independently or requested the presence of his/her caregiver, caregivers were invited to join the interview. If a proxy interview[9] for the child needed to be conducted, every effort was made to interview someone other than the person interviewed as the primary caregiver. Interviews were conducted in the local languages (Chichewa for Malawi and Lusoga and Luganda for Uganda), with the support of research assistants who spoke the local languages. All interviews were recorded and transcribed.

A semi-structured interview guide was used to guide discussions (Appendix 4). Key topics covered in caregiver interviews included: (1) background on the household and the child's impairment; (2) understanding of violence towards children and safety concerns they had for their children; (3) knowledge of and views on available child protection mechanisms; and (4) any experiences of violence and accessing child protection mechanisms.

For interviews with the children, a visual aid was used to guide discussions. Going through the images shown on the aid – of home, school and the community – children were asked about the people, activities and experiences in each place that made them feel happy, sad, angry or afraid/unsafe. Emotion cards (which had faces with different expressions) were also used with younger children to make the experience more participatory and as a communication aid for children with certain impairments (Appendix 5).[10] Children were also asked from who and where they would seek help from if they felt unsafe – or if they had experienced violence, whether they had sought help and what the response had been like.

For key informants, questions were tailored to each individual's area of expertise, but broadly focused on risks of violence for children with and without disabilities, available child protection mechanisms

[9] In cases where direct communication between the child and the interviewer was not possible due to the nature of the child's disability, despite using a range of alternative communication methods, a representative of the child such as a sibling or another adult caregiver was interviewed.
[10] The visual aids were not used for children who were blind, instead the interviewer went through the topic guide orally.

and any barriers or enablers that children with disabilities may face in accessing these mechanisms. Most key informant interviews were conducted in English, with some in the local languages.

A thematic approach was used to analyse findings. After each day of fieldwork, interview notes were reviewed by the lead LSHTM field researcher and the local research assistants. This helped to identify any gaps in the interview schedule that needed to be addressed and also provided some emergent themes. On the completion of field work, these emergent themes were shared and cross-checked with Plan International Malawi and Uganda to obtain their feedback. Data was coded using NVivo 10, a specialist software for qualitative data analysis.

Description of the Samples

In total, information was gathered from 22 children with disabilities through 21 caregiver[11] and 17 child interviews in Malawi, and from 21 children with disabilities through 29 caregiver and 13 child interviews in Uganda. In the 5 cases in Malawi where no child was interviewed, all had communication difficulties related to their impairments (3 profound intellectual impairments that limited their understanding, 2 had profound hearing loss with no sign language knowledge). In the 8 cases in Uganda where no child was interviewed, all had communication difficulties related to their impairments (2 profound intellectual impairments, 4 profound hearing loss, 2 both intellectual and hearing impairments). Sign language interpretation was available for children with profound hearing impairment, but no children in the sample had knowledge of sign language. Although a broad range of attempts were made to communicate with these children through other means (e.g. use of visual tools, involving household members for interpretation using homemade sign language), information gathered through these avenues was fairly limited.

In addition, 12 key informant interviews took place in Uganda and 18 in Malawi plus one focus group discussion.

[11] Two of the children were siblings and therefore had only one caregiver interview.

3. FINDINGS FROM THE LITERATURE REVIEW

3.1 The extent to which children with disabilities are not catered for in child protection mechanisms

Overall, the literature review highlighted that there is a severe lack of studies exploring whether children with disabilities are being adequately included in child protection services and programmes (Stalker & McArthur, 2012). What little evidence is available suggests cause for concern that child protection mechanisms do not adequately cater for the needs of children with disabilities. For example, studies in the United Kingdom, Israel and Norway suggest abuse towards children with disabilities is significantly underreported and even when children with disabilities did disclose abuse, they were not always believed or faced difficulties in communicating their experience (Cooke, 2002; Hershkowitz, 2007; Kvam, 2004).

Other, very limited, evidence from LMICs also suggests that existing child protection mechanisms are not working well to address violence experienced by children with disabilities. For example, in nearly half of 90 cases of sexual abuse against boys and girls with disabilities in Mozambique, Burundi, Tanzania and Madagascar, the perpetrator had not faced any consequences[12] (Save the Children & Handicap International, 2011). Even in the small number of convictions, very few ended up serving their sentence: for example, one perpetrator in Tanzania only served eight months of a 19 year jail sentence. Similarly, in a study by the Children with Disabilities Action Group in South Africa, of 36 cases of offences against children with disabilities that went to trial, only 14 resulted in convictions and the remainder were acquitted or withdrawn (ACPF, 2011). The main reason for the low conviction rate was that the victims were not seen as believable and deemed incompetent to give evidence in trial. Additionally, no efforts were made to simplify the complex court proceedings, which led to a high number of withdrawals.

All the studies above relate to difficulties responding to abuse perpetrated against children with disabilities through state justice systems. No studies were found that explored the inclusion of children with disabilities in broader child protection services – such as in the prevention of abuse or support for victims of child abuse or neglect – or for child protection programmes provided by non-state actors.

3.2 Barriers to accessing child protection mechanisms

Children in general face barriers when trying to access different types of child protection services, for example long distances to services or the lack of awareness of how to access services. The same can be true for NGO-run child protection programmes, which may also require travel to central locations. However, the literature review showed that children with disabilities may face a range of additional barriers that limit their access to child protection mechanisms. These barriers may operate across all types of child protection activities – from national systems to community-based programmes, which may be run by either government, NGOs, community groups or other actors. These barriers include:

Environmental barriers:

- The long distances to centrally delivered programmes and services affects all children, but the lack of accessible transportation and inaccessible facilities pose additional challenges particularly for children with mobility limitations (ACPF, 2010; ACPF, 2011; ACPF, 2014; Groce, 2005; Save the Children & Handicap International, 2011)

Social barriers:

- Children with communication challenges – for example, children with speech, intellectual or profound hearing impairments – can face difficulties reporting abuse as well as identifying and providing evidence against their perpetrators. (ACPF, 2010; ACPF, 2011; ACPF, 2014; Save the Children & Handicap International, 2011; Terre des Hommes, 2007; Groce, 2005).

[12] Breakdown not given for males and females.

Communication barriers may be particularly noted for certain types of child protection mechanisms, such as those provided through helplines.

- Attitudinal barriers, such as discrimination or bias by individuals involved in child protection may lead to cases involving children with disabilities being de-prioritised or ignored. Furthermore, even when action is undertaken, the response may not be as robust as for cases involving children without disabilities (e.g. lighter jail sentences given to perpetrators when the victim is a child with a disability compared to when the victim does not have a disability) (Boersma, 2013; Groce, 2005).
- In addition, children with disabilities may be less likely to have their disclosures of violence believed, as they may be seen as unreliable sources (ACPF, 2010; ACPF, 2011; ACPF 2014; Boersma, 2013; Groce, 2005; Save the Children & Handicap International, 2011; Terre des Hommes, 2007).
- Informational barriers, such as children with disabilities and their families may not know where to go to access child protection mechanisms or be aware of their rights (Boersma, 2013; Groce, 2005).

Institutional barriers:

- People involved in delivering child protection services or programmes often do not have training on how to work with children with disabilities, including on the use of accommodations (e.g. alternative forms of communication such as Braille, sign language) necessary for full and equal access. Furthermore, stakeholders in child protection may lack knowledge on disability and the rights of persons with disabilities and do not consider reaching out actively to children with disabilities. (ACPF, 2010; Cameron et al, 2013; Save the Children & Handicap International, 2011)
- Resources for training and the provision of such accommodations are rarely budgeted for (ACPF, 2010; ACPF, 2014; Boersma, 2013; Groce, 2005).

3.3 Examples of inclusion of children with disabilities in child protection policies

In addition to the literature review, the child protection policies of international NGOs working with children were reviewed. Of the 44 child protection policies from 34 organizations reviewed (see Appendix 1), two-thirds made reference to children with disabilities. In most cases, this was simply listing children with disabilities as a vulnerable group or acknowledging that they were at increased risk of violence. Some also emphasised that it was more difficult for children with disabilities to get help and that they were excluded from child protection mechanisms (though without giving evidence of this claim) and stressed the need for data collection in relation to abuse.

In terms of strategies for inclusion, less than a third of the reports outlined any specific practices. Of these, the vast majority were broadly outlined – for example, to consider the needs of children with disabilities when designing and delivering child protection programmes, or to use principles of non-discrimination. Few provided concrete steps on how to achieve these ideals. On the other hand, this level of detail may not be expected for policy documents.

Box 1. Plan International's Position on Inclusion of Children with Disabilities in Child Protection

Plan International is committed to protecting children from violence and has recently launched their **Global Strategy for Child Protection Programming 2015-2030** (Plan, 2015a). This strategy articulates Plan International's work on child protection as a distinct area of programmatic intervention and provides the following Global Statement on Child Protection Programming:

"Plan International adopts a comprehensive systems approach to child protection that aims to prevent and respond to all forms of violence against children and young people in development and emergency settings."

Plan International has also outlined guidance on good practice for supporting community-based child protection mechanisms (CBCPM) and has undertaken a global synthesis of their support to these programmes (Plan 2015b, Plan 2015c).

These reports make explicit references to the risk of exclusion among children with disabilities and highlight that they are a particular target group for Plan International. Furthermore, they recognise

that it is important to *"Support CBCPMs to ensure that the protection needs of marginalised children and those with disabilities are identified as well as specific measures to address them."* (Plan, 2015b). They also mention that issues of exclusion, such as those resulting from disability, remain major barriers to the scope and effectiveness of these mechanisms (Plan, 2015b). One report notes that *"CBCPMs have not always been good at including disabled children"*, although several examples are given of where inclusion of children with disabilities into CBCPMs has been achieved (Plan, 2015c – also described below). However, specific guidelines are not given as to how to ensure inclusion of children with disabilities in community-based child protection mechanisms. In fact, it is highlighted that *"Children with disabilities do not feature strongly in Plan's work on CBCPMs, despite this group being a priority target for Plan."* (Plan, 2015c)

Plan International launched a **Tackling Exclusion Framework** to establish how they can effectively tackle the exclusion of certain groups, including children with disabilities more broadly in their programming (Plan, 2016). It does so by establishing three interdependent priority focus areas which are (1) inclusive programmes, (2) influencing and communications, and (3) inclusive workplaces. The framework also highlights optimal approaches and best practices to tackle exclusion.

Some examples of good practices to reduce violence and promote access to child protection for children with disabilities from the policy and literature reviews more generally were found. These can apply to both government-run services as well as programmes:

- Providing training on disability to people involved in child protection activities: In Kenya, the government is providing law enforcement officers with training on handling cases involving children with disabilities. Similarly, in Ethiopia, police officers were given training by NGOs and DPOs on working with persons with disabilities during investigations, with a particular focus on cases of sexual violence towards women and girls with disabilities (ACPF, 2014).
- Increasing awareness of children, their caretakers and their communities on the rights of children with disabilities. For example, a community-based rehabilitation programme implemented by Plan International Togo has engaged in a variety of educational and awareness campaigns to promote understanding of the rights of children with disabilities through schools, parent groups and child led structures. As part of this programme, all national partners in the national Child Rights Network have been trained about disability.
- Ensuring that programmes and services are accessible for people with disabilities. In Sierra Leone, the Ministry of Social Welfare, Gender and Children's Affairs and UNICEF provided children who were visually impaired with training about their rights. Children reported feeling empowered to advocate for themselves following the training (Davies, 2009). Inclusive programming also includes making sure that events are accessible for disabled people (KCSN 2) and that special communication needs are met (Child Hope).
- Strengthening collaboration between child protection groups and DPOs: in West Africa, CBM, Sightsavers and Handicap International have worked with Plan International to bring technical expertise on working with children with disabilities, promoting accessibility of programmes, as well as coordinating child protection with other services, such as rehabilitation and educational services (Plan International, 2013). Other efforts have included initiatives to support children to express their points of view (Terre des Hommes, 2014), efforts to listen to children's views (Child Hope) and conducting research on issues that affect children with disabilities (Save the Children 2011).
- Establishing parent support groups: a pilot project by Terre des Hommes in Uganda found that support groups for parents of children with disabilities helped families to be more accepting of their child with a disability; when parents were accepting of their child, they found that others were less likely to discriminate as well (Terre des hommes, 2007). Similarly, a community-based rehabilitation project supported by Plan International in Togo that works with communities, schools and parent groups found evidence that, in targeted communities, cases of abuse and discrimination towards children with disabilities were reduced (Plan International, 2013).

Other actions to consider to ensure that child protection mechanisms are inclusive of children with disabilities include: appointing a specialist child protection adviser (Child Hope); addressing disability specifically in child protection policies (viva, 2014, Child Hope, KCSN 3) and advocating for the need for child protection mechanisms for children with disabilities (ChildFund International, Save the Children, 2011, Handicap International and Save the Children, 2011, Cameron et al, 2013).

In reviewing the literature on access of children with disabilities to child protection mechanisms, it is clear that there is an urgent need for more research on the extent to which they are inclusive of children with disabilities. It is likely that children with disabilities will continue to be excluded from child protection mechanisms unless strategies and protocols are put in place to help overcome the barriers to inclusion that have been identified.

The literature review, therefore, provides a good background to the types of barriers that children with disabilities face in accessing child protection mechanisms, as well as examples of interventions possible to overcome these, which helps frame the data collected in the quantitative and qualitative component of this study.

4. QUANITATIVE FINDINGS FROM UGANDA

As part of the quantitative part of this study, data were analysed from the Good Schools Study in Uganda in order to learn more about scale and type of violence experienced by children with disabilities in schools, and establish whether this community-based child protection programme can also be effective for children with disabilities. The Good School Kit consists of a set of tools that can help educators to change their behaviours and reduce violence in primary schools. It was developed and implemented by the Ugandan NGO Raising Voices. In this current study, the data that were already collected by the LSHTM and Raising Voices are re-analysed to explore whether this community-based child protection mechanism reduces the violence perpetrated against children with disabilities at school.

4.1 Current analysis of the data

Overall, 3820 children were included in the original Good Schools Study in Uganda. 1822 children were included in the intervention arm, which received the Toolkit, and 1737 in the control arm. The intervention and control groups were similar with respect to age and sex. The mean age of students was 13 years in both intervention and control groups, and 54% of the control group and 51% of the intervention group were girls. Disability was established through self-reporting by using the Washington Group questions. Children were categorised as having disability if they reported 'some' difficulty in two domains or 'a lot of difficulty'/'cannot do' in one or more domains (see chapter two on Methodology for further details and Appendix 1 for full Washington Group questionnaire).The prevalence of disability was similar in the intervention (6.0%) and control group (5.5%).The prevalence of some difficulty (i.e. 'some difficulty' reported in only one domain) was also similar in the intervention (19.1%) and control (14.6%) arms.[13]

Table 1. Forms of violence reported by children by disability status**

	No difficulties in any domain	Some difficulty in one domain	Disability
Prevalence of violence in past week	N=1517 %	N=278 %	N=104 %
Total school violence[14]	54%	64%	84%*
From school staff			
Any violence	47%	58%	71%*
Physical violence	46%	57%	69%*
Emotional violence	8%	13%	18%*
Sexual violence	1%	0	4%*
Any injury	27%	31%	44%*
Moderate injury	6%	5%	10%
Severe injury	0.4%	0	2%*
From peers			
Any violence	20%	26%	54%*
Physical violence	8%	11%	32%*
Emotional violence	15%	18%	38%*
Sexual violence	0.5%	0.7%	0

*statistically significant difference **control arm only

[13] Disability - 'some' difficulty in two domains or 'a lot of difficulty'/'cannot do' in one or more domains.
Some difficulty - 'some difficulty' reported in only one domain.
[14] Full list of items in Appendix 2

Table 1 shows the prevalence of violence reported by disability status among the control subjects. Most students reported experiencing some form of violence at school. School staff were key perpetrators. Comparing the percentages of those who experienced violence by disability status, it is clear that students with disabilities were more likely to be the victims of almost every form of violence—physical, sexual and emotional violence.

Table 2. Forms of violence reported by children by disability status, by gender**

	BOYS			GIRLS		
	No difficulties in any domain	Some difficulty in one domain	Disability	No difficulties in any domain	Some difficulty in one domain	Disability
Prevalence of violence in past week	N=730	N=118	N=33	N=787	N=160	N=71
Total school violence	56%	63%	82%*	51%	66%	85%*
From school staff						
Any violence	48%	54%	70%*	46%	60%	72%*
Physical violence	46%	54%	70%*	46%	59%	69%*
Emotional violence	9%	9%	6%	8%	15%	24%*
Sexual violence	0.4%	0%	3%	0.8%	0%	4%*
Any injury	26%	30%	40%	28%	31%	46%*
Moderate injury	6%	4%	7%	6%	7%	12%
Severe injury	0.6%	0%	3%	0.1%	0%	1%
From peers						
Any violence	22%	31%	48%*	19%	23%	56%*
Physical violence	7%	13%	27%*	9%	9%	34%*
Emotional violence	18%	23%	33%	13%	15%	39%*
Sexual violence	0.7%	0%	0%	0.3%	1%	0%

*statistically significant difference by disability status, within sex **control arm only

Table 2 shows the forms of violence reported by disability status, for boys and girls separately. For both boys and girls, students with disabilities were more likely to experience any form of violence ('total school violence') from staff and peers, and physical violence from staff and peers, versus non-disabled students of the same sex. Broadly, the patterns of types of violence was relatively similar comparing boys and girls with disabilities, excepting the higher levels of emotional violence from staff reported by girls with disabilities (24%) compared to boys with disabilities (6%). Furthermore, the relationship between disability and violence was generally similar between boys and girls, with two notable differences. First, girls with disabilities were significantly more likely to report sexual violence from school staff (4%) than girls without disabilities (0.8%), but this difference was not noted among boys. Second, girls with disabilities reported significantly higher levels of emotional violence from staff (24%) and peers (39%) than girls without disabilities (8% and 13% respectively), while these differences were not significant among boys.

Table 3. Types of difficulty associated with different forms of violence**

	Sight	Hearing	Mobility	Memory/ concentration	Self-care	Communication
	OR	OR	OR	OR	OR	OR
Total school violence	2.8*	3.3*	2.2*	2.1*	2.6*	3.9*
School staff perpetrated						
Any violence	2.0*	2.3*	1.4	1.8*	2.6	4.3*
Physical violence	2.2*	2.2*	1.4	1.8*	2.8	4.6*
Emotional violence	1.7	2.6*	1.6	1.7*	2.0	4.2*
Sexual violence	5.1	4.0	4.4	2.0	18.6*	8.0*
Any injury	1.7	0.8	1.4	1.5*	3.1*	2.7*
Moderate injury	1.1	0.8	0.5	1.3	3.4*	2.7*
Severe injury	4.4*	-	7.8	1.1	17.1*	13.7*
Peer perpetrated						
Any violence	2.9*	3.4*	2.5*	2.0*	4.0*	3.3*
Physical violence	3.3*	4.0*	4.1*	2.1*	6.3*	6.1*
Emotional violence	1.7	2.7*	2.5*	1.8*	2.4	2.1*

* Denotes statistically significant finding at p<0.05 level. OR is odds of experiencing violence in those with impairment type versus without that impairment ** control arm only

Table 3 shows the odds of experience of different forms of violence for children who reported at least 'some' difficulty in the functional domain compared to those who report no difficulties (e.g. if a child reported 'some' or more difficulty with seeing they were classified as having a difficulty with sight, if they reported 'some' or more difficulty with walking they were classified as having a difficulty with mobility). Children who reported difficulties in any of the six domains reported more 'Total school violence', 'Any violence from peers' and 'Physical violence from peers' than children with no difficulties. For example, children with difficulties with sight had 2.8 times the odds of reporting 'Total school violence' compared to children with no difficulties. Children who reported that they had difficulties with 'Self-care'[15] or 'Communication'[16] were more likely to report sexual violence and injuries from school staff compared to children with 'No difficulties' in any domain. This relationship was less apparent for children with difficulties in other domains (i.e. hearing, seeing, mobility) compared to children with no difficulties.

An analysis was performed to test whether children with disabilities enrolled in the schools were able to access and participate in the Good Schools Toolkit to the same degree as children without disabilities. To do this, a participation score was created (made up of different questions around involvement in the intervention) and this participation score was compared across groups. Children with 'no difficulties' reported a median exposure score of 6 (i.e. they participated in 6 of 10 types intervention activities); those with 'some difficulties' reported a median exposure score of 7, and those with a 'disability' reported a median exposure score of 6. There was a statistically significant difference across groups, however there was not a clear difference between the children with disabilities and those without disabilities, and the differences with the children reporting some difficulties was very small in practice. This means that children with disabilities were able to use the Good Schools Toolkit to the same extent as children without disabilities.

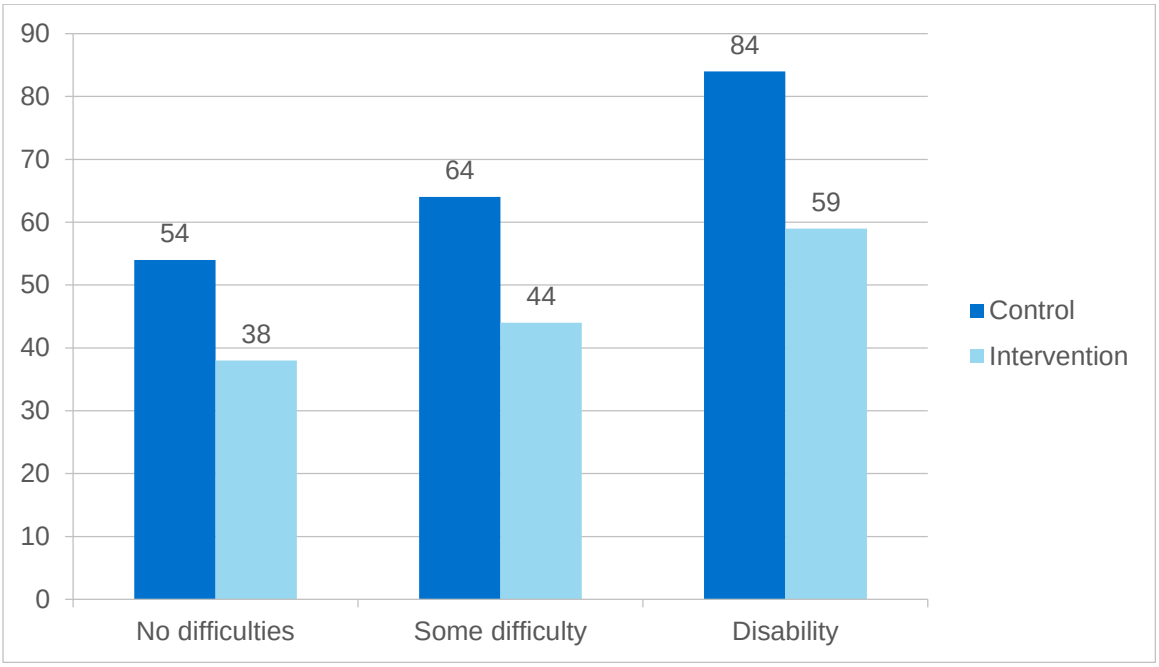
[15] I.e. reported 'some' or more difficulty in response to the question: Do you have difficulty with self-care, such as washing all over or dressing?
[16] I.e. reported 'some' or more difficulty in response to the question: Using your usual language, do you have difficulty communicating, for example understanding, or being understood?

Table 4. Effect of the intervention for children with disabilities versus children without disabilities

Outcome	Control %	Intervention %
Children with disability	N=104	N=116
Any violence, staff or peers, past week	84%	59%*
Any violence, staff or peers, past term	89%	81%
Any staff violence, past week	71%	46%*
Any violence, staff, past term	85%	77%
Physical violence from staff, past week	69%	45%*
Physical violence from staff, past term	85%	74%
Any peer violence, past week	54%	31%*
Any peer violence, past term	64%	44%*
Children with some difficulties in one domain	N=278	N=366
Any violence, staff or peers, past week	64%	44%*
Any violence, staff or peers, past term	90%	69%*
Any staff violence, past week	58%	38%*
Any violence, staff, past term	86%	63%*
Physical violence from staff, past week	57%	35%*
Physical violence from staff, past term	84%	61%*
Any peer violence, past week	26%	19%
Any peer violence, past term	41%	33%
Children with no difficulties in any domain	N=1517	N=1439
Any violence, staff or peers, past week	54%	38%*
Any violence, staff or peers, past term	84%	66%*
Any staff violence, past week	47%	31%*
Any violence, staff, past term	80%	60%*
Physical violence from staff, past week	46%	29%*
Physical violence from staff, past term	80%	59%*
Any peer violence, past week	20%	16%
Any peer violence, past term	33%	27%

* Denotes statistically significant finding at p<0.05 level, comparing intervention and control groups

Figure 1. Percentage of students reporting past week violence from peers or school staff



It is clear from Table 4 and Figure 1 that the Good School Toolkit is successful in reducing violence from staff and peers towards students with disabilities, those with some difficulties, and those with no difficulties. There were no statistically significant differences in regards to the intervention between students who report no difficulties, those who report some difficulty in one domain, and those who report a disability. Neither was there a suggestion that the Toolkit is less effective for students with disabilities. These results indicate that the Good School Toolkit intervention can also be considered effective for reducing violence from staff and peers towards students with some difficulties or with disabilities.

Table 5. Previous disclosure and seeking help, by disability status**

	No difficulties in any domain	Some difficulty in one domain	Disability
Characteristic	N=1517 N, %	N=278 N, %	N=104 N, %
Referred to child protection during Good Schools Study	25%	28%	48%*
Of those referred:	N=371	N=79	N=54
Previously disclosed	24%	20%	28%
Disclosed to:	N=88	N=16	N=15
Parent	75%	69%	67%
Teacher	7%	6%	0
Friend	9%	0	7%
Sibling	5%	6%	7%
Other	5%	19%	20%
Disclosure helped	57%	56%	60%

*statistically significant difference **control group only

Among the control group who had not yet received the intervention, children with disabilities were more likely to be referred to child protective mechanisms because of what they disclosed in the follow-up survey, versus those who reported some difficulties and those who reported no difficulties (Table 5). Of those children who were referred, there were no statistically significant differences in whether they had previously disclosed to another person, with just under one-quarter of students reporting that had previously told someone about their experience. Of those who did disclose, the most common

person to disclose to was a parent. Just over half of students who had previously disclosed to someone reported that disclosure had helped them; this did not differ by disability status.

4.2 Summary of the findings

The results of this study showed that children with disabilities were more likely to experience school based violence than children without disabilities, even within this context of high levels of violence reported by children overall. The high vulnerability of children with disabilities to violence was evident for children experiencing any type of functional difficulty, but was most noticeable for children reporting difficulties with self-care or communication. These findings reinforce the importance for Plan International and other organisations to make sure that children with disabilities are included in child protection mechanisms.

High levels of violence were reported by both boys with disabilities and girls with disabilities. The patterns of types of violence reported was broadly similar between these two groups, except that reports of emotional violence from staff were higher among girls with disabilities (24%) than boys with disabilities (6%). Another key gender difference is that there were more reports of sexual violence from staff as well as emotional violence (staff or peer) among girls with disabilities compared to girls without disabilities, while these difference were not noted among boys. The level of sexual violence reported by girls was, however, low, potentially because questions in the Good Schools Study were only asked about school-based violence.

The results of this analysis show that the Good School Toolkit was an effective intervention to reduce violence perpetrated by school staff against children with disabilities in Ugandan primary schools. Children with disabilities were as likely to disclose reports of violence as children without disabilities. Furthermore, the children with disabilities were able to access and participate in the intervention to a similar degree as the children without disabilities. The reasons why the programme worked for the children with disabilities was not specifically investigated within this study. The toolkit includes a number of different activities which aim to build respectful relationships and encourages empathy, reflection, and participation among all different groups at school. These changes are likely to lead to a broadly inclusive atmosphere, which may also benefit children with disabilities.

These results provide evidence that a community-based child protection programme can also help to reduce the level of violence experienced by children with disabilities. However, even after implementation of the intervention, the levels of violence perpetrated against children with disabilities remained very high. This means that Plan International and other organisations could consider implementing additional interventions specifically targeting children with disabilities, in addition to their mainstream child protection activities.

4.3 Limitations of the Good School Toolkit Study

While there are important lessons to be drawn from this study, there are also a number of limitations to note. First, the study was restricted to children attending school. Many children with disabilities are excluded from school, (Kuper, 2014) and so would not have the opportunity to benefit from the intervention. The study sample included only children in primary school classes 5, 6 and 7, who were aged about 11-14 years old, and thus should not be interpreted as representing the experiences of younger or older children. Furthermore, the intervention focused only on school-based violence and so would not be expected to reduce perpetration of violence in the home or elsewhere in the community against children with disabilities. Although the study was relatively large, the numbers were too small to allow assessment of the impact of the intervention for different sub-groups. In particular, the study was too small to establish with certainty whether the intervention was effective in both girls and boys with disabilities and for children experiencing different types of difficulties. Finally, no assessment was made as to how the Good School Toolkit addressed the different forms of violence and targeted the perpetrators in different ways, or of which features of the programme were responsible for the impact on reducing violence among children with disabilities.

The quantitative study provides important information on evidence of effectiveness of one example of a community-based child protection mechanism for children with disabilities. However, there is also a clear need to address questions around access to child protection mechanisms for children with disabilities who are not in education, as well as access to non-school based child protection mechanisms. This was addressed within the qualitative fieldwork and will be discussed in the following Chapters

5. QUALITATIVE FINDINGS FROM UGANDA

5.1 Introduction

Qualitative research on children with disabilities' access to child protection mechanisms took place in Kamuli District in Uganda's Eastern Region in December 2015. At that time, Plan International Uganda's country programme was operating in a total of 6 districts, with child protection activities running throughout all programmes. Kamuli District was a Plan International Uganda focus district for a 5 year, NORAD-funded child protection grant which ended in December 2015.

The 2012 Kamuli District population was estimated at more than 500,000, with agriculture - including livestock keeping and farming - serving as the primary livelihood activity in the district. According to the Uganda Police annual crime report (2014), defilement[17] tops crimes against children in Uganda, accounting for 9,598 cases in 2013 and 12,077 cases in 2014 respectively. These figures are likely to severely underestimate the true number of cases of crimes perpetrated against children.

In Uganda, there is a mix of different types of activities falling under the banner of child protection. These activities include prevention of violence, responses to abuse as well as provision of programmes and services to victims. These child protection mechanisms are provided by a range of actors. These range from government-mandated policies (see Box 2) and government-run services (e.g. police force, courts), but also include community-based child protection mechanisms to help fill gaps in the availability of more centrally located government services.

Plan International Uganda and other organisations play an important role in the provision of community-based child protection programmes, as well as supporting state child protection services.

Box 2. Uganda's legislative and policy environment for the protection of children with disabilities

The Republic of Uganda has ratified various international and regional regulatory frameworks and conventions addressing the rights and welfare of children with disabilities. These include the UNCRC, ACRWC and the UNCRPD. In addition, national laws and policies such as the Children's Act (1996), supplemented by The Children's Act Amendment 2016, the National Policy on Disability (2006), the Persons with Disabilities Act (2006) are also in place. These outline the rights granted to all children, including children with disabilities, and the roles and responsibilities of the people and institutions tasked with their care. Due to various reasons, including lack of budgetary commitments

[17] Defilement is defined by Ugandan law as the act of having sex with a girl under the age of 18.

at all government levels and limited specialisation in disabilities care and support, significant gaps remain between policy and practice.

5.2 Overview of community-based child protection mechanisms supported by Plan International Uganda

Plan International Uganda is committed to the prevention and elimination of any form of violence against children. Plan International Uganda plays a key role in the design, implementation and support of community-based child protection mechanisms in Kamuli District. These include formal child protection services (i.e. those services recognised as part of the district service structures), and informal child protection programmes which were more community volunteer driven (described below). Some of the key community-based child protection programmes supported by Plan International Uganda in Kamuli district include:

- **Child Protection Committees (CPC)** are composed of community volunteers who have received training in issues of child protection, including disabilities. In Kamuli District, Plan International helps run 28 CPCs, consisting of 96 men and 100 women across 28 parishes. CPC members are trained on child protection and conduct community sensitisation about child protection and children's rights. They also identify, report and refer child protection issues to formal services, such as the police, probation and social welfare offices and the Uganda Child Helpline. CPC members record all child protection cases in a register, and in the 12 months prior to this research 179 cases were recorded and received assistance from the CPCs in Kamuli. Plan International Uganda and their partner Benedictine Eye Hospital provide training for the CPCs, on both child protection and disability issues, and are advocating for the integration of CPCs into government recognised community-based child protection structures. CPCs reportedly work closely with the Parent Support Groups (PSGs) with some individuals participating in both groups. Some of the CPCs had a register of children with disabilities. Deliberate efforts were made by some of the CPCs to identify children with disabilities that participated in district and national level activities such as Youth Parliaments.
- **Parents Support Groups (PSG)** are a loose association of parents of children with disabilities, which operate as a sub-group under the CPCs to look specifically at protection, welfare, health, community rehabilitation and education for children with disabilities. Each PSG consists of between 30-75 families and act as a core group to implement community based rehabilitation programmes for children with disabilities. They raise awareness on the rights of children with disabilities and support social mobilization to increase access to protection and social services. PSGs also reportedly encourage children's participation in the design, implementation and evaluation of programmes directed at them. In addition Plan International has provided seed funding to initiate income-generating activities for the groups. PSGs reportedly collaborate with the government, universities, as well as various hospitals who have provided specialized corrective medical surgery for children with disabilities. The Kamuli District government has appointed one of the PSG members as a representative on the District Disability Council, which is responsible for budget allocation in relation to disability programming.

Additionally, Plan International Uganda often provides financial assistance to government child protection services, including:

- **Sauti 116 is a Toll-Free Child Helpline** and response team set up by the Government of Uganda. In Kamuli District this helpline is financially and technically supported by Plan International as a key partner in the initiative. The Sauti 116 Helpline provides emergency response protection to all children affected by abuse, including children with disabilities with the District Probation Officer following up and monitoring on the reported cases and other reports of violence.
- **Children and Family Protection Unit of Kamuli Police** receives reports and cases of child abuse or rights violations from both adults and children. Plan International Uganda supported the building of their children's reception centre, which provides children with temporary shelter when required.
- **The District Rehabilitation Officer** is responsible for linking children with disabilities to rehabilitative services, and also participates in child protection activities, community awareness and follow up if protection issues arise among children with disabilities. The Officer also supports district coordination of all actors supporting access to programmes and services for children with disabilities. The District Rehabilitation Officer was reportedly only active in parishes supported by Plan International as there was no available district budget for rehabilitative services.

In addition, **fifty target schools adopted inclusive education** approaches as a result of training provided to teachers by Plan International Uganda. A community based rehabilitation manual has been developed with support from the Kyambogo University Faculty of Special Needs Education and is currently used to support training of PSG members and teachers on inclusive communities, protection, education and social rehabilitation for children with disabilities.

Other community-based child protection programme providers not directly supported by Plan International Uganda were also identified in Kamuli district. These included: community development officers (have received some training in child protection and disabilities and act as part of the child protection response at parish level), local community leaders (responsible for children's welfare), para-social workers (trained in issues of social protection), and Disabled People's Organizations (DPO).

Quantitative data were not available on the number of children accessing these community-based child protection mechanisms disaggregated by disability status. Consequently, the access to these mechanisms by children with disabilities was assessed through qualitative methods.

5.3 Sample in Uganda

In total, information on 21 children was gathered through 29 caregiver and 13 child interviews (see Table 6 for characteristics of the study sample). In the 8 cases where the child was not interviewed directly but instead through a proxy, this was because they all had communication difficulties related to their impairments: 3 had profound intellectual impairments that limited their understanding and 6 had profound hearing loss with no standard sign language knowledge.[18]

Twelve key informant interviews took place. Key informant interviews included Plan International Uganda staff (n=2), district and sub country government representatives working in the area of disabilities and rehabilitation (n=3), district police and justice system representatives (n=2), a sign language interpreter (n=1), a teacher specialising in disabilities (n=1), chairpersons from Disabled People's Organizations (DPOs) including a child protection committee member (n=3).

Table 6: Characteristics of Sample in Uganda

Average age in years (range)	12 years (6-18)
	Number of children
Gender	
Girls	10
Boys	11
Impairment type/condition	
Physical	3
Intellectual	1
Hearing	4
Visual	1
Epilepsy	5
Albinism	0
Multiple	7
School status	
In school	6
Out of school	15
Never enrolled	6
Dropped out	9
Sponsored child	
Yes	4
No	17

[18] Although a broad range of attempts were made to communicate with these children through other means (e.g. use of visual tools, involving household members for interpretation using 'homemade' sign language), information gathered through these avenues was fairly limited.

5.4 Nature of violence against children with disabilities

The majority of the children in the sample had experienced some form of violence (n=13/21). Physical and emotional abuse such as bullying, abusive name calling related to the nature of the child's disability, and social isolation were frequently cited by both caregivers and children. Such abuse was most often perpetrated by peers in the community or at school. However, respondents suggested that parents, step-parents, teachers and other community members could also perpetrate such abuse as a result of the nature and their understanding of disabilities.

> *"They fear him. Because in the hospital they [told] me that [his] brain was damaged. So his fellow children call him the one with a damaged brain…. He loves to play but like I told you the friend[s] isolate him and call him those funny names.*
>
> Mother talking about her 6 year old son with severe burns

> *"Yes, I play with them but the other[s] around the community who are not used to me when I buy something and tell them to share with me, they fear because they know that I have a sickness…. But they are my friends like that [one] who is riding a bicycle. When I give him anything of mine, he just refuses. He assumes that if he eats my things, the sickness will get him also. But my siblings are now used to me and the children at my uncle's place. They can eat but the rest don't. They fear me a lot.*
>
> 13 year old boy with epilepsy

Several factors were believed to make children with disabilities more vulnerable to violence, including their isolation and negative attitudes regarding the value of children with disabilities.

> *"….the parents have rejected these children with disability because they say that they are good as nothing. Now we have been going for seminars and they teach us to regard all the children as one no matter the disability. But the fact is that these children are being isolated…. The reason as to why they [the parents] isolate these children is because people think that they are very useless. There is nothing good in them and the other issue is that most people know that the sickness they suffer from is incurable so that's why they are being left out.*
>
> Mother of a 14 year daughter with epilepsy

Certain key gender differences were identified. Caregivers expressed particular concerns about the risks of sexual violence among girls with disabilities. At the time of data collection, two of the ten girls involved in the study had already experienced sexual violence by someone in their community, with one incident resulting in pregnancy and causing the girl to drop out of school. The heightened vulnerability of girls with disabilities to sexual violence, based on the nature of their disability, was clearly recognised:

> *"…And people sometimes take advantage of them—and also sexual violence issues. Yeah they take advantage. For one, if you don't talk I just grab you and take you to the bush. They defile them because they can't make any noise. They can't speak, they can't say no. They can't make an alarm, no what. So it puts them under a very dangerous circumstance. Though we are saying children are children… they are all minors, but they [children with disabilities] are more vulnerable when we do that assessment. They are more vulnerable than someone who can speak, walk, run… Like that girl you found in the wheelchair, someone can take advantage… how, will you crawl very fast. So they will use that advantage to do what they want."*
>
> Plan International Uganda Staff Member

Pregnancy resulting from sexual violence was cited as a significant concern by caregivers as well as the acts of sexual violence themselves:

> *"When that girl begins having her periods, I worry about that because she is already sixteen. You may never know where a man comes from and rapes her and she conceives. Like the drunkards, for example, there is one girl who is also in her state that was being raped."*
>
> Grandmother of a 16-year girl, with visual, intellectual, and physical impairments

> *"I worry about boys. They can pregnant her, and they can't say he did this to me. Some people advised me to take her to family planning services because she already started menstruation in tenth month last year."*
>
> Mother of a 14-year old, intellectually impaired daughter

In contrast, sexual violence against boys with disabilities was not specifically mentioned by any adult or child interviewed as part of this study.

5.5 Access to child protection mechanisms supported by Plan International

The qualitative research explored the extent to which children with disabilities were able to access community-based child protection mechanisms supported by Plan International.

All the children interviewed for this study said that they would talk with a parent, caregiver or a close friend or relative if they needed help because of experiencing violence. However, the children interviewed appeared to have no knowledge of child protection mechanisms outside their immediate family and friends network. Caregiver knowledge about disability services and child protection mechanisms was much more limited in the non-Plan International supported parishes compared to that of caregivers interviewed in Plan International Uganda supported parishes.

Most issues of violence (e.g. bullying/verbal abuse, physical beating, isolation/neglect) were handled at the family level. In several instances, children attending school were said to have asked their teachers for assistance with other children who were bullying them. These "first-line" protection strategies were useful for some, but had limited success for others especially in cases of children with communication issues. Caregivers and other technical professionals repeatedly cited challenges in fully understanding the needs and concerns of children with hearing and communication impairments. Also, there was one case in the study sample of a child who reported that their teacher was a perpetrator of verbal and physical violence (beating). Consequently, in cases where families, community members and/or technical professionals are not sufficiently sensitised regarding the special care and protection needs of children with disabilities, these "first-line" protection strategies can prove limited.

In the two cases of sexual assault, one family sought help from the police, but believed that they did not receive justice as the perpetrator was below 18 years of age and not prosecuted. The other family directly negotiated with the person who raped and impregnated their daughter, rather than reporting the issue to local authorities. The person supported the girl during her pregnancy but stopped once the child baby was born.

> *"It [the money the man provided] catered for her when pregnant. She had to get better fitting clothes and the like and eat a little well than us. He only helped when she was pregnant and after birth he left. All people blamed us that we did wrong. Had we taken him to prison the court could have made him to pay from there. So that is now our problem so people told me that we can't now go and report that it is late."*
>
> Mother of a 16-year old girl with profound hearing impairment.

5.6 Barriers to access

Key barriers to children with disabilities accessing community-based child protection mechanisms were identified and are categorised in line with the barriers discussed in the literature review, namely as environmental, social and institutional barriers.

Environmental barriers

Physical access: due to the nature of some children's disabilities and their lack of access to mobility support devices or rehabilitation services, physical access to child protection mechanisms was limited. Children with severe physical impairments often depended on others to facilitate their access to child protection mechanisms. A 10 year old boy who was blind stated that there was nowhere he could go for help because he could not see.

Children with disabilities' access to formal child protection services, such as reporting to the police, was reportedly further challenged by transportation and building access issues. The police officer from the Family and Child Protection Unit suggested that due to the nature of some children's disability it was very challenging to transport some children for onward support services. Many rural locations are not accessible by car. Therefore, in cases where a child's disability makes it difficult for them to sit on a bicycle or motorbike, transportation to urban centres where referral services are typically located

becomes very difficult. Additionally, a representative of a district association for people with physical disabilities pointed out that:

> *"Most of these policies are on paper, signed, but they have not been implemented. For example… The accessibility standards are by law that all public places are supposed to be accessible… It [the law] has come into existence when some of the buildings have already been built. Meaning as it comes, all buildings are supposed to be broken and made accessible…. Those that were not constructed within these years are not accessible. They don't have ramps. You just see Kamuli when you go out of here. If a child who cannot, a child who is moving in a wheelchair, goes to the police to report a case, it will end there. It will not reach to the offices. The place is not accessible."*
>
> Key Informant, District Persons with Disabilities Organization

Social barriers

Attitudes and misconceptions: As earlier noted, (section 5.4) negative attitudes regarding the value of children with disabilities, as well as misconceptions related to the causes and nature of various disabilities prove to be major barriers to children's access to available child protection mechanisms.

A member of a district persons with disabilities organization suggested that if these negative attitudes and misconceptions can be overcome, child with disabilities access to protection will be greatly enhanced:

> *"You find that some of the child protection issues come as a result of ignorance. But what makes it easier is a friendly environment for these children with disabilities. If such, if we have a friendly environment, you will find that it will be very easy for our children to have all the safety that they need…. I think this friendly environment should start in the homes, within the homes of such children with disabilities, because if there is the neglect within the homes it means the child is suffering the neglect right from the home. But if the home has given the good environment, even the community will come with the good environment."*
>
> Key Informant, District Persons with Disabilities Organization

Communication: Communication difficulties pose one of greatest challenges for children's access to child protection mechanisms and services, as was noted in the literature review. In line with the findings from the quantitative research, children with profound hearing and speech impairments or severe intellectual impairment were believed to be particularly vulnerable to abuse. This might be because perpetrators were aware of their difficulty in calling for help and/or their ability to recount the incident to caregivers and local authorities.

> *"Yeah? he can [seek help from home] but the problem is that we cannot communicate to him or [understand] the message he is passing on. Like on that day when he was knocked [by a bicycle], it happened from the centre and the fellow children who saw are the ones that came back and told me what had happened. Because he could not tell what had happened."*
>
> Mother of a 7 year old boy with profound hearing impairment

Children with communication impairments would also experience greater levels of difficulties using helplines, one of the services available in Uganda. Professionals involved in the delivery of child protection services, such as the police, also noted the challenge of supporting the child protection needs of children with communication difficulties.

Box 3: Case Study: Technical professionals' communication barriers to providing child protection services

Learning how to communicate with children is a key element in providing effective child protection support and response. A justice system professional recounts his experience trying to provide child protection services to a child with profound hearing and speech impairment.

"Of course, the worse situation is that a child was picked missing and he was found dumb. He was not able to speak…. He was not trained [in sign language]. He did not go to school. And this child entered in a vehicle—we think from Kampala—and he ended up being in town here. So when he was picked here, he was trying to make signs. So when we brought some of these interpreters, they could not also understand, because he is not trained.

So we ended up looking at him. He could not tell us this way, and we decided to put an announcement on radio to try to find out where this child could have come from. We failed. So lastly, we had to involve radios from Kampala. That is when we came to learn that this child came from [a location] in Kampala.

It is very difficult in interpreting the language of these children, especially when that child has not gone to school."

Key Informant, Police Officer

The officer interviewed noted that technical professionals such as police, health workers and social welfare personnel involved in child protection need additional training about disability and in sign language, although this would not be a full solution given the lack of knowledge of sign language among the children with hearing impairments.

The impact of poverty: Poverty and limited economic resources among the families of children with disabilities meant that people perceived that perpetrators of violence against these children were less likely to be brought to justice.

> *"Another thing, the problem may not come from the courts of law or from government, but also [from] us the people. For some, solve things out of court if [a] perpetrator is offering a million to a broke or poor family for defilement. They just agree and let their daughter suffer. So that means every one with a million can commit that crime and the child doesn't receive any justice."*
>
> Father of an 8 year old intellectually impaired girl with profound hearing and speech impairments who experienced attempted rape by a young man in the community

Institutional barriers

Multiple key informants, including individuals providing child protection or disability programmes and services in the district, cited budgetary shortfalls as a significant constraint to their ability to prevent or respond to violence against children with disabilities. For instance, district sub counties and parishes not directly supported by Plan International Uganda reportedly receive little to no rehabilitative services support funding.

5.7 Enablers to access

Few children with disabilities in the Uganda study sample had accessed community-based child protection mechanisms, making it difficult to identify enablers to access. However, a range of potential enablers which would support access of children with disabilities to both child protection prevention and response mechanisms supported by Plan International were identified through the interviews with key informants.

Environmental enablers

Removing physical barriers that children with disabilities face when trying to access the children protection mechanisms would greatly enhance their direct access. These should primarily address issues around transport, but also physical accessibility of buildings. Focusing on the renovation of existing structures, as well as access friendly construction of new structures is key in this regard.

Social enablers

Sensitisation and enhanced knowledge of disabilities: Home and community sensitisation regarding children's rights and the nature and care of children with disabilities by Parents of Children with Disabilities Support Group's and other actors (e.g. CPCs) appeared to have improved attitudes toward children with disabilities and consequently their access to child protection support.

> *"We have always had meetings and responsibility to move from home to home educating these people. Like if for example if there is a funeral somewhere, we request for some time and speak to these people. Or even at times in church. So has helped us so much that now the parents have started considering even these children [with disabilities]."*
>
> Mother of a 14 year old daughter with epilepsy and learning difficulties who is a Parents Support Group member

Technical professional training: Several key informants cited the need for more training of technical professionals, such as health workers, teachers, law enforcement persons, and community development officers, on the nature and care of children with disabilities. Additional training in sign language to facilitate communication with children with hearing and speech impairments was also cited as a means of further enabling children with disabilities' access to child protection mechanisms. However, this is only of use if the children with disabilities themselves and their caretakers are proficient in sign language. Consideration could also be given towards providing information in accessible formats.

Wealth generation activities: Plan International Uganda has also provided seed funding and technical support for wealth creation/income generating activities conducted by Parents of Children with Disabilities' Support Groups. Income generated through these group activities provide funds for medical treatments, transportation and other needs of families of children with disabilities and responds to the barriers resulting from poverty described earlier. This initiative has also helped reduce the perception that children with disabilities are expensive and burdensome, thereby reducing their vulnerability to neglect.

Institutional enablers

Training of community-based volunteers: Empowering and building capacity of community-based volunteers in the rights of children with disabilities may contribute towards addressing issues of child protection. Plan International supported community-based volunteers such as Child Protection Committees (CPC) which were described as primarily community volunteer groups operating at the parish and zone/village levels to identify, report, refer, follow-up, and create awareness of child rights and protection issues in their own communities. Each Plan International-supported parish had a Child Protection Committee made up of 7 volunteers from different zones/villages in the parish. If there were more than 7 zones/villages in a parish, one volunteer reportedly supports 2 zones/villages which are in close proximity.

> *"So once you build capacities of those people, they are empowered to prevent and respond to issues of child protection. To me, that is a very very good strategy to ensure that child protection issues can be handled very well. Being that we are looking at the Parents' Support Group members lobbying through the district to ensure that the children [with disabilities] are worked on, and also we are looking at the Child Protection Committee members to lobby through the sub county officials like the Community Development Officer who is in charge of the entire community development. So that if there is an abuse, yes they can respond to it. So, if now we are looking at prevention, they can create awareness. "*
>
> Plan International Uganda Staff

Caution must be used, however, that the volunteers are adequately trained so that they do not perpetuate norms of stigma and discrimination around disability that may be prevalent within the community.

Education of children with disabilities: education, whether in mainstream or specialised schools, of children with disabilities was cited by multiple caregivers and key informants as a means of supporting their child protection needs.

"First of all, I take my child to school so that she can acquire education. You know somebody being a disabled and is not educated, it is not very easy to keep that person safe when they are disabled and not educated. Why? Because they face a lot of problems…. He can have a problem when he cannot even sign that I'm sick, maybe I'm hungry."

Mother of a girl in primary school studying at a school for the deaf

Specialised schools or special needs teachers within schools promoting inclusive education were also cited by caregivers as a child's right and a means of keeping children with disabilities safe. Caregivers suggested that specialised schools or dedicated special needs services for children with disabilities would facilitate children's acquisition of communication and life skills which would support their ability to access child protection mechanisms. Caregivers further suggested that special needs schools would also provide the children with a place to go and keep them from roaming in the community, and thereby reduce their isolation and vulnerability to violence. Nine of the 15 children with disabilities included in the study had been enrolled in school previously, but were currently out of school. Caregivers of many of these children suggested that their child dropped out because they could not keep up in the school or became isolated within the school due to as the lack of dedicated special needs education and services support with the schools they attended.

5.8 Suggested changes to the community-based child protection activities of Plan International in order to meet the needs of children with disabilities

Plan International Uganda was recognised in Kamuli District as a valued development partner supporting children's rights and wellbeing. District government staff working in both the child protection and disabilities fields, acknowledged that if it was not for the support and leadership of Plan International Uganda, many of the services available in the district, such as the "Sauti 116" child help line, rehabilitative services and supports to children with disabilities, and Child Protection Committees would not exist. Furthermore, the level of community knowledge of disabilities and child protection and availability of rehabilitative services were much lower in non-Plan International supported parishes than those supported by Plan International.

However, a number of changes could be made to improve the access of children with disabilities to the community-based child protection mechanisms supported by Plan International. Importantly, these suggested changes apply across different types of programmes supported by Plan International, beyond child protection.

Environmental changes

Physical changes: Improving physical access to child protection mechanisms and support services for children with physical impairments (e.g. clearing barriers, installing ramps) in both new and existing structures, as well as support for children with visual impairments would be beneficial. Consideration of enhancing the availability of accessible transport to protection services and support is also key.

Social changes

A key constraint was the lack of awareness of the availability of community-based child protection mechanisms among children with disabilities and to a lesser extent their families. Increasing awareness of these mechanisms is therefore an important activity, including a focus on reassuring children and caregivers that these are responsive and safe. Enhancing linkages between Child Protection Committees, Parents of Children with Disabilities Support Groups, and children themselves could assist in enabling children with disabilities to directly access these community-based child protection mechanisms. Additionally, prioritising the inclusion of child protection messages and information related to the specific needs of children with disabilities during all child protection sensitisation activities would further support access.

Scaling up of services could be considered, especially in the parishes and districts not currently supported by Plan International. Before this is undertaken, an evaluation of the Plan International Uganda community-based child protection programmes would be helpful to ensure that they are effective and appropriate. For instance, issues may arise if community-volunteers share some of the same negative attitudes and misconceptions about disability as community members with whom they work, as this could potentially lead to failure to recognise abuse and inappropriate responses.

In addition, technical professionals (e.g. health workers, police, teachers), communities and families need further sensitisation on the nature, type and support needs of children with disabilities. In particular, children with disabilities, caregivers and technical professionals need improved

communication skills (e.g. supported use of sign language, Braille). Improving the meaningful inclusion of children with disabilities in education could also help to improve their access to child protection mechanisms.

Activities to help overcome poverty, such as income generating activities, could facilitate families' willingness and ability to access services and care for their child with disabilities.

Institutional changes

The legal framework is already in place to support the inclusion of children with disabilities in child protection. Increasing the availability of effective and safe community-based child protection mechanisms is now important. For this, district and local government budgeting for child protection and services for children with disabilities is needed. Plan International support of advocacy and lobbying efforts at local, national and international levels may be needed in order to facilitate both technical and attitudinal changes leading to budgetary prioritisation of these children and support services.

5.9 Limitations of the Uganda Qualitative Study

There were a number of important limitations to consider. The awareness and access of child protection mechanisms among the children with disabilities was low, making it difficult to identify key barriers and enablers to their access as well as the outcome of access. The children with disabilities interviewed were selected to provide information across the range of impairment types and severity, and so are not necessarily representative of the children with disabilities in the district. While of great interest, it was not part of the scope of this study to explore reasons why significant gaps remain between policy and practice or to explore the impact of particular community-based child protection mechanisms, whether for children with disabilities or in general.

6. QUALITATIVE FINDINGS FROM MALAWI

6.1 Introduction

Qualitative research regarding children with disabilities' access to child protection mechanisms took place in the districts of Mulanje (Southern Region) and Kasungu (Central Region) in Malawi in October 2015. At that time, Plan International Malawi's child protection programme was operating in 10 districts - Kasungu, Mulanje, Mzuzu, Lilongwe, Karonga, Rumphi, Dowa, Ntchisi, Chikwawa and Machinga.

In both Mulanje and Kasungu, agriculture–including subsistence farming as well as commercial agriculture, namely of cash crops tobacco (Kasungu) and tea (Mulanje) – are the primary livelihood activities.

In Malawi, violence against children appears to be widespread. In a national survey 1 in 5 girls and 1 in 7 boys reported being sexually abused; almost half of girls and over two-thirds of boys had experienced physical violence; and about a quarter of all children had experienced emotional violence. Altogether, over a half of girls and nearly three-quarters of boys experienced some form of abuse during childhood. Of children who had experienced violence, less than 10% had sought help (Government of Malawi et al, 2014). Unfortunately, data were not collected on the disability status of the children in the survey.

There is a wide mix of different types of activities falling under the banner of child protection in Malawi, ranging from prevention of violence, responses to abuse as well as support services to victims that are being utilised to improve children's well-being.

These child protection mechanisms are provided by a range of actors. On one end of the spectrum, there are government mandated policies (see Box 4) and government-run prevention, response and support services (e.g. police force, courts, social welfare offices); however, these services tend to be heavily centralised and poorly funded. To fill the gaps in coverage, there are also community-based child protection mechanisms. For example, local traditional leaders play key roles in setting up community by-laws to establish norms and regulations to protect children's well-being, while community groups have been organised to prevent child abuses through raising awareness, and identify and respond to violence and mistreatment against children.

Plan International Malawi and other organisations also play a key role in child protection. Plan International Malawi carries out a range of activities to support the various community-based and state-run child protection mechanisms, and also facilitates independent activities to improve and protect children's well-being.

Box 4. Malawi's legislative and policy environment for the protection of children with disabilities

Malawi has ratified various national and international regulatory frameworks and conventions that address the rights and welfare of children with disabilities. These include international frameworks such as the UNCRC and the UNCRPD, regional frameworks such as ACRWC, and national laws and policies such as the Disability Act (2012) and the Malawi Child Care, Protection and Justice Act (2010). In their various forms, these legal instruments outline the rights granted to all children, including children with disabilities, and the roles and responsibilities of the people and institutions tasked with their care. While the legislative and policy environment in Malawi is rich in declarations supporting the rights and welfare of children with disabilities, significant gaps between policy and practice remain.

6.2 Overview of community-based child protection mechanisms supported by Plan International Malawi

Plan International Malawi is committed to the prevention and elimination of any form of violence against children. It runs both independent projects to improve child protection (mostly education and sensitisation campaigns), but for the majority works through collaboration with community and national systems and other civil society actors. Some of the key community-based child protection mechanisms supported by Plan International Malawi in Kasungu and Mulanje districts include:

- **Community child protection committees** comprised of volunteers selected by their communities and trained by Plan International Malawi to raise awareness in the community on the rights of children as well as monitor, identify and respond to violence against children. These volunteers also provide feedback to Plan International Malawi through regular committee meetings on the main child protection concerns arising in their communities and challenges/successes they've faced in responding to them. These meetings are important for sharing experiences, including good practices, amongst volunteers and Plan International Malawi staff, which can be used to highlight priorities for action and tailor strategies.
- **District child protection committees** support collaboration between various child protection stakeholders. These committees include stakeholders from a wide mix of backgrounds (e.g. police, social welfare, health, education, labour) who can combine their different perspectives and expertise to review and find solutions to child protection issues. While these committees are supposed to meet on a regular basis, feedback from committee members indicated that most collaboration is done on an ad hoc basis.
- **Youth groups and child's rights clubs** teach children about their rights and empower them to advocate for themselves if these rights are violated. Almost all of these clubs are based in schools.
- **Working with traditional leaders** to establish community by-laws based on national and international policies such as the UN Convention of the Rights of the Child and the Malawi Child Care, Protection and Justice Act – and training traditional leaders on their use to address child protection abuses at community level. Additionally, traditional leaders are advised on what types of cases can be handled at the community level and what cases must be referred to formal child protection services.
- **Training stakeholders on child protection**, such as police, teachers and social welfare officers.
- **Campaigns to prevent and address violence**, including "Learn without Fear" to address violence in schools and sensitisation campaigns against child marriage and the right of children with disabilities to be included in education.
- **Individual case support** to help children and their families navigate child protection procedures. Some examples of case support provided by Plan International Malawi include transportation and financial assistance, information on where to access needed services and advocacy within relevant child protection bodies to ensure cases are properly followed up. In

rare cases, Plan International Malawi has intervened to protect a child's safety, when formal child protection services have failed to adequately address a case.

Additionally, Plan International Malawi often provides financial assistance to government child protection services when they are experiencing severe budget shortfalls. Key informants working in these services highlighted the necessity of this support – which covers basic functions such as money for petrol, borrowing a vehicle to follow up on cases or stationary to document cases – to be able to carry out basic procedures.

Quantitative data were not available on the number of children accessing these community-based child protection mechanisms disaggregated by disability status. Consequently, the access to these mechanisms by children with disabilities was assessed through qualitative methods.

6.3 Sample in Malawi

In total, information on 22 children was gathered through 21 caregiver[19] and 17 child interviews (see table 7 for characteristics of the study sample). In the 5 cases where no child was interviewed directly, but only through a proxy, all had communication difficulties related to their impairments: 3 had profound intellectual impairments that limited their understanding and 2 had profound hearing loss with no standard sign language knowledge.[20]

In Malawi, the backgrounds of the 18 key informants were as follows: Plan International Malawi staff (n=3), police (n=2), teachers (n=2), district social welfare office staff (n=2), members of DPOs (n=4), human rights groups (n=1), staff at support services (n=2), chiefs (n=2), and district child protection committee members (n=3). In addition, a focus group discussion was held with members of a community-based volunteer child protection committee.

[19] Two of the children were siblings and therefore only had one caregiver interview.
[20] Although attempts were made to communicate with these children through other means (e.g. use of visual tools, involving household members for interpretation using 'homemade' sign language), information gathered through these avenues was fairly limited.

6.4 Nature of violence against children with disabilities

Almost all children (20 out of 22 children) in the sample experienced some form of violence. Bullying, stigma and abuse occurred at home, in school and around the community, and was perpetrated by peers, family and teachers alike:

> *"Kids make fun of his condition and kick him out of the playground…[they] see him as of no value but he would like to be playing with them…He feels sad and just stands and watches them from a distance. If only he was able to speak he could have said how he felt but you can see it from his face."*
>
> Mother discussing her 14 year old son, who has an intellectual impairment

Bullying by peers and verbal/emotional abuse were most common, with most being targeted because of their disability. Physical violence was also frequently reported. Additionally, key informants highlighted the vulnerability of children with disabilities to sexual violence, and many caregivers spoke of this as a major concern, particularly for girls with disabilities. Although sexual abuse by strangers was more frequently cited as a concern by caregivers, key informants working in child protection noted that abuse was much more likely to be perpetrated by people known to the child. In these cases, girls may be viewed as easy targets, who are less able to physically resist and report abuse:

> *"There is another case that involves a sixteen year old girl who is mentally disturbed so people take advantage of her including the father. [They] sleep with her [because] she doesn't say no."*
>
> Community-based volunteer child protection worker

Finally, there was evidence of neglect, as several caregivers – particularly of children with high support needs - highlighted the challenges of providing the needed level of care and supervision to keep their child safe at all times.

Table 7. Characteristics of Sample in Malawi

Average age in years (range)	13 years (6-18)
	Number of children
Gender	
Girls	10
Boys	12
Impairment type/condition	
Physical	9
Intellectual	4
Hearing	4
Visual	4
Epilepsy	3
Albinism	2
Multiple	7
School status	
In	13
Out of school	8
Never enrolled	1
Dropped out	7
Sponsored child	
Yes	8
No	14

> *The other day he started having convulsions whilst he was up in the tree. He fell down and hurt his head. That time I was sick and couldn't manage to take to the hospital…for now I control him try to stop him wandering around."*
>
> Mother of a 16 year old boy with epilepsy and an intellectual impairment

Furthermore, there were several cases of parental abandonment, some of which were reported to be motivated by negative attitudes towards their child with a disability:

> *"[My mom] says I shouldn't be staying with her…[but] a person is supposed to stay with their mother…I just wanted to know why they were forbidding me from entering her house…[when I get close to her house] she talks about my leg…and swears at me [to go away]."*
>
> Boy, 9 years old who has a physical impairment and whose mother, who lives nearby, has abandoned him and now stays with another relative

Children with specific types of impairment appeared to be particularly vulnerable to violence, as illustrated in the case study in Box 5.

Box 5. Case study: Addressing violence towards children with albinism

In Malawi and other countries in southern Africa, people with albinism have been butchered or killed so that their body parts can be used in various religious practices.[21] Children, who are less able to physically resist their attackers and whose "innocence" is further prized, are particularly vulnerable. Key informants highlighted how particularly in rural districts heavily affected by poverty, the high price paid for body parts has led to a spike in the abduction or selling off of children with albinism. As one child protection worker explained: "The communities' perception on these children is that they are a bag of money...so they are looked at as why are you here? You should be sold."

In this study, there were two brothers – Blessings and Ernest,[22] ages 6 and 8 – who both have albinism. They are living with their grandmother, an arrangement that came about after their parents divorced. In recent months, men have been knocking at their door in the middle of the night and trailing the boys. "People were looking for albinos," their grandmother explained, "Sometimes they would follow me with the intention of hurting me so they can get the kids...people wanted to break my door at night to kidnap the kids. We would scream for help all night every day." Out of fear for the children's safety, she has stopped them from going to school.

Interventions to address violence towards children with albinism are growing: awareness campaigns are being widely run across the country, while police and other child protection stakeholders are identifying and providing extra protection for children at risk as well as aggressively tracking down and arresting perpetrators. For Ernest and Blessings, their grandmother reported the case to the community police, who responded by stationing guards (volunteers from community child protection committee supported by Plan International Malawi) outside their house for a week. People in the community have also been alerted so that they can all watch out for the children's safety. The grandmother notes that these interventions have stopped the kidnapping attempts, though she is still too worried to let the boys return to school.

6.5 Access of child protection mechanisms supported by Plan International

Awareness of child protection mechanisms supported by Plan International Malawi was high among caregivers. Though children – particularly younger children and children with communication challenges - were less aware of existing mechanisms and how to access them, some children did cite Plan International Malawi specifically as a trusted source they could go to if they were to experience certain forms of violence.

In addressing the reported experiences of violence, several cases in the research sample had been resolved within the community without involvement of child protection actors other than caregivers or teachers. Still in the majority of instances (for 14 of the 20 children who had experienced violence), cases of violence had gone unaddressed. This was particularly true for bullying, both in school and in the community.

Consequently, only two children in the sample had actually used Plan International Malawi supported child protection mechanisms (see case study above, box 5), and so it is difficult to determine whether these structures are effective at addressing violence towards children with disabilities, though this was always outside the scope of the present study. In most cases, these mechanisms were not necessary, as the situation was resolved without the need for outside intervention (e.g. caregivers or teachers intervening in some of the bullying cases, leading to a cessation of that abuse). Still in other cases, intervention was needed but not accessed. Given the high level of violence reported by almost all children, it is clear that more needs to be done to ensure prevention efforts are targeting the particular vulnerability of children with disabilities to violence.

[21] The vulnerability of people with albinism to violence is frequently reported in the news. Example: http://www.bbc.co.uk/news/world-africa-36168742
[22] Not their real names.

6.6 Barriers to access

The qualitative research identified specific barriers that can affect children with disabilities' access to child protection mechanisms.

Environmental barriers

Physical access: For children with limited mobility, accessing community-based mechanisms was a challenge:

> *"[If something bad were to happen to you and your parents were not around, what would you do?] Nothing. [Why would you not anything?] I can't do anything because I can't walk…I can't tell anyone else…[and] I can't crawl to far distances."*
>
> Boy, age 18, who has a physical impairment and experiences severe restrictions in activities

When there is a need to involve more formal services – including medical care - getting to the urban-based offices is often a problem for all children, with and without disabilities. However, the long distances, lack of accessible transportation and need for accompaniment appeared to pose a particular problem for children with disabilities. The need for multiple trips, for filing a complaint, providing evidence, court appearances, and other forms of follow-up, could dissuade families and witnesses from reporting cases or continuing to seek resolution:

> *"The main court [is] here at the district and the challenge is that most families cannot manage to come here and you know how courts work especially here in Malawi - you are told to come at this particular day and then the other and they can't afford to travel like that so they just give up."*
>
> Plan International Malawi staff

Social barriers

Ability of children to access mechanisms independently: There is an urgent need for more child protection mechanisms that children – with and without disabilities – can access independently without the involvement of caregivers or another adult. When asking children where they would go if they were to experience different forms of violence, almost all said they would go to their parents or another close adult contact. Even if they were aware of other child protection mechanisms, most reported that they would go through an adult to access them:

> *"[Would you go to report that to the chief by yourself?] No. [Why would you not go alone?] He would look down on me and not listen to what I have to say. [Who would you go with then?] My parents."*
>
> Girl, 15 years old, who has a visual impairment

Furthermore, often children were not aware of many of the child protection mechanisms operating in their community:

> *"The cases that are reported [to the community child protection committees]…are usually [from] the parents or somebody close…these committee members should be made available or known… so that it's easy for the children to report the cases because as I have said most of these abusers are people they know. I think 80% of the children are not aware that there is somebody in the village that has the mandate to protect them."*
>
> Plan International Malawi staff

Although campaigns such as "Learn without Fear" have been helpful in promoting direct access to child protection mechanisms for children who are in school, there were almost no interventions that target children who were not in school. It is known that children with disabilities are often ten times less likely to attend school (Kuper, 2014) and within this study over a third of the children with disabilities study were not attending school. They are therefore more likely to be excluded from the benefits of these child protection programmes.

While all children appeared to face difficulties independently accessing child protection mechanisms without an adult, there was some evidence that girls with disabilities faced additional barriers due to norms around gender. For example, several female caregivers indicated that if their child were to experience violence, it would be their husband or another male relative who would report the abuse rather than the girls themselves. In addition to disability-specific barriers to access, girls with disabilities may therefore also encounter these gender-based barriers.

Communication: Children with disabilities that affected their ability to communicate – such as intellectual impairments or profound hearing impairments – were both more likely to experience violence and less likely to be included in existing child protection mechanisms. Most significantly, for children who had experienced violence, difficulties sharing what had happened, including identifying the perpetrator, could lead to continuing abuse:

> *"People beat him up and sometimes he comes back home crying and with bruises on his face…[and] his body swollen from the beatings. He goes straight in bed and cries himself to sleep…It worries me and sometimes I feel like crying because my child goes through that; if he was able to speak, he would be able to point out who does those things to him."*
>
> Mother, talking about her son, age 14, who has an intellectual impairment

Key informants working in child protection highlighted how difficulties gathering evidence often led to delays or failures in resolving cases involving children with disabilities who faced challenges advocating on their own behalf or being understood:

> *"There was a case, the child is mentally disturbed…she was found to be pregnant, but the case was not pursued because when she was asked she mentioned four people as being responsible including her teacher. The case was reported to the police but it was difficult to pursue it because there was no evidence…if we try to follow-up on a case and then the child with a disability tries to tell [their] story, it will be changing now and then. And sometimes [even] the parents don't open up, if they know something they wouldn't say it especially if the perpetrator was a relative."*
>
> Community-based child protection volunteer

Attitudes and misconceptions: Negative attitudes towards disability could lead to cases not being reported on, being de-prioritised by child protection bodies, or being responded to insufficiently with lighter punishments given to perpetrators:

> *"There was a case where the father beat up a step-child because he had dropped a plate from the table. The mother reported him to the police but they just talked to him and that was the end of the case… He hit the child so hard the he was bleeding, he deserved to be locked up for a few days to teach him a lesson…Maybe they gave him that mild punishment because the child had a disability; they would've given a much stronger punishment if it involved a child without disability."*
>
> Disabled Peoples' Organization

> *"The cases for children with disability are less likely to be reported because people regard them to be abnormal rather than those children who are normal."*
>
> Community-based child protection worker

The impact of poverty: Accessing various child protection mechanisms could carry a financial cost for most families. Many caregivers and key informants reported that it was common practice for police, traditional leaders and other child protection groups to demand payment in return for following up on their case, even though these activities are supposed to be free. This latter issue also points to a more fundamental issue in Malawi about access to justice and how this can be even more difficult for persons and children with disabilities. Furthermore, there were often many indirect costs, such as transport and missed time from work.

> *"[Are there any challenges in bringing a case to the vigilantes or the [community-based child protection] committee?] Sometimes they would want you to give them money for them to follow up on your case. In other cases they even receive money from the perpetrators and then the case just dies down...It starts from [these] groups [and goes] up to the police…They favour families that are economically well and delay assisting poor families."*
>
> Father, of a girl aged 15, who has a physical impairment

While the areas visited in this study all experienced high levels of poverty, households with a child with a disability may face particularly extreme deprivation, making it more difficult to meet these costs (Banks, 2014). Almost all households relied on subsistence farming or irregular work for their livelihoods. Many households also reported spending on costs related to their child's disability – for example, paying for transportation to reach distant hospitals or for medications at private clinics as

well as taking time out from work to care for their child or accompany them to school or healthcare visits – reducing households' already constrained resources. Additionally, over half of the children in the study were not living with both their parents, with several reporting parental abandonment. Not only can this mean that children were more vulnerable to violence as they were not under the care of their parent, but also economically poorer if the household relied on fewer providers, thus creating further barriers to accessing care.

Institutional barriers

Lack of training: Even without overt discrimination, many key informants working in child protection had never received training on disability and were consequently unsure of how to handle cases involving a child with a disability.

> *"We don't focus on children with disabilities because we may not notice. So in most [reported abuse] cases we just record that a child has come and his complaints… we don't focus much on disability unless it's visible…When we are doing our awareness campaigns we don't focus much on disability - we give a general message for all children regardless of disability or not."*
>
> Police officer

Lack of inclusive child protection programming: Plan International Malawi staff and other key informants noted that there were few specific strategies in place to ensure any of the available child protection mechanisms (Plan International supported or otherwise) were inclusive of children with disabilities; instead, it was assumed that they would be included through any general approaches. Notably, almost no child protection mechanisms had ways for supporting alternative means of communication (e.g. use of sign language, Braille, audio-visual methods). Consequently, exclusion ran across all types of child protection mechanisms: from inaccessible preventive sensitisation and education campaigns to the lack of trained individuals involved in identifying, responding to and providing support for victims of violence.

6.7 Enablers to access

Few children with disabilities accessed child protection mechanisms of any kind, making it difficult to identify enablers to access. Nevertheless, a number of important potential enablers were identified by key informants (rather than the children themselves) that could improve access of children with disabilities to the community-based child support mechanisms supported by Plan International.

Social enablers

Sensitisation and enhanced knowledge of disabilities: Home and community sensitisation regarding children's rights and the nature and care of children with disabilities may help to improve attitudes toward children with disabilities and consequently their access to child protection support.

Improving access to healthcare, rehabilitation and education for children with disabilities: Plan International Malawi had an increased focus on ensuring inclusion of children with disabilities across its programmes. Efforts by Plan International Malawi and other groups to increase access to education, health and rehabilitation services for children with disabilities can improve their well-being and social participation, which may in turn reduce violence. For example, many caregivers and even children with disabilities themselves pointed to the important role that education could play in combating negative attitudes towards disability, improving independence and relieving some of the stress of caregiving:

> *"[If he were to go to school] kids [here] will stop teasing him because they will respect him because of the education he is getting. He will also stop wandering around the community [which might] prevent the violence [he is experiencing]."*
>
> Mother discussing her 14 year old son, who has an intellectual impairment

Children with disabilities who were in school were also more likely to access certain child protection mechanisms, such as "Learn without Fear" initiatives. Additionally, resource centres at schools (which Plan International Malawi support) provide children with disabilities with skills, such as basic sign language instruction, which can help improve communication. Similarly, providing access to health and rehabilitation services, children with disabilities' functioning and autonomy may be improved. With these gains, children with disabilities may be more able to access child protection mechanisms independently if needed.

Child protection mechanisms are therefore just one aspect of a comprehensive approach to the inclusion of children with disabilities. Keeping children with disabilities safe is facilitated not only

through formal and informal child protection mechanisms, but also from a holistic approach which considers the full spectrum of activities which should be inclusive of children with disabilities.

Institutional enablers

Collaboration with Disabled People's Organisations (DPOs): DPOs, some of whom work in collaboration with Plan International Malawi, have played an important role in providing programmes for preventing violence towards children with disabilities. Some examples include caregiver support groups that teach practical skills and coping mechanisms for caring for a child with a disability in order to prevent some forms of abuse and neglect, and awareness campaigns about violence towards children with disabilities and the child protection resources that are available. Additionally, there is increasing collaboration between child protection services and DPOs for activities such as training child protection officers on how to promote inclusivity in their services and programmes. For example, a member of staff from the parastatal Malawi Council for the Handicapped (MACOHA) has desk space at the Mulanje District Social Welfare Office, which allows for collaboration on child protection cases involving children with disabilities.

Use of community-based volunteers: One of Plan International Malawi's main activities in child protection is supporting community-based child protection committees made up of volunteers to monitor, identify and respond to violence against children, as well as raise awareness in the community about children's rights. These volunteers were frequently mentioned by caregivers as important actors in protecting children and a reliable source they could go to if their child were to experience violence.

> *We have committees right here in the community [of] volunteers…They are the first people we talk to when there are violence issues*
>
> Mother of a 13 year old boy with epilepsy and an intellectual impairment

The use of community-based volunteers may help to overcome some of the previously mentioned barriers to accessing child protection. Since volunteers live in the communities in which they work, they are much easier for caregivers and children – particularly those with mobility limitations – to physically access compared to the more formal, urban-based mechanisms. Additionally, these volunteers can act as intermediaries when there is a need to involve child protection mechanisms. This is an important benefit especially for caregivers of children with high support needs who would find it difficult to manage this process independently. Caregivers spoke of the value of involving volunteers, as they could help identify where to go for other services, how to navigate complicated systems and link families with supports (e.g. transportation, counsel) to access the services they needed:

> *We report to the [volunteer]…[they] are always nearby. The police station is a bit distance away….[even if we had to go to the police] we would involve the [volunteer]…it helps speed up the case rather than us going there on our own.*
>
> Mother of a 15 year old girl with a hearing impairment

Additionally, these community-based volunteers provide important feedback to Plan International Malawi and other child protection bodies on the main concerns facing children in their area and the challenges/successes they've had in responding to cases. This information is vital for identifying priorities for action and strategies to improve prevention, response and support activities.

6.8 Suggested changes to the community-based child protection activities of Plan International Malawi in order to meet the needs of children with disabilities

It was clear throughout interviews that Plan International Malawi's leadership on child protection has been crucial in working towards the prevention of violence and improving child protection responses. Awareness among caregivers of Plan International-supported child protection mechanisms was high and Plan International Malawi was specifically mentioned by several caregivers and a few children as a key player and trusted source for its work towards preventing and addressing violence towards children. However, this awareness did not lead to many caretakers using the Plan International-supported child protection mechanisms, even when there was an identified need.

A number of changes could be made to improve the access of children with disabilities to the community-based child protection mechanisms supported by Plan International, which will be discussed later in section 7.5.

Environmental changes

Increasing the availability of affordable, accessible transportation and ensuring that facilities are accessible can help overcome physical access barriers, particularly for children with mobility limitations and visual impairments. Emphasis should be placed on improving independent access for children, by both increasing their awareness of available mechanisms and ensuring they are comfortable and able to access them on their own, particularly for girls, who faced additional barriers in direct access.

Social changes

Increasing awareness among technical professionals (e.g. police, teachers), communities and families on disability-inclusion, including how to meet the support needs for children with different types of impairments is essential. Children with communication challenges, as well as their caregivers and technical professionals, need improved communication skills (e.g. sign language, Braille). Ensuring full inclusion of children with disabilities across all development activities, including inclusion in school, access to health and rehabilitation services, and efforts to help overcome poverty, could reduce the risk of violence and improve access to child protection mechanisms. While in some cases, inclusion in general approaches appear to be adequate to address and prevent violence towards children with disabilities, in other cases more tailored responses are needed. For example, some caregivers, particularly of children with high support needs, found it difficult to ensure their child was cared for and protected from harm at all times. Several faced difficult choices between needing to work and provide constant supervision for their child, with the added complication that many children were living with grandparents or in single parent households:

> *I used to lock her inside the house otherwise she would have gone missing by now… when she goes for a walk, I follow her to see where she is going and the people she is chatting with.*
>
> Mother of a girl, age 13, who has epilepsy and physical and intellectual impairment; the girl's father died when she was young

Additionally, addressing negative attitudes towards disability, which was a major cause of violence and a barrier to accessing child protection mechanisms – will need targeted interventions. For example, widespread, community-led educational campaigns – which key informants and even several caregivers reported as being useful in changing attitudes around child marriage, corporeal punishment and child labour – could prove useful in decreasing stigma towards disability.

Institutional changes

Scaling up the availability of different mechanisms, particularly of those based in the community would be beneficial. Before this is done, however, a larger-scale evaluation of the effectiveness and inclusiveness of Plan International Malawi community-based child protection programmes would be helpful. For instance, issues may arise if community-volunteers share some of the same negative attitudes and misconceptions about disability as community members with whom they work, as this could potentially lead to failure to recognise abuse and inappropriate responses. If effective, they should be scaled up further, especially in parishes and districts not currently supported by Plan International.

Improving awareness among children with disabilities of available mechanisms is also key. Engagement of DPOs and other groups representing people with disabilities is key to effect these changes. Increased advocacy could also help towards scaling up services and awareness campaigns, as well as to lobby for newly built or upgraded facilities to be accessible for children with disabilities. Also, given the issue of access to justice that arose in Malawi where State officials ask for payment for services, advocacy on ensuring access to all services is indicated. Finally, a focus on inclusive planning running across the different activities of child protection programmes and services (e.g. awareness campaigns, response to violence) would mean that they can better cater to the needs of children with disabilities.

6.9 Limitations of the Malawi qualitative study

There were a number of important limitations to consider. Few children with disabilities had accessed child protection mechanisms, making it difficult to identify key enablers to access. Additionally, the children with disabilities interviewed were either sponsored by Plan International Malawi or known to Plan International Malawi staff through their village contacts; consequently their experiences may not be representative of all children with disabilities in the district, particularly those that are most isolated. Fieldwork was conducted in areas where Plan International was operational, and so other areas were not available for comparison. Unfortunately, some of the children with communication challenges were not interviewed because, within the time and resource constraints of this research, interviews were not possible due to the severity of difficulties in understanding and communicating. In these instances a caregiver was interviewed as a proxy. Finally, while of great interest, it was beyond the scope of the current study to explore the impact of particular community-based child protection mechanisms, whether for children with disabilities or in general.

7. OVERALL FINDINGS

7.1 Vulnerability of children with disabilities to violence

The findings from both the quantitative and qualitative studies support findings from the general literature review that children with disabilities are more vulnerable to violence. For instance, in the quantitative study 84% of children with disabilities reported experiencing violence at school in the past week, significantly higher than children without disabilities (54%). This study also confirmed that disability was common, affecting more than one in twenty school-going children aged 11-14 (and is therefore likely to be higher still among children not at school).

The quantitative analysis showed that this vulnerability to violence existed across all types of violence and all types of impairment, but was most noticeably for children with self-care or communication difficulties. Girls with disabilities were more vulnerable to sexual violence in the quantitative study, consistent with high levels of concern expressed about their vulnerability to sexual violence within the qualitative study. The overall level of sexual violence reported in the quantitative study was low, perhaps because these were restricted to events that occurred at school.

These findings reinforce the importance that Plan International and other organisations ensure that children with disabilities are included in their child protection activities.

7.2 To what extent do children with disabilities have access to community-based child protection mechanisms supported by Plan International?

The quantitative and both the qualitative studies showed that access to community-based child protection mechanisms among children with disabilities was low, despite their high levels of reported violence. In the quantitative analysis only 28% of those who had experienced severe violence had ever disclosed to anyone. When children did disclose it was usually to their parents or caregivers rather than to an authority figure (e.g. teacher). Similarly, both qualitative studies found that children with disabilities had very low access to any child protection mechanisms or services (whether directly by the child or accompanied by another person), even though in Malawi there was a high awareness of the availability of these services.

Just over half of students in the Good Schools Study who had previously disclosed to someone, reported that disclosure had helped them, and this did not differ by disability status. Key concerns were also raised in the qualitative study about disclosure of violence by children with disabilities (e.g. whether the claims would be taken seriously). This suggests that the adequacy of violence reporting mechanisms for children with disabilities needs to be improved.

On the positive side, this study showed that children with disabilities in a school setting were as able as their peers without disabilities to access a community based child protection programme, in this case the Good School Toolkit. This is especially important as the intervention materials themselves were not specifically designed to facilitate access; for example, there was no specific provision for children with sight, hearing, sensory, intellectual or other disabilities. These results provide evidence that a community-based child protection programme can also help to reduce the level of violence experienced by children with disabilities. This finding could imply that other mainstream (i.e. not targeted at children with disabilities) child protection mechanisms implemented by Plan International and other organizations can potentially also benefit children with disabilities, although further evidence is required.

However, there is room for improvement. Children with disabilities still experienced high levels of violence after the intervention. Furthermore, this intervention would only benefit children with disabilities enrolled in school, and many are excluded from education. Other mechanisms, such as the helpline, would clearly not be appropriate for children with particular types of impairment (e.g. communication). This means that Plan International and other organisations could consider implementing additional interventions specifically targeting children with disabilities in addition to including children with disabilities in their mainstream child protection activities. This is consistent with

the “twin-track approach” widely promoted organisations working on disability, where accessible and inclusive mainstream programmes are promoted jointly with targeted programmes to empower persons with disabilities.

It is notable that children who did disclose having experienced violence were most likely to disclose to a parent, suggesting that interventions to help parents respond effectively to disclosures may help ensure appropriate responses for children who have experienced violence. This would be problematic if the parent was the main perpetrator of the violence, but the qualitative research did not indicate that this was frequently the case. In the cases were parents are perpetrators it is important for children to be able to access child protection services directly without the need of an adult.

Box 6. Twin-track approach[23]

The twin-track approach is often used by development organisations when working to realise the rights of persons with disabilities. This is a combined approach of:

1. **Disability-specific activities** which are targeted at people with disabilities, their families and representing organisations to empower and support them by increasing their access to support services, health care, education, livelihood and social activities as well as through political empowerment.
2. **Inclusion of people with disabilities in mainstream programmes and services,** by working to identify and overcome the barriers that they face when accessing these (e.g. physical accessibility, communication, attitude, legislation), and including persons with disabilities into all aspects of development.

7.3 What are the factors that stop children with disabilities from accessing or effectively making use of these mechanisms (barriers)?

A range of barriers that children with disabilities face when accessing child protection mechanisms were identified through the qualitative research and the literature review. The findings were generally consistent across the two qualitative study sites (Malawi and Uganda).

Environmental barriers

- Where programmes and services were available, these were often far away in the urban centres, making them physically difficult to access for children with disabilities.
- Children with disabilities, particularly those with physical of visual impairments, often experienced difficulties with inaccessible transport and/or facilities.

Social barriers

- Children with disabilities and their families may not know where to go to access child protection mechanisms or be aware of their rights. Low awareness was particularly highlighted in Uganda, but was less of a concern in Malawi.
- There were widespread reported discriminatory attitudes and misconceptions among people involved in delivering child protection about children with disabilities and their need for child protection. Interviewers reported that this discrimination resulted in cases involving children with disabilities being de-prioritised, ignored or where the response was not sufficiently robust.
- Communication difficulties were experienced when trying to assist children with particular types of impairment (e.g. intellectual, hearing) as a result of lack of training of children, caregivers, and technical professionals.
- The families of children with disabilities were often poorer, making it difficult for them to seek help as a result of the cost of travel (particularly if special forms of transport are needed by children with disabilities), lost income and potential need to pay for services.

[23] Adapted from the CBM framework: http://www.cbm.org/The-Twin-Track-approach-250816.php

- Children also faced difficulties in accessing the services directly, without reliance on an adult contact.
- Children with disabilities were less likely to be enrolled in schools, and so did not benefit from school-based child protection programmes, or from the protection and learning environment that a school offered.

Institutional barriers

- At the national and international level, it is clear that international conventions (e.g. UNCRC, UNCRPD) and national laws and policies support the need for inclusion of children with disabilities in child protection systems. However, within countries, it was noted that there remain wide gaps between policy and practice. Additionally, there were few specific strategies or policies by NGOs in place to ensure child protection mechanisms were inclusive of children with disabilities; instead, it was assumed that they would be included through general approaches.
- Specific child protection mechanisms, both programmes and services, were often not inclusive of children with disabilities as a result of:
    - Lack of training of stakeholders in child protection about disability and the rights of persons with disabilities. These groups therefore may not know how to work with children with disabilities, communicate with them and provide the necessary accommodations.
    - Lack of resources for training and/or provision of accommodations needed for an inclusive service.

7.4 What are the factors that enable children with disabilities to access and effectively make use of these mechanisms (enablers)?

Few children with disabilities interviewed in the qualitative studies had accessed any child protection mechanisms, which limited the possibility of identifying enablers to access. However, a number of key enablers were proposed by key informants during the qualitative research:

Sensitisation and enhanced awareness of disabilities in the community: a key enabler to inclusion of children with disabilities in child protection systems and mechanisms is raising general awareness of disability to address stigma and discrimination. Increasing awareness could be community wide, or more focussed on changing the attitudes of parents, teachers, and/or child protection officers. Some examples included caregiver support groups that teach practical skills and coping mechanisms for carers of children with a disability or awareness and sensitisation campaigns about children's rights and violence towards children with disabilities.

Collaboration between DPOs and child protection services: In a few examples, collaboration between child protection services and DPOs helped to improve access of children with disabilities to child protection. For example, a member of staff from the parastatal Malawi Council for the Handicapped has desk space at the Mulanje District Social Welfare Office, which allowed for collaboration on child protection case involving children with disabilities. Additionally, DPOs have worked with other child protection actors to create awareness campaigns about violence towards children with disabilities and ways to prevent and respond to abuse.

Access to education, healthcare, and rehabilitation for children with disabilities: the vulnerability of children with disabilities to violence was not the only challenge that they face, as they are also more likely to experience poor health and to be excluded from education (Kuper, 2014). Addressing the other needs of children with disabilities and fulfilling their rights may enable the children to access child protection mechanisms (e.g. through their access through school based programmes). Inclusion in education and access to health care will also have wide-ranging positive impacts in their lives and for their future, including poverty reduction, improved health and enhanced social participation (Banks, 2014). The inclusion of children with disabilities in education appeared to be particularly important in order to address their child protection needs.

Economic empowerment/wealth generation activities: a key enabler cited in the qualitative research was the need to link caregivers of children with disabilities to income generating activities given that financial costs were an important barrier to seeking care.

Community-based volunteers: strong community-based groups – such as child protection volunteers in Malawi – can help to overcome some of the barriers to accessing child protection. When these types of mechanisms are available in the communities where families live, it is much easier for caregivers and children – particularly those with mobility limitations – to physically access support compared to the more formal, urban-based mechanisms. Additionally, community-based groups can serve as intermediaries when there is a need to involve other child protection services. This is an important benefit especially for caregivers of children with high support needs who would find it difficult to manage this process independently. By helping to identify where to go for other services, how to navigate complicated systems and link families with support (e.g. transportation, counsel) to access the services they needed, community-based groups can be essential to ensuring proper responses to violence against children. There is, however, also real potential to do harm (e.g. through perpetuating discrimination against children with disabilities), and so appropriate training of the volunteers must be a key focus of these initiatives.

7.5 Are the child protection mechanisms supported by Plan International able to address and prevent violence against children with disabilities?

The different data sources all show that children with disabilities experience high levels of violence, therefore suggesting that the current mechanisms to prevent violence are not sufficient. The reasons for the high vulnerability of children with disabilities to violence needs to be explored in more detail, but does seem to include negative attitudes around disability (e.g. children with disabilities perceived as being “useless”, particular targeting of certain impairment types like albinism), indicating a need for specific sensitisation programmes on disability. Furthermore, all sources of information show low levels of access to child protection mechanisms and services by children with disabilities; therefore all methods to address violence need tailoring to promote the inclusion of children with disabilities. These findings highlight that child protection mechanisms supported by Plan International in their current forms need to be adapted to better address and prevent violence against children with disabilities.

It is important to note that Plan International was recognised as a leading child protection actor in both Uganda and Malawi. While some programmes – such as the community-based volunteers in Malawi – may be successful in addressing some of the barriers children with disabilities face to access (e.g. long distances to services, lack of information), there is a need to actively consider the specific barriers faced by children with disabilities and develop and evaluate strategies that promote disability-inclusion across all programmes.

Many of the strategies that would lead to improved access for children with disabilities can benefit all children. For example, overcoming financial barriers to access, decentralising services, and promoting direct access by children without the help of an adult has benefits for all, but particularly for children with disabilities. In addition to mainstreaming across general programmes for all children, disability-specific interventions are needed, such as adapted communication strategies and targeted sensitisation campaigns.

7.6 What components of the programmes need to be adapted, added to or changed to ensure such access?

A key finding is that few children with disabilities used Plan International child protection mechanisms, other child protection programmes or formal services, even when they needed these. Therefore increasing the availability of and awareness about inclusive child protection mechanisms is important. In Malawi, awareness of the mechanisms was high but uptake low.

Child protection mechanisms could also benefit from broadening in their scope. Child protection encompasses both the prevention of violence, as well as addressing or responding to violence that has already happened. Most programmes identified in the literature review and during the qualitative studies were response-focused, that is, are geared towards responding to disclosures of violence from children in order to hold the perpetrator accountable, though not addressing the harm caused to the child. It would be beneficial to explore response-based programming which is focused on the broader needs of the child (including psychosocial support, health care support and other services), rather than justice only. An increased focus on prevention of violence for children with disabilities would also be beneficial. The Good School Toolkit is an example of a successful prevention focused programme, which has wide reach since it is targeted at schools. This mainstream programme, targeted at all

children in the school, was also effective for children with disabilities. Therefore scaling up mainstream programmes for prevention of violence could also benefit children with disabilities (e.g. positive parenting programmes). These prevention and response mechanisms should be community-based, to ensure that they are available close to home. Training of volunteers must be appropriate to ensure that they are effective and do not perpetuate harmful cultural practices and norms.

Most child protection mechanisms are mainstream, and so target children in general rather than children with disabilities specifically. However, the Good School Toolkit study also showed that even after a successful intervention the level of violence reported by children with disabilities remained very high. This finding highlights the need for prevention of violence programmes targeted specifically at children with disabilities. The literature review identified few child protection programmes aimed at children with disabilities, and so new programmes need to be developed. Interventions also need to be implemented to address violence experienced by children with disabilities not attending school, as it is known that many children with disabilities are not included in education (Kuper, 2014).

The adequacy of the child protection programmes and services that did exist also needs attention, since the qualitative studies highlighted a range of barriers to their access and use by children with disabilities. An evaluation of the impact of the mechanisms may therefore be appropriate. Several adaptations can be made to community-based programmes supported by Plan International to make them more inclusive of children with disabilities. These include the following:

- Programmes and services should consult with children with disabilities in their design to ensure that existing barriers are overcome, tackling the range of barriers created by different impairment type (e.g. physical accessibility, communication) and addressing the particular type of violence they experience, the perpetrators of the violence, and the settings in which the violence occurred. They can draw on guidelines for including people with disabilities in programmes (CBM, 2016, Plan, 2016) and may benefit from being developed together with disability focussed NGOs as well as DPOs.
- Increasing awareness of the rights of children with disabilities, addressing negative perceptions, and emphasising their need for child protection is important for children with disabilities, their carers, technical experts and the wider communities. This includes advocating for the need for child protection mechanisms to particularly cater for the needs of children with disabilities.
- Strengthening the ability of child protection officers to work with children with disabilities: training about disability for child protection workers is important to ensure that they can communicate more effectively with children with disabilities (in particular those with communication or intellectual impairments) and assess them for experiences of violence. This should be complemented by improving communication skills of children with disabilities and their caregivers (e.g. enhanced use of sign language). Training of child protection officers may also help to overcome some of the stigma and discrimination facing these children. Again, strengthening the relationship with DPOs can be useful.
- Addressing disability specifically in child protection policies is another important approach. This could be facilitated by the appointment of a disability-specific child protection officer who advices within different programmes.
- Addressing the wider needs of children with disabilities: improving the inclusion of children with disabilities in schools, as well as providing health care and rehabilitation, may reduce their vulnerability to violence and their ability to access care. Furthermore, activities to help overcome poverty, such as income generating activities, could facilitate families' willingness and ability to access services and care for their child with disabilities. Therefore full spectrum programming inclusive of children with disabilities may help to keep them safe from violence.
- Allocating budgets for inclusive programmes: all the changes suggested will carry a budgetary implication, and these should be incorporated within the planning stage. It is more cost-efficient to budget for inclusion from the start, rather than making changes afterwards.

Plan International can also contribute towards improving the inclusion of children with disabilities in the child protection mechanisms provided by others. For instance, they can help to advocate for more accessible building and transport systems, and for the inclusion of children with disabilities in child protection policies. Plan International can also help to generate data highlighting the vulnerability of

children with disabilities to violence, their exclusion from child protection mechanisms and potential solutions, which could also be used by other agencies.

8. A CALL TO ACTION!

The unacceptably high levels of violence experienced by girls and boys with disabilities and the multiple barriers they face to access child protection clearly highlight the need for more concerted action to better prevent and tackle the endemic violence against children with disabilities. The following recommendations are a Call to Action – for all organisations working on child protection, NGOs, governments, donors and researchers.

8.1 Recommendations for Plan International and other actors working on child protection

- **Adopt a twin-track approach to disability inclusion, combining inclusive mainstream programmes with targeted initiatives for girls and boys with disabilities, across all programmes.** Importantly, this study confirms that girls and boys with disabilities face widespread exclusion and multiple, interlinked forms of vulnerability related to healthcare, education and poverty. The right to be protected from violence cannot be viewed in isolation. A key recommendation is therefore that the twin-track approach is applied across the board, to programmes related to child protection as well as within education and job training, income generation, health and so on. To operationalise this, it is important to review and update all current programme guidance such as handbooks, tools and checklists to ensure mainstream programmes are inclusive. Further, targeted programmes for children with disabilities must be developed to address their particular needs and vulnerabilities.

- **Develop programmes targeted specifically at preventing violence against children with disabilities.** This study confirms that levels of violence against children with disabilities are very high. This shows the need to develop targeted initiatives within larger child protection programmes with the aim of preventing violence against all children with disabilities. Yet, this study also suggests a need to focus particularly on prevention of violence against children with intellectual impairments and communication difficulties. In addition, the vulnerability of girls with disabilities should be taken into account in relation to sexual violence. These programmes should be developed in close collaboration with persons and children with disabilities and Disabled Persons Organisations (DPOs).

- **Support community-based groups working on child protection.** Such groups can help overcome the barriers to access faced by children with disabilities and their caregivers, and provide support in identifying and accessing help. However, members of such groups should receive training on the rights, lived realities, capacities and potential of children with disabilities to ensure that the social barriers, such as negative attitudes towards disability prevalent in the community, are not stopping children with disabilities from receiving support. These groups should also include persons with disabilities directly, as volunteers and role models, and could cooperate with parent support groups for children with disabilities. They should be evaluated to make sure that they are appropriate and effective for children with disabilities. In addition, it is important for community-based groups to have strong links with formal child protection services. It is important to recognise that a comprehensive approach, which is not limited to elements discussed above, is adopted by community-based groups in order to guard against any harm which may result from individuals within community-based groups.

- **Ensure active participation of children with disabilities in the design, implementation and evaluation of child protection mechanisms.** The perspective of children with disabilities is critically important to developing robust, child-sensitive prevention and reporting mechanisms. Accessible participatory methodologies should be applied to ensure their meaningful participation throughout. This must be planned and budgeted for.

- **Actively share information about violence and child protection mechanisms with children with disabilities.** Increased awareness amongst children with disabilities, their families and caregivers, on existing child protection mechanisms is crucial to ensure greater access. Parents Support Groups, Children's Clubs, School Management Committees and community Child

Protection Committees should be utilised as conduits to ensure that children with disabilities have the knowledge and skills needed to identify violence and know where to go for help.

- **Provide training and sensitisation on disability inclusion for child protection professionals and volunteers**. There is a need for greater awareness of the rights, vulnerabilities and capacities of children with disabilities so that those on the 'front line' have the positive attitudes, behaviours and communication skills necessary to meaningfully engage with children with different types of impairments. This will also help them recognise early signs of violence and abuse and respond in a timely and comprehensive manner.

- **Collect data on violence against girls and boys with disabilities**. Disability inclusion requires effective data collection in order to better understand and respond to the experiences and needs of boys and girls with disabilities. Organisations working on child protection must make specific efforts to capture information about children with disabilities in their programmes, and advocate the government to do the same within formal services. One recommended method for measuring disability adopted in this study is through the use of the Washington Group Short Set[24] questions on disability.

- **Encourage cross-sector collaboration between civil society actors such as NGOs, Disabled Persons Organisations (DPOs) and government**. A well-functioning system for child protection requires collaboration between civil society actors, community groups and the government. To ensure an inclusive child protection system, it is important to involve persons with disabilities at all stages to provide insights and expertise on the situation of persons with disabilities, as well as share the available data between civil society, DPOs and the government.

- **Advocate for more inclusive national child protection systems and safe, inclusive education.** The state is the primary duty-bearer responsible for ensuring the protection of children with disabilities as well as safe, inclusive education for all children. Plan International and other civil society actors play a crucial role in advocating for and collaborating with the government to ensure the provision of inclusive child protection systems at national and local levels as well as the provision of quality inclusive education for all girls and boys with disabilities.

8.2 Recommendations for governments

- **Improve accessibility of formal child protection services** to reduce the barriers faced by children with disabilities in accessing services, including a specific focus on disability inclusion and accessibility in budgets, infrastructure, plans as well as training on sign language for those working on child protection. Indeed, even in conducting this research, children with disabilities were unable to communicate with the researchers. Therefore, it is critical that formal child protection services put measures in place to ensure that children with hearing and speech impairments are able to communicate with all necessary actors.

- **Ensure information about violence and child protection is accessible and in multiple formats** to ensure that information is widely available and accessible to boys and girls with different types of impairments and to their parents or caregivers. This information should be age- and gender sensitive.

- **Provide access to safe, inclusive education.** This is an important right itself, but enrolment in school can also provide better access to child protection for children with disabilities, provided that schools are safe and inclusive. It is the responsibility of governments to ensure inclusive education is budgeted and planned for. This implies a focus on physical infrastructure, teaching methodologies and materials as well as the awareness and attitudes of children, parents and caregivers, teachers, supervisors and school administration. This is particularly important, as

[24] The Washing Group questions are an internationally comparable short set of questions on disability. Available from: http://www.cdc.gov/nchs/washington_group/wg_questions.htm

caregivers in the qualitative study seemed to perceive that special education schools were safer places for their children, but this requires further investigation.

> *"[If he were to go to school] kids [here] will stop teasing him because they will respect him because of the education he is getting. He will also stop wandering around the community [which might] prevent the violence [he is experiencing]."*
>
> Mother discussing her 14 year old son, who has an intellectual impairment.

- **Assess and improve accessibility and inclusiveness of all services and programmes**. The widespread exclusion and multiple forms of vulnerability experienced by children with disabilities and their caregivers related to health, poverty and social stigma must be addressed through ensuring inclusion across all government services and programmes.

8.3 Recommendations for research

- **Include boys and girls with disabilities in research on child protection, including baselines and evaluations.** This must be budgeted and planned for, and appropriate participative methodologies for consultation and interviews developed and tested, especially for children with communication difficulties and intellectual impairments.

- **Conduct larger-scale research projects on violence against boys and girls with disabilities in multiple settings and countries.** There is a need for greater understanding about why children with disabilities are more vulnerable to violence, including the different vulnerabilities and barriers experienced by boys and girls with different types of impairments.

- **Develop and test interventions to prevent and respond to violence against children with disabilities.** Studies are needed to understand what works to prevent violence against children with disabilities, and how to create child protection services and mechanisms that are accessible to all. In line with the twin-track approach, this should include mainstream child protection interventions, which should be evaluated for their inclusiveness and effectiveness for girls and boys with disabilities, and also interventions which are specifically designed to address the vulnerabilities of children with disabilities.

This research highlights that the rights of girls and boys with disabilities to be protected from violence are being violated, and that much more needs to be done to keep all children safe.

In line with the aspiration of the Sustainable Development Goals to "leave no one behind" and with the obligations of the UN Convention on the Rights of Persons with Disabilities, we therefore call upon Plan International and all other development actors to work together to stop the widespread violence against boys and girls with disabilities, and take concrete steps to include them in child protection mechanisms.

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APPENDIX

Appendix 1: Desk Based Review

Search terms

Child protection
Child protection OR child safeguard* OR child advocacy OR child welfare OR child service*
Disability
Disab* OR handicap* OR impair* OR blind* OR deaf* OR intellectual impair* OR visual impair* OR Cerebral palsy OR physically challeng* OR hearing impair* OR development* delay* OR learning disorder* OR autis*

Peer-reviewed journal articles were searched using the following databases:
Jstor
Academic Search Complete
Medline
Google Scholar

Grey literature was searched through the following pathways:
OpenGrey database
Resources in the Keeping Children Safe Network
Google search
The timeline of articles was limited between 1990 and 2015 and was global in scope.

Documents reviewed

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Appendix 2: Measures from quantitative study

Box 6. Assessment of Disability

The next questions ask about difficulties you may have doing certain activities because of a health problem. Please tell me if you have no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all.

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?
- Do you have difficulty with self-care, such as washing all over or dressing?
- Using your usual language, do you have difficulty communicating, for example understanding, or being understood?

Coding:
'Disability' - reporting some difficulty with 2 or more items, or reporting a lot of difficulty or cannot do this at all to any item.

'Some difficulties' - reporting some difficulty to one item, but not reporting some difficulty with 2 or more items, and not reporting a lot of difficulty or cannot do this at all to any item.

'No difficulties' - reporting no difficulty to all items.

Box 7. Assessment of violence

The student was coded as having experienced the particular category of violence if they answered "yes" to any of the questions in that category. Children reported on experiences in the past week, past school term and ever. Most of these questions are from the ICAST-CI.

School staff violence

Physical violence: Has a school staff member:

- Hurt you or caused pain to you?
- Slapped you with a hand on your face or head as punishment?
- Slapped you with a hand on your arm or hand?
- Twisted your ear as punishment?
- Twisted your arm as punishment?
- Pulled your hair as punishment?
- Hit you by throwing an object at you?
- Hit you with a closed fist?
- Hit you with a stick?
- Caned you?
- Kicked you?
- Knocked you on the head as punishment?
- Made you dig, slash a field, or do other labour as punishment?
- Hit your fingers or hands with an object as punishment?
- Crushed your fingers or hands as punishment?
- Made you stand /kneel in a way that hurts to punish you?
- Made you stay outside for example in the heat or rain to punish you?

Severe physical violence:

- Burnt you as punishment?
- Taken your food away from you as punishment?
- Forced you to do something that was dangerous?
- Choked you?
- Tied you up with a rope or belt at school?
- Tried to cut you purposefully with a sharp object?
- Severely beat you up?

Emotional violence: Has a school staff member:

- Cursed, insulted, shouted at or humiliated you?
- Referred to your skin colour/ gender/ religion/ tribe or health problems you have in a hurtful way?
- Stopped you from being with other children to make you feel bad or lonely?
- Tried to embarrass you because you were an orphan or without a parent?
- Embarrassed you because you were unable to buy things?
- Stole or broke or ruined your belongings?
- Threatened you with bad marks that you didn't deserve?
- Accused you of witchcraft?

Sexual violence: Has a school staff member:

- Teased you or made sexual comments about your breasts, genitals, buttocks or other body parts?
- Touched your body in a sexual way or in a way that made you uncomfortable?
- By "sexual way" we mean touching you on your genitals, breasts or buttocks.
- Showed you pictures, magazines, or movies of people or children doing sexual things?
- Made you take your clothes off when it was not for a medical reason?
- Opened or took their own clothes off in front of you when they should not have done so?
- Kiss you when you didn't want to be kissed?
- Make you touch their genitals, breasts or buttocks when you didn't want to?
- Touch your genitals, breasts or buttocks when you didn't want them to?
- Give you money/ things to do sexual things?
- Involve you in making sexual pictures or videos?
- Threaten or pressure you to have sex or do sexual things with them?

- Actually make you have sex with them by threatening or pressuring you, or by making you afraid of what they might do?
- Make you have sex with them by physically forcing you (have sex with you)?

Any injury:
- You felt pain?

Moderate injury:
- You had bruising?
- You had swelling?
- You were bleeding?
- You had cuts?
- It was difficult to sit down on your buttocks?
- It was difficult to walk?

Severe injury:
- You lost consciousness, even temporarily?
- You suffered a dislocated, sprained, fractured or broken bone?
- You had any other serious injury?
- You had to get medical attention, for example from the health worker or hospital?
- You had to stay home from school?

Peer violence

Emotional violence/neglect:
- Has anyone besides a school staff member: Insulted you, or called you rude or hurtful names?
- Accused you of witchcraft? Locked you out or made you stay outside?
- Not given you food?

Physical violence: Has anyone besides a school staff member:
- Twisted your arm or any other body part, slapped you, pushed you or thrown something at you?
- Punched you, kicked you, or hit you with a closed fist?
- Hit you with an object, such as a stick or a cane, or whipped you?
- Cut you with a sharp object or burnt you?

Sexual violence: Has anyone besides a school staff member:
- Disturbed or bothered you by making sexual comments about you?
- Kissed you, when you did not want them to?
- Touched your genitals or breasts when you did not want them to, or in a way that made you uncomfortable?
- Threaten or pressure you to make you do something sexual with them?
- Make you have sex with them, because they threatened or pressured you?
- Had sex with you, by physically forcing you?

Appendix 3: Guiding international conventions

Relevant articles to violence among children with disabilities

UN Convention on the Rights of the Child (UNCRC, 1989)

Article 19 (Protection from all forms of violence):

- Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behaviour – ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into

consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each government to review these laws in light of the Convention.

Article 2 (Non-discrimination):

- The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

African Charter on the Rights and Welfare of the Child (2014)

Article 13: Handicapped Children

- Every child who is mentally or physically disabled shall have the right to special measures of protection in keeping with his physical and moral needs and under conditions which ensure his dignity, promote his self-reliance and active participation in the community.
- States Parties to the present Charter shall ensure, subject to available resources, to a disabled child and to those responsible for his care, of assistance for which application is made and which is appropriate to the child's condition and in particular shall ensure that the disabled child has effective access to training, preparation for employment and recreation opportunities in a manner conducive to the child achieving the fullest possible social integration, individual development and his cultural and moral development.
- The States Parties to the present Charter shall use their available resources with a view to achieving progressively the full convenience of the mentally and physically disabled person to movement and access to public highway buildings and other places to which the disabled may legitimately want to have access to.

UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006)

Article 16 - Freedom from exploitation, violence and abuse

- States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.
- States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
- In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
- States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
- States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Appendix 4: Interview guides used in qualitative research in Malawi and Uganda

1. *Children's Interview guide* Introduction:

- In advance of the interviews, check the child's level of communication and understanding.
- At the start of the interview, remind the child of the purpose of the interview.
- Remind the child that they can stop at any time and that they do not need to answer anything that they don't want to.
- Show them the symbols for the different emotions, e.g. Happy, Sad, Afraid, Angry, etc.
- Test that the child understands how to use the dice / cards, e.g. when you see a good friend how do you feel? (or another suitable relevant question) Which card? Why?
- Have the story boards depicting scenes from home, in the community and at school available. It may be helpful to test them out prior to use to ensure local relevance and meaning. In piloting it is useful to check how long the activity takes.
- For children with an intellectual disability, where you are unclear whether they fully understand the question/s or if communication is a real issue, also check opportunistically with 1) siblings; 2) friends (if around); and 3) teachers to help triangulate the information.
- Consider how this works with older children. Propose that still use the story boards to make distinctions between the different contexts, i.e. home, community, school, for discussion and still give them the emotion cards.
- For children who are blind use the same questions and prompts but without the pictures.

Knowledge and Understanding of Available Child Protection Mechanism
Home Context
Show the picture with a house and a stick picture of them and ask them what they did yesterday when they were at home.

- Who are the important people in your life? (Prompt – siblings, parents, grandparents, friends)
- Can you tell me how you spend your days? For example, tell me what you did yesterday?
- What kinds of things and/or people make you Happy at home? Sad? Afraid? Angry? Etc.

  PROMPTS: Playing with friends/siblings, helping in the house, particular members of the family who help you, particular members of the family they have problems with?

- How do you feel most of the time when you are at home?
- When you need help at home or need to talk, where do you go, who do you talk with, and why do you go to them?
- When you go to them for help, what do you hope will happen?

Community Context / Journey to School
If relevant, ask the child to tell you about their typical activities in the community and/or along their journey to school. Explore where they go and how they get there, who goes with them, who they meet along the way, etc. Ask them to pick out the relevant emotion cards / turn to the relevant emotion on the Feeling Dice and ask them why they chose that card for the particular situation.

- How do you feel most of the time when you are in the community?
- If you need help when you are out in the community or walking to school where to you go, who do you as for help, why do you go to that place or that person?
- When you go to them for help, what do you hope will happen?

School Context (For those in-school or who have ever attended school)
We want to talk about your experiences at school, both in the classroom and around the school and play areas. Continue to use the Feelings Dice/emotion cards and story boards to facilitate discussion.

- What is a typical day like at school?
- How do you feel most of the time when you are at school?
- What activities and/or people make you happy while at school? Why does this make you happy?
- What things make or have made you sad while at school? Afraid? Angry? Why?
- How do you feel when you are outside the classroom in the play areas around the school?

- What activities or people make you happy when you are outside the classroom and in the play areas? Afraid? Angry? Why?
- What is it like using the toilets at school?
  If you need help when you are at school where to you go, who do you as for help, why do you go to that place or that person?
- When you go to them for help, what do you hope will happen?

Thank you and shared drawing

Thanks you for helping me understand more about how you spend your days and who are the important people and the important places you go to for help. I have learned so much from you. We have talked about many things today, is there anything else that we haven't discussed that you would like to share with me?

Check if they are happy for you to keep the drawing to help you write up their important information. Provide them with some flipchart paper and coloured pens or crayons

2. Caregiver Interview Guide

Introduction:
"Good morning and thank you for your time. I am _____ from ..... . I am here today to as part of the research study we discussed before and which you kindly agreed to take part in…."

Remind parents/caregivers of the full information sheet that they received about the study. Remind them of the issue of confidentiality and anonymity which is fully explained in the information sheet.

"You can stop me at any time if something is unclear. If there us anything that you do not want to answer then you do not need to…."

Code:

Interview Date and Time:

Interview Venue and Location:

Interviewer:

Interviewee:

Relationship to Child:

Gender:
- ☐ **Male**
- ☐ **Female**

Child in School:
- ☐ **YES**
- ☐ **NO**

Type of School:
- ☐ **Primary**
- ☐ **Lower Secondary**
- ☐ **Upper Secondary**
- ☐ **Special School**

General Obersations:
(Anything which might impact how the interview is conducted, e.g. other present.)

1. About your Family

Please tell me about your family

a. **PROMPTS:** Who lives in the house? Number of children living in the household? Are all the school-age children going to school? If not, why not? Who is working in the house?
b. Who is involved in caring for this child? What about for your other children?

2. About the Child's Condition

Please tell me about your son/daughter who has difficulties with X (e.g. walking/seeing/understanding)

a. How does this condition affect your child on a day to day basis?
b. What is she/he able to do?
c. What things does she/he find more difficult or not possible for your child to do, that other children of the same age can do? Please tell me about his/her day – does she go to school/is able to help around the house?

3. Safety concerns

a. What do you understand by violence and mistreatment towards children? Can you describe situations that you would consider harmful to children's safety or well-being?
   - What do you think causes violence and mistreatment towards children?
   - What do you know about violence and mistreatment towards children in [area]?
   - Who do you think the main perpetrators are?
   - What do you think causes it?
   - Are some children more at risk of violence and mistreatment than others? In what ways? Why do you think that is?

b. What are your main concerns for your child's safety? Are these concerns different than for his/her siblings? Other children in the community? In what ways?

- Who is involved in making sure this child is safe? What about for his/her siblings?
- Can you describe any times/situations where you find it difficult to make sure this child is safe? Are these different from his/her siblings in any way?
- What could be done so that you feel this child is safer? What about for his/her siblings?
- As your child gets older, how will these concerns/strategies change? Will this be different from his/her siblings?

4. Experiences of violence

a. Has your child [with a disability] ever experienced any form of violence, mistreatment or other situations that are harmful to his/her safety and well-being?
   - If yes, can you tell me about what happened? How did you find out about the situation?
   - Did you seek help from any person/place? Why did you go to this person/place?
   - After seeking help, what was the outcome? What was your experience of help like? What, if anything, would you have liked to be done differently?
   - Have any of your other children experienced similar situations? Other children in the community? Can you tell me about this? Was their experience different from this child's experience in any way?
   - Do you feel your child is protected from this situation happening again? If the situation were to happen again, what would you do? What do you think could be done to improve your child's safety?

b. If [other safety concerns mentioned by caregiver in section 3] were to happen, what would you do?
   - Is there anyone you would tell/ask for help? Why would you go to that person/place?
   - What do you hope would happen by seeking help with that person/place?
   - Are there other people/places that you and others could go to get help in this situation? What kind of help do these people/places offer? Who do they offer it to? Is there any reason why you wouldn't go to these other people/places?

5. Knowledge of child protection mechanisms

a. Who are some of the people, organizations, groups etc. responsible for making sure children are safe in your area?

(**PROBE:** What do you know about [existing interventions operating in the area]?)
   - What do [listed sources] do in order to protect against or address violence and other harmful situations towards children? Do you think these strategies are enough to protect children against violence and mistreatment? How could they be improved? Are some children protected more than others through these strategies? In what ways?
   - Would your child be able to access help from [listed sources] on his/her own? You on behalf of your child? What about his/her siblings on their own? What might be some of the challenges you or your child might face in accessing help from [listed sources]? What might be helpful for overcoming these challenges? Are these challenges different in any way than for their siblings/other children in your community? In what ways?

b. What other interventions/strategies do you think would be helpful for preventing violence, mistreatment and other harmful situations from happening to children?
   - What do you think caregivers can do and what forms of support would be useful?
   - What do you think other community members can do? Schools?
   - How can children themselves be involved in these strategies? What about for children like your son/daughter who has difficulties with X?

Thank you for your time. We will be providing feedback through the Plan (Malawi or Uganda) office. This will be in 2-3 months' time, once we've had time to look at all the information from the parents and children.

6. Experiences of violence

c. Has your child [with a disability] ever experienced any form of violence, mistreatment or other situations that are harmful to his/her safety and well-being?
   - If yes, can you tell me about what happened? How did you find out about the situation?
   - Did you seek help from any person/place? Why did you go to this person/place?
   - After seeking help, what was the outcome? What was your experience of help like? What, if anything, would you have liked to be done differently?
   - Have any of your other children experienced similar situations? Other children in the community? Can you tell me about this? Was their experience different from this child's experience in any way?
   - Do you feel your child is protected from this situation happening again? If the situation were to happen again, what would you do? What do you think could be done to improve your child's safety?

d. If [other safety concerns mentioned by caregiver in section 3] were to happen, what would you do?
   - Is there anyone you would tell/ask for help? Why would you go to that person/place?
   - What do you hope would happen by seeking help with that person/place?
   - Are there other people/places that you and others could go to get help in this situation? What kind of help do these people/places offer? Who do they offer it to? Is there any reason why you wouldn't go to these other people/places?

7. Knowledge of child protection mechanisms

c. Who are some of the people, organizations, groups etc. responsible for making sure children are safe in your area?

(**PROBE:** What do you know about [existing interventions operating in the area]?)
   - What do [listed sources] do in order to protect against or address violence and other harmful situations towards children? Do you think these strategies are enough to protect children against violence and mistreatment? How could they be improved? Are some children protected more than others through these strategies? In what ways?
   - Would your child be able to access help from [listed sources] on his/her own? You on behalf of your child? What about his/her siblings on their own? What might be some of the challenges you or your child might face in accessing help from [listed sources]? What might be helpful for overcoming these challenges? Are these challenges different in any way than for their siblings/other children in your community? In what ways?

d. What other interventions/strategies do you think would be helpful for preventing violence, mistreatment and other harmful situations from happening to children?
   - What do you think caregivers can do and what forms of support would be useful?
   - What do you think other community members can do? Schools?
   - How can children themselves be involved in these strategies? What about for children like your son/daughter who has difficulties with X?

Thank you for your time. We will be providing feedback through the Plan (Malawi or Uganda) office. This will be in 2-3 months' time, once we've had time to look at all the information from the parents and children.

3. Child Protection Stakeholders - Key Informant Interview Guides

Introduction:
Good morning and thank you for your time. I am (Interviewer's name) from.....
Remind them of the issue of confidentiality and anonymity which is fully explained in the information and consent form that they completed. Check if they have any questions from the information and consent form about the research. Remind them that they are free to decline to answer any of the questions or stop the interview at any time.

Background Information

Interview Date and Time

Interviewer

Language of Interview

Organisation

Job Title

Interview Venue

Town / District

Stakeholder Responsibilities and Role

- *How long have they been in that role?*
- *What are your main responsibilities in this role?*
- *What is the geographic area you cover in your role as _____ (e.g. street, village, district, region, national, etc.)*
- *How does your work relate to child protection?*
- How do the needs and issues of children with disabilities fit into this work?
- What are your (or your organisations) best practices in providing child protection services to both disabled and non-disabled children?

At the policy level
Get an overall picture of the policies, guidelines and practices associated with services and support for children with disabilities at the national and district level, etc.? Which ministerial offices are responsible for what? How is government policy impacting upon the protection of children with disabilities? What's working well, less well, change made as a result of any new policies, etc.

(Need to summarise policy environment in Uganda and Malawi and link to PROBES for this section.)
PROBES: Disability legislation, issues related to the policy environment, implementation of policy, budgetary allocation, ministerial roles and responsibilities for children with disabilities, etc.
Experience Providing Services

- In your area of coverage, what are the formal and informal structures and approaches for provision of child protection support and services?

PROBES: Ask about formal structures such a Gender Desks at police stations, etc. as well as community-based mechanisms such as child protection committees, community, family/kinship mechanisms, etc.

- Which of these structures do you believe are most effective and why?

- Why do you believe the other structures and approaches are not as effective?
- In your experience of providing child protection services and support, what are the similarities and differences in providing child protection services to disabled and non-disabled children?
- Can you provide an example of a case or situations of providing a child with disabilities child protection services which went particularly well?
- Can you provide an example or examples of situations where you faced challenges?

Facilitators, Barriers and Recommendations

- What are the facilitators of children with disabilities' access to child protection services?
- Based on your experience, what do you see as some of the special challenges or weakness associated with disabled children's access to and use of child protection services?
- What can we learn from these weaknesses?
- How might these challenges or barriers be overcome?
- In you view, what is needed to improve children with disabilities access to child protection services?

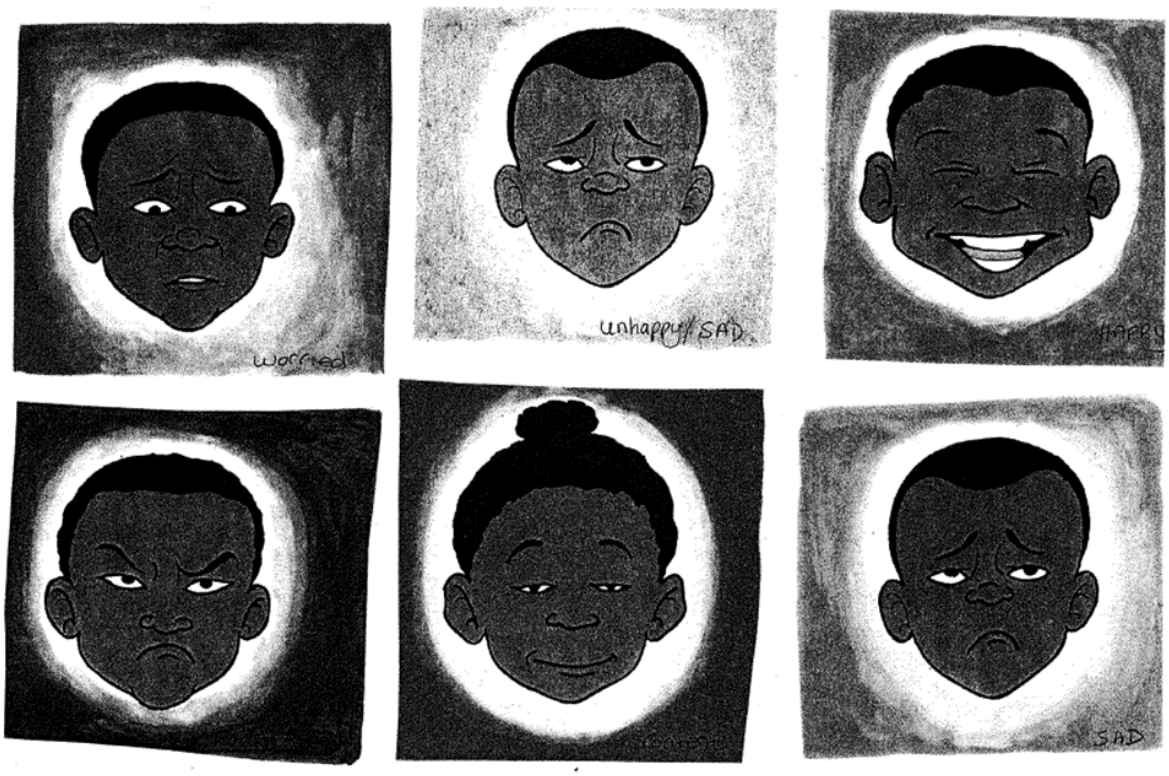
Other Information

Are there any other important issues which we haven't covered which you would like to comment on or that you feel are important to addressing children with disabilities' access to child protection support and services?

Thank you

Thanks you for taking the time to talk with me/us today. We have learned a great deal from you and your experiences.

Appendix 5: Emotion cards used in interviews with children with disabilities in Malawi and Uganda



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About Plan International

Plan International is an independent global child rights organisation committed to supporting vulnerable and marginalised children and their communities to be free from poverty. By actively connecting committed people with powerful ideas, we work together to make positive, deep-rooted and lasting changes in children and young people's lives. For over 75 years, we have supported girls and boys and their communities around the world to gain the skills, knowledge and confidence they need to claim their rights, free themselves from poverty and live positive fulfilling lives.

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