

A LEARNING REPORT:

Including Adolescent Girls with Intellectual Disabilities in Humanitarian Action

DECEMBER 2024



Acknowledgments

This work and resulting Learning Report were possible because of a partnership between the International Rescue Committee (IRC) and Inclusion International. It demonstrates the value of close collaboration between large humanitarian organizations and representative organizations of people with disabilities like Inclusion International. Further collaboration between IRC country offices and Inclusion International's member organizations in Ethiopia and Burkina Faso made it possible to find and meaningfully engage adolescent girls with intellectual disabilities in humanitarian settings. This work was only possible because of this collaboration, and serves as a case study and model for future partnerships.

We acknowledge, with great thanks, all the contributors to this work as noted below:

Inclusion International team: Kimber Bialik, Ailis Hardy, Mark Mapemba, Clay Ballard, Olivia Schalkwyk

IRC HQ team: Johanna Arp and Aline Bazerly, with special thanks to Yolande Longang, Senedia Bagayoko, Cornelia Aton, Yvonne Agengo, Sanjana Kuruppu

IRC Burkina Faso team: Martin Nyanguba, Zenabe Koumbem, Christine Zeye Souli, and WPE staff and other IRC staff who supported in many different ways

IRC Ethiopia team: Omega Tolessa Geleta, Fana Gebreselassie, Rahwa Teklemariam, WPE Social Workers, Ekram Ousman, and WPE staff and other IRC staff who supported in many different ways

Fikir - Ethiopia National Association on Intellectual Disability team: Mihret Nigussie, Yeshewaget Kibret, Selam Asgedom Berhe (and her support person, Birhan Asgedom Berhe), Elsa Leake Weldemariam

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This Learning Report is for:

- Humanitarian organizations, including staff from all sectors based in global and country offices.
- Community-based organizations and representative organizations, including staff based in global and country offices.

Please find the [easy to understand version](#) of this report on Inclusion International's website.

BACKGROUND:

What challenges are we addressing?

About the project

The International Rescue Committee (IRC) and Inclusion International are partnering on a project (2023-2025) that aims to shine a spotlight on the inclusion of adolescent girls with intellectual disabilities in humanitarian action. The team set out to better understand current disability inclusion practices, and to identify the key barriers that exclude adolescent girls with intellectual disabilities and their families from accessing services and engaging in programs. We worked together to plan and implement consultations with adolescent girls with intellectual disabilities and their caregivers in order to learn about their experiences and listen to their recommendations. This work is being piloted in Ethiopia and Burkina Faso in locations where IRC was already providing services to internally displaced populations.

[Inclusion International](#) is a network organization of people with disabilities (OPD) that represents people with intellectual disabilities and their families. At the country level, we are also working in coordination with Inclusion International's member organizations: [Fikir - Ethiopia National Association on Intellectual Disability](#) (FENAID) in Ethiopia, and [Association des Parents et Amis d'Enfants Encéphalopathes](#) (APEE) in Burkina Faso.

During the first year of the project, the team worked collaboratively to design and lead consultations with 24 adolescent girls with intellectual disabilities and their caregivers in Ethiopia and Burkina Faso. This learning report reflects on the process and findings from these consultations, and concludes with key recommendations for more inclusive practices in humanitarian action.

Why focus on the inclusion of adolescent girls with intellectual disabilities?

Inclusive practice is essential to ensure full participation and accountability to children in all their diversity in humanitarian action. However, humanitarian actors often overlook how differences in gender, age, disability status, and other factors increase barriers to access and participation. Insufficient attention is given to adolescents' evolving capacities, and to the specific needs of adolescent girls. While research documenting the impacts of humanitarian crises on adolescent girls remains limited,[1] we do know that they face increased protection risks and are particularly targeted for violence and exploitation.[2]

Looking at current inclusion practices, and learning directly from the experiences of displaced adolescent girls with intellectual disabilities and their families.

Differences in gender, age, disability status, and other factors increase barriers to access and participation.

[1] Singh NS, DeJong J, Popple K, Undie CC, El Masri R, Bakesiima R, Calderon-Jaramillo M, Pephrah E, Naseri S, Cornier N, Blanchet K. Adolescent wellbeing in humanitarian and fragile settings: moving beyond rhetoric. *BMJ*. 2023 Mar 20;380:e068280. doi: 10.1136/bmj-2021-068280. PMID: 36940938; PMCID: PMC10019456

[2] International Rescue Committee. (2017). A safe place to shine: Creating opportunities and raising voices of adolescent girls in humanitarian settings. Available at <https://gbvresponders.org/wp-content/uploads/2017/11/IRC-COMPASS-Global-Report.pdf>

There is an even greater evidence gap at the intersection of gender, age, and disability in humanitarian crises. However, global data confirms that girls and women with disabilities are at least two to three times more likely to experience gender-based violence (GBV) than girls and women without disabilities.[3] and adolescent girls with disabilities face high risks of sexual violence.[4] While the United Nations Convention on the Rights of Persons with Disabilities (CRPD) outlines protections that apply to all people with disabilities in situations of risk or humanitarian crisis, notable gaps exist across sectors. In practice, people with disabilities are often excluded or invisible in humanitarian action and are rarely consulted about their needs and barriers, which limits their access to support and increases their protection risks.[5] For example, women with disabilities are three times less likely to have their healthcare needs met than men with disabilities,[6] and girls with disabilities are far less likely to complete primary school than girls without disabilities and boys with and without disabilities.[7]

Furthermore, humanitarian action often overlooks the specific risks and barriers faced by adolescent girls with different types of disabilities (physical, psychosocial, intellectual, or sensory). People with intellectual disabilities are often the most marginalized in humanitarian efforts, largely due to insufficient resources, staff training, and funding.

Adolescent girls with intellectual disabilities in humanitarian settings likely face high risks of GBV while being excluded and invisible to aid workers.

What do we mean by intellectual disabilities?

People with intellectual disabilities are individuals who experience barriers to inclusion based on actual or perceived cognitive functioning and skills. These individuals face barriers that make it more difficult for them to take part equally in their communities, but with time, support, the removal of barriers, and more accessible systems, they can be fully included in all parts of their communities. Some examples of areas where people with intellectual disabilities might need support in their lives include communication, understanding, decision-making, and self-care. [Please visit [Inclusion International's website](#) to learn more.]

The Inclusive and Accountable project is guided by the CRPD and aims to contribute to the [2030 Agenda for Sustainable Development](#). While all 17 Sustainable Development Goals (SDGs) are relevant to ensure the inclusion of all persons with disabilities, this project especially contributes toward the following five goals by promoting the rights of adolescent girls with intellectual disabilities:

- SDG #3: Ensure healthy lives and promote well-being for all at all ages
- SDG #4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- SDG #5: Achieve gender equality and empower all women and girls
- SDG #10: Reduce inequalities
- SDG #17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

[3] United Nations General Assembly. Report of the Special Rapporteur on violence against women, its causes and consequences (A/67/227). (August 2012).

[4] The African Child Policy Forum (ACPF). 2010. Breaking the Silence: Violence against Children with Disabilities in Africa. Addis Ababa: The African Child Policy Forum.

[5] Pearce, Emma. 2015a. "Ask Us What We Need": Operationalizing Guidance on Disability Inclusion in Refugee and Displaced Persons Programs." Disability and the Global South 2, no. 1: 460–478.

[6] UN Women. Six ways women with disabilities have been affected by the pandemic. (July 2022).

[7] World Health Organization. World Report on Disability. (December 2011).

The project's focus on the inclusion of adolescent girls with intellectual disabilities builds on a previous IRC project titled *Early Marriage in Crisis* (2018-2021). While working to strengthen disability inclusion in the IRC's [Girl Shine](#) program, the team became aware that they were not consistently reaching adolescent girls with intellectual disabilities. Program staff did not feel equipped with the knowledge and skills to proactively include these girls in their protection and empowerment programming.

To better understand how adolescent girls with intellectual disabilities understood GBV concepts and how staff could communicate effectively with them about GBV, the IRC partnered with Inclusion International and two of their member organizations that represent people with intellectual disabilities and their families. These representative organizations in Lebanon and Kenya supported the project team to hold consultations with women and adolescent girl self-advocates to explore these topics.

Who are self-advocates?

Self-advocates are people with intellectual disabilities who speak up for themselves about the things that are important to them. The self-advocates in Inclusion International's network do three important things: they understand their rights; work as a team to support and learn from each other, and; speak up about what would make life better for them and other people with intellectual disabilities.

Those consultations confirmed how important it was to learn directly from people with intellectual disabilities, to work in collaboration with self-advocates, and to partner with ODPs to make this possible.

The table below includes a snapshot of the key learnings from those consultations. For more information, we invite you to read the [Learning Brief](#) or find the [Easy Read version](#) on Inclusion International's website.



Key learnings from the *Early Marriage in Crisis* project

- Adolescent girls with intellectual disabilities may not be able to identify GBV due to information barriers.
- Key barriers for them to report GBV are community stigma, perpetrator profiles, and limited access to information and reporting mechanisms.
- The main enabling factor for adolescent girls with intellectual disabilities to report GBV is a supportive environment – staff need to create this.
- Survivors of GBV prioritize reporting to, and accessing support from, local community-based organizations that can address their immediate needs and rights.

PROCESS:

What did we do, and how?

The section outlines the process and key steps taken to conduct consultations with adolescent girls with intellectual disabilities. We hope this will be useful learning for other projects and organizations on how to consult with and include adolescent girls with intellectual disabilities in programming.



It's the way you went about including us in the consultation that you should do to include us in future projects. You have to come to us to include us since we have the disabilities.

Adolescent Girl, Burkina Faso

1. Establishing a true partnership

In a partnership between a very large NGO and a very small OPD, power-sharing and joint decision-making are essential. While IRC brought extensive experience working in humanitarian contexts, Inclusion International are the experts on engaging with people with intellectual disabilities. Therefore, our aim in this partnership was to create a collaborative space where everyone on the project team felt welcome to bring their ideas, perspectives, and expertise to the table and be heard.

From the beginning, this partnership was based on the [Listen Include Respect](#) guidelines created by the Inclusion International and Down Syndrome International networks. Listen Include Respect is a set of guidelines and tools for inclusive participation. This includes practical advice and checklists to help organizations of all types be more inclusive of people with intellectual disabilities. We followed these guidelines for our planning meetings, when writing documents, and when presenting together about what we were learning through the project. You can read more about how we followed the guidelines in practical ways in this [Listen Include Respect Case Study](#).

It was important to establish clear ways of working at the start of the partnership. For example, we decided to meet every two weeks over Zoom, as this is the call platform that people with intellectual disabilities report is the most accessible to them. We created a shared work plan based on an easy to understand template that Inclusion International had used in the past. We also agreed to use their preferred platform for sharing and working together on documents.

A self-advocate staff member of Inclusion International has played a key role in the project team from the beginning. His leadership has been crucial for planning and implementing an accessible project, including strengthening the consultation questions and guiding us on accessibility measures. Additionally, having a family member of a person with an intellectual disability on the team led to insightful caregiver questions. This highlights a unique benefit of working with OPDs, where staff often belong to or have close personal ties to the represented group.

Through this partnership, Inclusion International also connected IRC country programs with their member organizations in Ethiopia and Burkina Faso. This created a valuable opportunity for IRC to learn directly from OPDs working in their context, and for FENAID and APEE to learn from humanitarian organizations working within the country.



For more information on how you can use Listen Include Respect to run inclusive projects, please visit: www.listenincluderespect.com/projects



FENAID and IRC team following the training provided by FENAID in Ethiopia.



Partnership: Best Practice Tips

- Have a very clear shared vision and goals for the project – if you talk about and agree on these in the beginning, it makes everything easier throughout the project!
- Make sure everyone is happy with the amount of work expected of them and each partner understands the other's capacity – this is important for humanitarian organizations working with OPDs, which are often smaller organizations with far fewer staff.
- Agree on ways of working in the beginning, and make sure they are easy to use for everyone. For example, write the work plan in a format that's easy for everyone to use.
- Make sure everyone contributes ideas. It is easy for one organization to do all the talking – make sure there is space in every meeting for everyone to talk.
- Explain your thinking and decision making. Don't just say no – if something doesn't work, make sure everyone understands why it can't happen.
- Set up regular meetings and prioritize them. This helps build good relationships, manage work, give feedback, and deal quickly with problems. Meeting every other week works well!
- Expect to provide interpretation and accessibility accommodations, including documents, meetings, and communication methods. Build this into the work plan, budget, and schedule.
- Recognize your local partner as the expert in their context – every organization thinks they know best, but when working in partnership, it is important to remember that each organization is an expert in something different. They need to respect each other's advice on topics that the partner is an expert in.
- Be flexible! Be open to the idea that working with OPDs or small organizations might mean changing your ways of working. Use your partner's experience to adapt to local contexts.

What doesn't work well in partnerships?

- Inflexibility – for small organizations or organizations working in humanitarian areas, things can change quickly. Being flexible and willing to shift when needed is important for partners to work well together.
- Bureaucracy! It can be difficult for small organizations to understand the way that big organizations work when there is a lot of bureaucracy. Explaining the steps that need to happen for things like contracts and the timelines partners should expect can help with this.
- Feeling unequal – small partners often don't feel like an equal or don't feel valued when working with bigger organizations. Making sure decision making is fully shared can help with this – so can making sure both partners understand each other's strengths and goals.

2. Setting up an Inclusion Advisory Group

Shortly after the project was launched, the team worked together to set up an Inclusion Advisory Group that could provide additional guidance and advice. To build a diverse and representative group, we created a simple [matrix](#) with categories including: self-advocates, OPDs from the global south, women-led organizations (WLO) from the global south, humanitarian staff, UN staff, and academics. We also considered specific areas of expertise, region, and country to bring in different perspectives. We also recognized that it would be important to compensate self-advocates and representatives from OPDs and WLOs for their time and expertise.

The invitation to potential members included a [Briefing Note](#) about the advisory group that was written in plain language to be more accessible. To build a welcoming and inclusive space from the start, members were invited to share a short introduction about themselves ahead of the first meeting. Additionally, each meeting begins with an ice-breaker activity led by a team member who is a self-advocate. This follows the recommendation from self-advocates to make meetings feel more welcoming and encourage participants to speak up comfortably. Meeting presentations use plain language, and all members are encouraged to follow the Listen Include Respect guidelines so that everyone feels free to take part.

The project team has found the advisory group's insights and recommendations to be very helpful for guiding and refining our approaches and materials. Having members with a wide range of experiences and from different cultural contexts has ensured a diversity of perspectives and valuable inputs.

Following are some reflections from advisory group members.



The friendly and safe atmosphere fostered during the meetings was truly remarkable. The icebreakers at the beginning of each session were engaging and helped create a sense of camaraderie among participants. I appreciated the inclusivity of the discussions and the fact that everyone's opinion was valued. Learning about various approaches to include girls with intellectual disabilities was eye-opening and insightful. The meetings created an environment where everyone felt heard and respected. They were not only interesting, but also provided valuable insights into the challenges faced by girls with intellectual disabilities. Being part of this advisory group has given me a sense of belonging and purpose, knowing that my contributions can make a difference for women with disabilities. I am confident that my participation will continue to be beneficial.

Nogning Armelle Aimerique, Founder, Community Creative Center for Women and Girls with Disabilities, Cameroon

The Advisory Group has been an excellent platform for gaining valuable insights into effective and practical inclusive practices. One key takeaway for me is the importance of engaging local organizations of persons with disabilities (OPDs) early in the process to ensure their perspectives help shape program design. This collaborative approach not only enhances program relevance but also builds local capacity for sustainable inclusion efforts. As an inclusion specialist, I've found the open channels for discussion and feedback to be highly beneficial in refining strategies and improving project outcomes, and this is a best practice I will carry forward to other projects I'm involved in.

Sabreen Al Dwaib, Inclusive Humanitarian Technical Coordinator, Jordan

The key to a successful advisory group is to bring together a group of experts of different ages from different continents, different religious, socio-economic and cultural backgrounds, and different life experiences. In doing so, there will be mind-altering exchanges and conversations which will enrich not only the members of the advisory group, but also society at large.

Sabeeha Majid, Researcher, Disability Rights Unit, University of Pretoria, South Africa



Advisory Group: Best Practice Tips

- Use the **Listen Include Respect Guidance on Inclusive Meetings**. For example, use plain language and avoid jargon in the meeting – this makes it better for everyone in the meeting, not just people with intellectual disabilities.
- Make sure there is a diversity of people and experiences in the group.
- Include self-advocates in the group, and compensate them for their time and expertise.
- Involve support people, but make sure they understand what good support is. This might mean doing a meeting or briefing with supporters and self-advocates ahead of time to make sure everyone has the same idea of what good support looks like.
- Ensure that everyone has a shared understanding of the project's goals and principles. This might mean some extra work at the start to make sure everyone is on the same page!
- Make sure that questions and tasks are short and easy to understand – this will make it easier for everyone in the group to take part.
- Make sure that questions and tasks are shared well in advance so that everyone in the group has time to prepare – a minimum of 2 weeks in advance is good practice.
- Do activities to help people feel comfortable and confident, like ice-breaker questions to get the group to open up, and small group work.

3. Conducting a desk review to identify gaps in inclusion resources

In the first months of the project, the team conducted a [desk review](#) to explore what research, guidance resources, and training materials were available to humanitarian actors to support the inclusion of adolescent girls with intellectual disabilities. Pulling these resources together in one place helped to identify gaps in the literature and see how this project could contribute towards addressing them.

The desk review confirmed the gap in formative research with adolescent girls with intellectual disabilities in humanitarian contexts, and the lack of targeted, practical materials on how to effectively include them. The findings and recommendations guided the team in project planning and implementation. One specific adaptation to the project design was to add separate consultations with the girls' caregivers to better understand their support needs.



Desk Review: Key Findings

- Very little direct research with adolescent girls with intellectual disabilities in humanitarian contexts has been conducted.
- Few existing resources took an intersectional lens considering gender, age, and different types of disabilities to better understand and respond to the specific experiences and needs of adolescent girls with disabilities, let alone with intellectual disabilities, in humanitarian contexts.
- Most resources were focused on either children or women, and few focused directly on adolescent girls who fall at the intersection of these two and may face risks that are common to both groups.
- When the focus was on adolescents and youth, the gender lens was often missing and adolescent girls with disabilities were not often pulled out as a group requiring proactive efforts to ensure their inclusion.
- Many resources with a broad focus on adolescents with disabilities did not include a specific focus or guidance on adolescents with intellectual disabilities.
- The lack of data disaggregated by gender, age, and disability prevents humanitarian actors from designing programs that can effectively target the needs of adolescent girls with disabilities in general, and with intellectual disabilities more specifically.
- There was limited research on the experiences of caregivers of adolescent girls with intellectual disabilities in the humanitarian context, and limited guidance for how best to engage them and support their inclusion in programming both for their wellbeing and that of their adolescent girl.
- While several materials highlight inputs from people with intellectual disabilities, there is a notable gap in their participation as co-designers of research and co-authors of materials.



Recommendations from the Desk Review

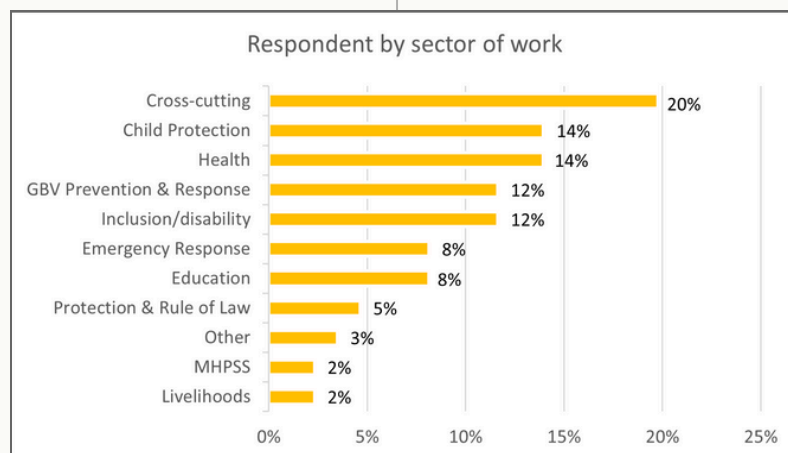
- Take a strengths-based approach that explores the capacities and coping strategies of adolescent girls with disabilities.
- Reinforce a rights-based model of disability, as many humanitarian actors may continue to operate based on a medical model of disability in their day-to-day work.
- Work with OPDs, especially women-led OPDs and OPDs representing persons with intellectual disabilities and their families, as partners. This will strengthen understanding of the access barriers faced by adolescent girls with intellectual disabilities and support outreach and engagement.
- Engage with the caregivers of adolescent girls with intellectual disabilities to better understand their needs, risks, barriers, strengths, and coping strategies with the aim of supporting their inclusion and wellbeing alongside that of their adolescent girls. This is not recommended to replace a direct consultation with adolescent girls with intellectual disabilities, but to complement it with the recognition that their lives are intertwined.
- Work with self-advocates to design research and to write and validate training content, and ensure that their perspectives and voices are front and center in the final products.

4. Disseminating a Humanitarian Inclusion Survey to identify gaps in practice

The project team worked together to design and disseminate a [Humanitarian Inclusion Survey](#) to further identify gaps and barriers to inclusion in humanitarian practice. This survey included questions on disability inclusion, on the inclusion of adolescent girls with disabilities, and on the inclusion of adolescent girls with intellectual disabilities. It set out to better understand whether these girls are being included in programs, the reasons behind why they may not be, and what is needed to better support their inclusion.

Our partnership enabled us to disseminate the survey widely, and we received 86 responses representing diverse organization types, regions, and sectors. Of these, 63% worked with international agencies, and 35% worked with local agencies. Regionally, 35% worked in Sub-Saharan Africa, 30% in Asia, 16% in the Middle East, 2% in Latin America & the Caribbean, 1% in the Pacific & Oceania, and 1% in Europe. 16% of the respondents identified as persons with disabilities.

We invite you to explore the [Humanitarian Inclusion Survey Report](#) and the [easy to understand version](#).





Humanitarian Inclusion Survey: Key Findings

Disability Inclusion practices:

- 73% of respondents reported that disability inclusion is often talked about as a priority within their program team, and 85% felt it should be a high priority in their programs.
- 31% of respondents from international organizations reported that they have what they need in terms of disability inclusion tools, and only 16% from local organizations reported the same.
- 37% noted that most people in their team had been trained on disability inclusion. 41% of these confirmed that the training covered how to include people with intellectual disabilities in programs.
- 61% regularly collect disability disaggregated data; of these, 44% are using the Washington Group (WG) Question Sets and 17% are using the WG/UNICEF Child Functioning Module. Local organizations are using the WG sets less than international organizations (47% vs. 67%).
- 65% reported that their program teams work in partnership with OPDs.

Inclusion of adolescent girls with disabilities:

- 46% reported that their teams consult with adolescent girls with disabilities either sometimes or often at the design stage or during implementation, and 58% reported consulting with the girls' caregivers. Local organizations were more than twice as likely to consult with the girls, and were twice as likely to consult with their caregivers than international organizations.
- 28% collected feedback from adolescent girls with disabilities to learn about their experiences.

Inclusion of adolescent girls with intellectual disabilities:

- 24% reported that their programs had successfully included adolescent girls with intellectual disabilities in activities or services, and local organizations were twice as likely to report success.
- 31% of respondents reported that their programs often (11%) or sometimes (20%) consulted adolescent girls with intellectual disabilities about programming.
- 38% reported that their programs often (14%) or sometimes (24%) proactively invited adolescent girls with intellectual disabilities to participate in programs. Local organizations were nearly twice as likely to consult with them and proactively invite them to participate than international organizations.
- The greatest barriers for staff to include adolescent girls with intellectual disabilities are a lack of specialized training/knowledge, financial resources, and guidance tools to support inclusion.

5. Designing a consultation for adolescent girls with intellectual disabilities

Collaborative planning

Planning for the consultations was a collaborative process of regular calls, emails, and ongoing conversations about the local contexts with IRC Ethiopia, IRC Burkina Faso, FENAID, and APEE.

Our target was to engage 12 adolescent girls with intellectual disabilities in each country context. We planned to hold two consultations per country, with six girls in each, so that the girls would feel more at ease and the facilitators could more easily connect with every girl. As many people with intellectual disabilities prefer to have a trusted support person with them, we planned for twice as many people in each consultation.

The desk review highlighted the importance of also engaging with the girls' caregivers to better understand their barriers and support needs. Initially, we planned to hold separate consultations with the girls and their caregivers at the same time, in nearby locations. This was based on an assumption that the girls would have one caregiver who could take part in those consultations, and a support person (such as another caregiver or sibling) who could stay with them. However, APEE and FENAID advised that most caregivers would likely be single mothers with no other support. This made it clear that we needed to hold the consultations with the girls and their caregivers at separate times, so that all caregivers would be able to take part.

We planned for each consultation to take up to 3.5 hours, with breaks incorporated into that timeline. This required careful logistics planning for each context, due to security restrictions and protocols.

We decided that the girls' consultations would be co-facilitated by a female self-advocate and a female IRC staff working in the context as part of the Women's Protection and Empowerment team. In Ethiopia, we planned for these to be held in the IRC's Women and Girls Wellness Center in the IDP camp. In Burkina Faso, we planned to hold the consultations in an IRC facility that met the criteria of being safe, calm, quiet, comfortable, and in a suitable location for the participants.

Learning: When conducting focus groups with adolescent girls with intellectual disabilities, plan for a small group size, and for each girl to have a support person with her.

Learning: Caregivers of adolescent girls with intellectual disabilities are often single mothers without additional support at home. They will likely want to accompany their daughter to activities as a support person.

Women and Girls Wellness Center



Creating the consultation components

To design the consultation approach, we started by agreeing on the key questions that we wanted to ask the girls. Then we drafted short stories around the questions. These stories were about a fictitious adolescent girl who had to leave her home with her mother and travel to a new place where internally displaced people were receiving support. The idea was to share a familiar story that would encourage the girls to reflect on their own experiences. Inclusion International advised on a maximum of three to four questions per story. To cover all the questions we wanted to ask, we settled on five short stories that were linked to each other.

Following the principles of Universal Design and accessibility, we wanted to make the stories as inclusive as possible for all of the girls. This led us to the decision to design culturally-sensitive illustrations to go along with the stories. We worked with [an experienced artist](#) who was already familiar with creating illustrations for and about people with intellectual disabilities to design [five illustrations](#) – one for each story.

Learning: Start by writing your questions – when you know what you want to ask, it gives you the foundation for designing how you can introduce the questions through storytelling.

What is universal design?

Universal design is broad level, mainstream inclusive thinking. It refers to a design, or outcome of design, that is as functional as possible for all. It is not only for persons with disabilities, as the principle is that it is useful for all, however it does inherently consider any type of diversity or impairment of the body or mind to cover a broad range of diverse needs.



Learning: Storytelling and illustrations are valuable tools for engaging adolescent girls with intellectual disabilities. It is very important to align these with the cultural and environmental context so that they are relatable.

To ensure that the girls had multiple ways of participating, we added role plays. These invited them to play the roles of humanitarian workers and adolescent girls so they could show us how they wanted to be treated and talked to. We initially included two role plays, and then reduced it to one due to limited time.

Inclusion International took the lead on drafting the consultation questions for caregivers. After working together on the final drafts of both consultation documents, we presented them to the Inclusion Advisory Group for feedback. Then we made final edits based on their inputs and recommendations.

The next step was to design Facilitator Guides for the [girls' consultations](#) and for the [caregivers' consultations](#) with step by step instructions for the facilitators. These were written in plain language to be as inclusive as possible.

We also developed [assent/consent forms for girls](#) and [consent forms for caregivers](#). These were based on easy to understand consent forms that were previously developed by Inclusion International. IRC also drew on its experience working with adolescent girls in humanitarian contexts to further contextualize these.

Strengthening the knowledge and capacity of the teams

IRC country program staff had limited experience working with people with intellectual disabilities, so the IRC's Inclusion Advisor provided an online introductory training on disability inclusion. This covered the core concepts of disability inclusion based on Interagency Standing Committee guidelines (IASC) guidelines for the inclusion of persons with disabilities and encouraged reflection and critical thinking through questions, exercises, and group work.

Inclusion International led a 2-day training of trainers (ToT) in Ethiopia for FENAID and APEE staff and the self-advocates and their support persons who would be taking part in the consultations. This introduced them to the roles they would be playing during the consultations, and prepared them for how they would train IRC staff in-country on working with people with intellectual disabilities in line with the Listen Include Respect guidelines. This was also an important opportunity for two OPDs from different country contexts to meet and exchange experiences and best practices that could help to support these consultations.

Identifying girls to take part in the consultations

It quickly became clear in both Ethiopia and Burkina Faso that the IRC would not be able to independently identify adolescent girls with intellectual disabilities in their implementation contexts. These girls were not already participating in IRC programs, and the interagency coordination groups for these IDP responses did not have data about people with intellectual disabilities. The IRC team did not have the necessary knowledge about how to identify them.

Learning: Plan for the consent process two weeks in advance, and plan time to explain about the consultations. This will help build trust with the girls and caregivers.

It was essential to work with FENAID and APEE to do this identification, as they had extensive experience identifying children and youth with intellectual disabilities in their country contexts. The IRC teams in each country worked closely with FENAID and APEE to plan a trip to the IDP sites to identify girls who would be invited to take part. They planned together how they would go about this. FENAID and APEE advised on the process for identifying the girls, while the IRC team organized the logistics and communication in the communities. Then the teams travelled together to conduct the identification.

This was a valuable learning experience for everyone. IRC staff learned about identifying people with intellectual disabilities, and APEE and FENAID staff learned about working in the humanitarian context, especially in IDP settings. This joint exercise also helped to strengthen the partnership between the organizations ahead of the consultations themselves.

The identification was successful, and each team identified more than 12 girls to take part in case some changed their minds before the consultations. While the primary aim was to identify girls who were internally displaced, the teams also considered girls from the host community to avoid creating tensions.

The following reflection on this identification process is from the perspective of OPD staff.

Learning: Building a respectful and equal partnership between humanitarian organizations and OPDs allows everyone to share their strengths and leads to more impactful work.

“We could even identify the children with intellectual disability with our bare eyes, and they [IRC] were surprised. We were trying to teach them how they can easily recognize a person with intellectual disabilities. They know the visible disability, of course, the blind, the deaf, and also the physical disabilities, but they don't know how they can identify people with intellectual disabilities, and they learned. [...] Some of the [IRC] social workers and also the staff, they are afraid of how they can communicate [with the adolescent girls with intellectual disabilities]. Even they don't know whether they can use the language that they use for the other children. But we showed them how they can communicate and how they can make the communication accessible for people with intellectual disabilities. [...] We met with nonverbal children with intellectual disabilities too. We were trying to show them how we can communicate with them, how we can interact with their parents. How the families are very important to communicate and also to interact with people with intellectual disability.

Mihret Nigussie, FENAID

6. Implementing consultations with the adolescent girls and their caregivers

Inviting OPDs to train humanitarian staff

The day before starting the consultations in each country, FENAID and APEE led a day of training and practice for the IRC staff supporting the consultations. This training focused on disability inclusion, intellectual disabilities, and best practices for working with people with intellectual disabilities.

Inviting FENAID and APEE to lead this training put their expertise and experience in the spotlight. In most cases, it is large humanitarian organizations that lead trainings and transfer knowledge to smaller organizations. In this case, we wanted to ensure that the OPDs were seen as the experts. This helped to not only improve the understanding of the IRC team, but also to help balance the power dynamics between the organizations. The IRC teams found the training to be valuable, and even suggested that two days of training would have been beneficial.

Learning: Inviting OPDs to train humanitarian organizations on disability inclusion is important. It helps to strengthen understanding and balance power so that work can be done more effectively in a true partnership.

Without APEE, it wouldn't have been possible. They are advanced in terms of their experience. Their training gave meaning to everything.

Martin Nyanguba, IRC Burkina Faso

Engaging self-advocates as co-facilitators

A week before the consultations, Inclusion International facilitated online calls with the FENAID and APEE teams and the IRC staff who would be co-facilitating. The aim was to confirm everyone's roles and ensure that the self-advocates and IRC staff were comfortable with each other. These calls were important, but also challenging due to multiple languages and poor internet connectivity.

Learning: Engaging self-advocates to co-facilitate is possible and a best practice.



In Ethiopia, the self-advocate and IRC co-facilitators spent a half-day practicing how they would lead the consultations. This was very helpful because they were meeting in person for the first time. In Burkina Faso, the team had limited time to practice together, and felt that more practice time would have been beneficial.

Co-facilitators should have at least a half-day to get to know each other and practice together. This will help them be aware of their specific roles and responsibilities.

Selam Asgedom Berhe, a self-advocate co-facilitator, prepares for the consultation with FENAID and IRC staff in Ethiopia.

During the consultations, the self-advocate co-facilitator in each context led on the storytelling with the support of the illustrations and her support person. As neither self-advocate was literate, this role built on their strengths and let them lead on what they felt most comfortable with. Then the IRC co-facilitator followed up with the girls to check if they understood, and asked the questions from the Facilitator Guide. This kind of facilitation was a new experience for the self-advocates, and giving them plenty of time and encouragement helped to build their confidence.

Pélagie Yameogo, a self-advocate co-facilitator, leads the consultation with adolescent girls in Burkina Faso.



[The self-advocate] – they have experienced support, a real support from the IRC team, because there is a kind of sharing the roles. Pélagie was to present the drawings and the stories. Then Christine, the IRC Staff Member, was to ask questions. The roles have been really shared in a good way, planned first before they went to the ground, and this has been respected. [...] She also confirmed that she has been helped because she was ready to present the stories and the drawings to show the girls something that happened maybe elsewhere, but was similar to their situation and tell the story about that drawing.

Issoufou Zoungrana, APEE

Creating a safe and inclusive space

The team worked hard to create a safe and welcoming space for the adolescent girls. This started with the planning and design of the consultations, and was reflected in the planning in-country.

For continuity, it was important for the consultations to be held in spaces that the girls and caregivers could also access in the future. The female IRC staff who co-facilitated the consultations were trained GBV practitioners with experience providing psychosocial support and referrals. This was a valuable foundation for creating a safe emotional space.

Inclusion International, FENAID and APEE staff, self-advocates, and family members of people with intellectual disabilities provided additional insights for how to create a safe space for adolescent girls with intellectual disabilities. This included ensuring that they were consulted ahead of time, and at ease with the people in the room before the consultations started.

The following table outlines learnings from these consultations about what worked well to create a safe and inclusive space for adolescent girls with intellectual disabilities. These are not completely different from guidelines for creating safe spaces for adolescent girls, women, or children without intellectual disabilities, but highlight specific points that should be considered when planning and preparing teams to create inclusive spaces.



Creating a safe and supportive space for adolescent girls with intellectual disabilities to engage in Ethiopia.



Creating a safe and inclusive space for adolescent girls with intellectual disabilities

Physical space

- Choose a space that is physically safe, quiet and calm, private, has good air circulation, has comfortable seating, and is accessible for girls with different kinds of mobility impairments to enter and move around in.
- Before engaging girls in a consultation, it is helpful if they have been in this space before and it is not a completely new environment for them.
- Set up the seating in a circle. Chairs can work, but mattresses or mats on the floor are even better, as this creates a more informal and intimate circle. Make the circle small enough so it feels safe and you can hear the girls when they are speaking.

Emotional safety

- Only those who are directly supporting the consultations should be in the space. They should introduce themselves, and ask for the girls' and caregivers' permission to be present during the consultation. No men should be present aside from the girls' caregivers.
- Remind support persons from the beginning that they are there to support the girl, and not to answer the questions or speak for her. Make sure that they are clear about their role as a support person and how they can help her take part.
- It is helpful if the girls have met at least one of the facilitators before, or are familiar with seeing them around.
- It is important for the facilitators to create a positive, non-judgmental, and fun atmosphere so that everyone feels comfortable to share. This includes smiling, making eye contact with all of the girls, and joking appropriately with them. [This created a space where the girls also felt free to joke and laugh with each other.]
- Be prepared for some participants to be emotional. Be ready to affirm and encourage them. Make sure they know about available counselling options.

Participation

- Start with a culturally-relevant energizer to break the ice – music, dancing, and singing work well. Encourage everyone to join in, but let each girl choose if and how she wants to take part.

- Plan ahead for energizers at different points during the consultations. This will help to create a fun environment and increase engagement. Take time to explain the energizers so everyone can take part if and how they want to.
- It is helpful for facilitators to learn every girl's name, and to call them by name.
- Have refreshments at the start, or plan an early break to support the girls' energy.
- Invite the girls to participate in whatever way is most comfortable for them. Some will want to talk more than others. Affirm them in the way they choose to participate.
- Affirm the girls' responses. This may be the first time they have engaged in a discussion like this, and encouraging them will go a long way in helping them feel safe to share their ideas. This can include affirming words, clapping, or even sharing something like biscuits, if these are available. It is important that every girl receives this affirmation, and none are left out. The girls may even start to affirm each other. [For example, in one consultation, one girl gave another girl a fist-bump to affirm her response to a question. In the same consultation, the girls also clapped for the self-advocate after she told the story.]
- Stay flexible and be ready to adapt as you go so that you are responding to the needs and cues from the girls.
- Give the girls full freedom to come and go as they want and need to. Some may need more breaks than others. Some may need to lie down at certain points. It is important that they feel free and welcome to make these choices for themselves. If you want to wait for a girl to come back, use this time as an opportunity to give the other girls a break, too – for example, lead an energizer or ask for a song.

Communication

- Use plain language when speaking to girls, and avoid technical terms and jargon. Check for understanding along the way, in case things need to be repeated or said in another way. This will help to ensure that some girls are not left behind.
- Use multiple methods of communication, like illustrations, role plays, singing, etc.
- Be patient when asking questions and when waiting for the girls' feedback and responses. Be prepared to rephrase them using different words, and give the girls plenty of time to answer.

Using storytelling and illustrations

Using multiple methods for communication aligns with the principles of Universal Design. These consultations confirmed that using storytelling and illustrations can be very effective ways to draw adolescent girls with intellectual disabilities into discussions. This experience also confirmed how important it is that illustrations are representative of the context, including people, culture, and the surrounding environment. The girls paid close attention to the details, with some even naming what tribes people belonged to, based on their clothing. The facilitators also added further context to make the stories and illustrations more relatable to their specific locations and situation.

In response to the stories and illustrations, the girls reflected on Mara's experiences and emotions. This opened the door to sharing about their own experiences, challenges, fears, and hopes.

One key learning was that five stories were difficult to get through in the allocated time, and the girls began to show signs of being tired. In one consultation, the team decided to merge two stories because they were running out of time and wanted to get to the final story.

Learning:
Contextualized stories and illustrations are an effective way to engage adolescent girls with intellectual disabilities in consultations.

It is best to limit these to 4 stories, with 2-3 questions after each one.

Using illustrations to engage adolescent girls with intellectual disabilities in Burkina Faso.



Inviting girls to engage in role plays

Including a role play was an effective way to energize the girls and encourage them to engage in a different way. Everyone was surprised at how the girls took part. This showed that they had become comfortable in the group and felt safe to engage. The girl who was the most outspoken in each group stepped up to play the role of the humanitarian worker, and the other girls played the roles of Mara (the girl with an intellectual disability in the story) and others around her. It was important that these choices about how to take part was up to the girls.

The girls demonstrated the importance of talking to them at the same physical level, maintaining eye contact, and sharing information with a clear, kind, and affirming tone of voice. They also showed how they would welcome and encourage Mara to join them through smiles, clapping for her, and by physically taking her hand. In one reflection after the role play, the girls highlighted how they wished that girls their age would accept and play with them in the same way that they had demonstrated.

Learning: Role plays give girls a different way to engage and communicate to us. They are a helpful way for girls to show us their creativity and how they want to be spoken to and included.

Adolescent girls with intellectual disabilities in Ethiopia engage in role playing as their caregivers look on. Here they are showing how they want to be spoken to and treated by humanitarian staff.



Adapting and responding to challenges

During the consultations, it was important for the facilitators to adapt and respond to challenges by quickly brainstorming solutions together as a team. The primary challenge, especially at the beginning of each consultation, was encouraging the girls to talk. This was a first experience participating in a group for most of them, as several of their mothers confirmed after the consultations. However, through the warm and positive environment created by the facilitators, the girls gradually began to engage.



Encouraging the girls to engage by creating a warm and welcoming environment in Burkina Faso.

In one consultation where the girls were especially shy, the team invited them to sit in a smaller circle so that they could be closer to each other and to the facilitators. Their caregivers stayed in their chairs in the outer circle. This adaptation shifted the dynamic immediately. The girls were more at ease with the facilitators and began making eye contact, smiling, engaging with each other, and responding to the questions.



Encouraging girls in Ethiopia to engage by inviting them to sit together in a small circle.



Engaging in lively ice-breakers with the girls in Burkina Faso.

Any time the girls' energy began to drop, it was important to respond to these cues by leading an energizer or taking a break. If the energy dropped near the end of the consultation, it was a sign that it was time to wrap up – and not push the girls to engage beyond their limit. In this case, the facilitators skipped ahead to the final questions. In one consultation, the team decided to end and invite the girls to come back the following day. They team found that the girls were much more energized and happy to participate on the second day.

The team reminded the caregivers at the beginning of the girls' consultations that they were there as support persons, and that this time was for the girls to share. However, some caregivers were still eager to answer the questions and share their experiences. The facilitators had to remind them again that they would have the opportunity to share later during the caregivers' consultation. It was important to explain this in a sensitive and respectful way, especially as some caregivers were emotional when sharing.

Learning: It is best to limit consultations to 2½ hours, with a break and refreshments in between. If it needs to be longer, plan to meet with girls on 2 consecutive days.

Learning: It is important to remind support persons at the beginning that the target audience is the girls. Keep reminding them as needed, and be prepared to explain this in a sensitive and respectful way.

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At the beginning, the girls were facing some difficulties to express their needs and their preoccupations. But with [the facilitators], there have been some icebreakers to make them feel at ease to express their needs. That has been one of the techniques they have used. So at the end, after the difficulties at the beginning, they have felt very free to express their opinion and express their needs.

Issoufou Zoungrana, APEE

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Engaging with the caregivers of adolescent girls with intellectual disabilities

Many of the caregivers expressed happiness about seeing their daughters engaging in the consultations. This was an experience that most of the girls had never had before. It showed the caregivers that it was possible and safe for their girls to engage in such groups. As the girls began to feel more comfortable and engage more with the facilitators, their caregivers were watching and smiling.

It was also clear that the caregivers valued having a space to share about their own experiences as family members of people with intellectual disabilities. Even though some were physically tired from working, they still engaged. They opened up about their challenges and frustrations with the barriers they face trying to access support for their daughters. Some were emotional as they shared about their experiences.

Most of the caregivers did not know each other, and shared that this was the first time they were meeting others who were facing similar challenges. This was an important first step in reducing isolation and building a sense of solidarity between themselves. They understood each other's challenges better than other caregivers might, and emphasized the importance of having these spaces to meet and talk together. It will be key to build on these connections in the future.

Learning:
Caregivers of adolescent girls with intellectual disabilities value having a space to share their own experiences. It is important to also plan activities for caregivers.

Caregivers of adolescent girls with intellectual disabilities in Ethiopia engage in the consultation.



7. Reflections from OPD staff and self-advocates

Prior to these consultations, APEE and FENAID had not worked alongside a large international humanitarian organization, or directly in emergency contexts with internally displaced people. This was a new experience, and they were able to reach new areas and populations.

In Ethiopia, this experience led FENAID to commit to starting up an association for people with intellectual disabilities and their family members in the town adjacent to the IDP camps. This was an important step forward, as previously there was no such association or group in this city despite it being a sizeable city in the region.

This was also a new experience for the two self-advocate leaders who co-facilitated the consultations. It created a valuable opportunity to build their skills and confidence. This will support their continuing advocacy for their rights and the rights of other people with intellectual disabilities.

Learning:
Partnerships between OPDs and humanitarian actors facilitates mutual learning, supports the reach of OPDs, and leads to more inclusive and empowering engagement with people with disabilities.



In the first visit, it was very hard for us. I have been working for long, infinite, more than 15 years. But the situation we have been visiting in the Shire area with that IDP center, it was heart-breaking for us. [...] Even the people with intellectual disabilities, they don't know whether they can be included in this group [of people getting support in the camp], if they can get any services - even their parents, they don't understand that this is their right. For example, they do have safe spaces, but they didn't know that that safe space is also deserved for children with intellectual disabilities. They were asking them, "Is it also our right to come to the place to get these services?" [...] Some of the children with intellectual disabilities or adolescent girls, they never talked like that. Even their mothers were surprised. "We never had this discussion in our home, I never saw her talk like this before," they were saying. I was very happy for that. I was very excited because it was an opportunity for the adolescent girls to tell us or to say something about themselves, to say something. [...] It was an experience for all of us, not only for the social workers, for the representatives, but also for the family members who are representing there with their children.

Mihret Nigussie, FENAID

My presence as a self-advocate in the running of the project activities gave the IRC team more concrete elements to put the Listen Include Respect guidelines into practice. The girls with intellectual disabilities also felt more comfortable expressing themselves when they saw the self-advocate. This encouraged the girls to feel valued and to give their all in the discussions. What more, the support people have become contacts for the IRC team. They now know who to contact to continue the project.

Pélagie Yameogo, Self-advocate Focus Group Facilitator, Burkina Faso



8. Reflections from humanitarian staff

Prior to these consultations, the participating IRC staff had not engaged with people with intellectual disabilities. Without experience and the confidence that comes with that, they were uncertain and even a bit anxious about the process. On the other end of the consultations, they described this as a wonderful learning experience, and came out of it highly motivated to include adolescent girls with intellectual disabilities in the future.

By engaging in these consultations, IRC staff had the opportunity to learn directly from experienced staff from OPDs (FENAIID and APEE), from self-advocates and their support persons, from family members of people with intellectual disabilities, and from the adolescent girls with intellectual disabilities and their caregivers. In addition to strengthening their awareness and understanding, this experience helped to change their expectations. The following reflections from staff demonstrate how even one experience like this can be transformative and deepen their commitment to inclusive approaches.

Learning: Even just one experience of working with adolescent girls with intellectual disabilities can be transformative for humanitarian staff. It motivates staff to want to do whatever it takes to include these girls in programming.



We saw that the people were motivated and encouraged, and it was very touching for us. [...] We have opportunities to really include them and invite them to our work. Some couldn't express themselves, but were showing joy and happiness through their smiles.

Martin Nyanguba, IRC Burkina Faso

The answers the girls gave us surprised us. The girls were sharing, and they even had some wise quotes that were so deep. I didn't know the girls were reflecting at that level. And the caregivers trusted us with the girls. Even the caregivers were surprised! Sharing that [experience] with the girls allowed them to express themselves, united them, and they were listening.

Zenabe Koumbem, IRC Burkina Faso

I thought the girls couldn't do anything or participate, that they didn't have autonomy. But then I saw them sing, dance, listen, and talk about the treatment they had at home. They could express their frustrations. [...] They can participate everywhere and we need to engage and include them!

Christine Zeye Souli, IRC Burkina Faso



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Working with people with intellectual disabilities was new for me. It was wonderful because I had to learn more about them, about their needs, and the gaps. It really showed me how we can work together to include people with intellectual disabilities. [...] My attitude before and after – it's different. There was an attitude change. At first, I was struggling to communicate with girls, working with them, talking with them, engaging with them. I didn't think they would even understand me or what I was saying. But really, they just needed a little support. It's not difficult or a big deal engaging with them. It just needs a little support! [...] When we gathered them together and communicated with them, their mothers were surprised. They didn't think it was their right to communicate with us. One mother told us that nobody talks to them like that. She said, "Nobody is able to talk to us, nobody is able to support us." She even cried. After what we did, this mother was really thanking us, saying, "It was good for us. Even if you didn't support us [materially], you were engaging us in the community." She told us that she was so happy! That amazed me. [...] When we sat in the same circle with the girls, they felt like friends with us. They talked more. They like to be talked to, they want to be friends with us! I was asking them, "Am I your friend?" and they were really laughing and talking to me. [...] It was really amazing. It was also a big lesson that I have to work with these girls.

Fana Gebreselassie, IRC Ethiopia

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The IRC and APEE team in Burkina Faso celebrates what they achieved together!



FINDINGS:

What did we learn?

This section outlines the key learnings from the consultations with adolescent girls with intellectual disabilities and their caregivers in Ethiopia and Burkina Faso. These learnings are based on what they shared with us, and on observations from the team.



I want adults and all staff to learn from us to be inclusive, to provide services for people like us without any discrimination.

Adolescent Girl, Ethiopia

1. Identifying risks

What risks do adolescent girls with intellectual disabilities face when trying to access humanitarian programs?

Real and perceived risks of violence outside the home

Many girls shared about how they felt afraid in new environments and unfamiliar spaces, as well as around new people. Some explained that they were afraid to leave their homes because strangers could rob and attack them. Some shared how they had witnessed violence when fleeing their communities. When describing the experience of Mara – the fictional girl with intellectual disabilities in the consultation stories – several girls highlighted the risks of verbal or sexual violence and kidnapping that she might face.



Being with new people makes me feel afraid. And I didn't know the place, so that's why it makes me afraid. - *Adolescent Girl, Ethiopia*

I don't want to go out from my home. I always stayed in my home because I fear going out. I feel safe when I'm in my home. Because going out stresses me. - *Adolescent Girl, Ethiopia*

[Mara] is afraid of people attacking in the bush. - *Adolescent Girl, Burkina Faso*

Bullying from peers

Girls and caregivers shared that violence from their peers, including bullying and beating, stopped girls from playing outside and going to school. While a few girls in Ethiopia spoke positively about going to school and engaging with friends, most of the girls were not enrolled in school. Some could not attend because of illnesses, but many dropped out due to bullying.

I am not comfortable going, I'm not comfortable going to school. Because my classmates beat me, and they asked me to give them the biscuits that I have received in school. So, I don't want to go to school because of this fear. - *Adolescent Girl, Ethiopia*

We enrolled her but she was rejected at school, beaten up and shunned, which is why she was taken out of school. - *Caregiver, Burkina Faso*

Recently my daughter went to a wedding and the other children hit her, and I don't want her to join them. - *Caregiver, Burkina Faso*

Maltreatment from service providers

While some girls and caregivers spoke about positive interactions with service providers, others recounted that they were maltreated and that this impacted their access to services.

“At school, during composition, I'm taken out because I can't compete with the others, and I'm also beaten because I can't progress like the others. When I want to join my classmates, they won't let me, I don't know why. - Adolescent Girl, Burkina Faso

They labeled as mad, as crazy, some of the aid workers labeled us as mad so they don't provide or they don't treat us well, they don't give us a good care. - Caregiver, Ethiopia

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2. Understanding barriers

What barriers do adolescent girls with intellectual disabilities [and their caregivers] face when trying to access humanitarian programs?

Lack of recognition and understanding of intellectual disabilities by service providers

Girls and caregivers shared examples of how humanitarian staff told them they were not eligible to receive aid set aside for people with disabilities. One caregiver described having to go the extra mile to explain the challenges resulting from her daughter's disability to the IDP representative to get a referral for services. This highlights a general lack of awareness about intellectual disabilities among service providers. When they are unable to identify adolescent girls with intellectual disabilities or recognize their needs, they do not include them in targeted distributions or proactively include them in services. Despite advocacy and persistence, girls and caregivers were often turned away.



“People are a barrier because they said [...] that she has received other aid, she has people who can support, she's not vulnerable. They said a lot of things. So, I was not included in the registration and targeting because people are barriers in here. People said I didn't meet the criteria to receive aid. People don't think that I am vulnerable. - Adolescent Girl, Ethiopia

I visited the center and aid workers told me that you are not vulnerable, your child is not vulnerable. So, I cannot assist you, I cannot support you. They said you're not vulnerable, we cannot give you anything. - *Caregiver, Ethiopia*

My daughter is shy, so she is not able to speak up for herself. If the staff, if the humanitarian aid workers said no, if they said you cannot access the service or you're not eligible, she couldn't speak up for herself because she is shy. - *Caregiver, Ethiopia*

Even the IDP representatives and aid workers ignored my requests, but I don't give up it. I always try to participate in any registrations and distributions. - *Caregiver, Ethiopia*

However, awareness did vary between aid workers. Some caregivers in Ethiopia shared that they felt understood and supported by aid workers. One spoke about being refused aid by one staff member, but then going back again in case a different aid worker might support her.

I as a family, we are happy that you are understanding us, aid workers are understanding that my daughter has special needs, and as her mother or as family, they treated us well. They understood our needs and treated us well. - *Caregiver, Ethiopia*

Lack of access to information about aid and services

Girls and caregivers noted a lack of timely information about aid distributions. Information about humanitarian aid and services is rarely shared directly with girls. They receive this information from other family members, and girls rely on them to explain if they don't understand something. Some girls also mentioned asking IDP leaders if they did not understand. In Burkina Faso, girls and caregivers shared that they received information about aid distributions from other community members, rather than being directly informed by the aid workers. As a result, they arrived too late to receive the aid.

I've never benefited from anything, I'm always late with information. I never arrive in time to benefit from it. - *Caregiver, Burkina Faso*

No one has ever come to tell us about aid distributions. It's through other people that we learn about them. - *Caregiver, Burkina Faso*

If I don't understand, if I face the same challenge as Mara [when she did not understand], I can ask my mother. - *Adolescent Girls, Ethiopia*

Lack of follow-through by aid workers after initial registration

In Ethiopia, several caregivers shared challenges around being registered and promised aid, but not receiving anything. This indicates a disconnect between the initial information provided by humanitarian workers and their prioritization during the actual distribution. Caregivers in Burkina Faso shared that they often don't receive the aid that they are eligible for because the rest of the community – including healthy people who are not eligible for it – receive the funds or material support instead.



[Aid workers] asked us [what we need], they just registered our name to provide, to give us some support. But they didn't give us that support. - *Adolescent Girl, Ethiopia*

Aid workers come to us, they visit us, and they register us, they register our children. But we didn't receive anything. But they targeted and reached our children with the criteria of intellectual disability. After they registered us, they didn't give us anything. I haven't received anything. - *Caregiver, Ethiopia*

We haven't benefited from anything yet. Help comes, but it doesn't reach everyone. - *Caregiver, Burkina Faso*

I want the organizations to stop or avoid registering our daughters and not distributing. It's a kind of false hope, so I want the organizations to stop such kind of activities. - *Caregiver, Ethiopia*

Lack of consultation with adolescent girls with intellectual disabilities

No girls reported that they were consulted about their needs or the types of aid that would be most beneficial to them. They had never taken part in consultations like this or been asked to share their opinions and ideas. When a safe space was created for them to do so, they spoke up.

We're not asked for our opinion. - *Adolescent Girl, Burkina Faso*

No one asked me what I need. - *Adolescent Girl, Ethiopia*

This is my first experience of having my opinions about my child taken into account. It's the first time my daughter has been involved. - *Caregiver, Ethiopia*

Inaccessible distribution points, particularly due to crowds

Girls and caregivers highlighted the challenges of accessing aid distribution points. One girl had a mobility disability that prevented her from moving to the site. Others shared that it was difficult to compete with the crowd during distributions. Older caregivers, such as grandmothers, noted how their own physical limitations prevented them from accessing aid at these sites for the girls.

“The day I got the bag of corn, there was a lot of pushing and shoving. The corn was even poured out and I couldn't join the others to collect it, given my advanced age. - *Caregiver, Burkina Faso*

I can't go there, it's because of the people. People run to get there and when I want to go, they stop me. - *Adolescent Girl, Burkina Faso*

I don't benefit when we come with helpers to the community and there's a lot of jostling. - *Adolescent Girl, Burkina Faso*

Inaccessible services and programs

Girls and caregivers shared examples of services and programs that were not inclusive or adapted to their needs, including schools and training programs. One girl also shared that she was excluded from a program based on her age, and did not mention being referred to another program. So, she took up begging instead.

“I dropped out of school because I'm not understanding what the teachers are saying. So, I dropped out of school. - *Adolescent Girl, Ethiopia*

I used to participate, I used to go to the child protection activities. But now I am not going because the aid workers, the staff in the safe space, told me that I cannot take part in these activities because it's only for children. She told me that I'm not eligible to participate in child protection activities. - *Adolescent Girl, Ethiopia*

I often refuse to take my disabled daughter out to get help because she can cause damage there and they soon refuse to see us. I was called for a training course for my daughter, but the offer was declined on the pretext that she's not normal. - *Caregiver, Burkina Faso*

There is no service provision for people with intellectual disabilities. - *Caregiver, Ethiopia*

Stigma from the community

Girls and caregivers spoke a lot about stigma and rejection from the community. Some mentioned how others refused to share items with the girls. This stigma keeps girls more confined to their homes and more isolated from others, further impacting their inclusion in humanitarian activities.



People refuse. People prepare food but don't serve it to me. - *Adolescent Girl, Burkina Faso*

The local children won't let her come near them. When she drinks from a cup, no one else wants to use the same cup, not even her own brothers. - *Caregiver, Burkina Faso*

No one understands me as a family member, and no one understands my daughter, because there is a stigma. - *Caregiver, Ethiopia*

At home, [my daughter] is not disturbed, but outside the house, people don't want to approach her. People stigmatize her. If people stop rejecting her outside, she will be happy. - *Caregiver, Burkina Faso*

Rejection by their peers

Although a few girls talked about their friends, many repeatedly shared that their peers reject them and they do not have friends. Some girls talked about being shy, and how this made it difficult for them to make friends. Many of the girls expressed a longing for acceptance and connection.

No, I don't have any friends, I walk alone. - *Adolescent Girl, Burkina Faso*

I haven't had a friend since I came here. I don't know why. I'm looking for friends but I haven't had any. - *Adolescent Girl, Burkina Faso*

I don't like friendship. My friends reject me, they say I'm sick, my friends ask me why I follow them. - *Adolescent Girl, Burkina Faso*

I don't go out. I just stayed in my home. I don't like going out to the community. I don't have friends. - *Adolescent Girl, Ethiopia*

I wish girls my age would accept me and play together. - *Adolescent Girl, Burkina Faso*

3. Practicing inclusion

What can humanitarian actors do better to include adolescent girls with intellectual disabilities and meet their needs, and how can we support their families?

Communicate directly with adolescent girls with intellectual disabilities and their families

Proactive communication with girls and their families is essential to ensure access to aid and services. This includes informing them directly and ahead of time about upcoming distributions, including by phone where possible. It also means consulting with the girls and their families to understand their specific needs and interests. Although girls are rarely asked about their needs, they expressed happiness about being invited to share these during the consultations.



If there's aid for us, we can be called by telephone to let us know, as was the case for these consultations. - *Caregiver, Burkina Faso*

It's the way you went about including us in the consultation that you should do to include us in future projects. You have to come to us to include us since we have the disabilities. - *Adolescent Girl, Burkina Faso*

I'd like [aid workers] to talk to us on a regular basis like we're doing now. - *Caregiver, Burkina Faso*

The fact that I'm here, that I'm associated with this talk, already makes me happy. - *Caregiver, Burkina Faso*

Organize distributions and services in ways that ensure access and safety

When planning distributions or services, humanitarian actors should consider how they can make this as accessible and safe as possible for adolescent girls with intellectual disabilities and their caregivers. The best way to plan for this in context is to consult with them on how to set this up. One girl noted that she would be happy if someone came to get her. Some caregivers suggested holding separate distributions for people with disabilities so that they did not have to compete with others. Some highlighted a need for separate activities that would meet the unique needs of their girls and they would not be left behind. It is also important that this is done in a way that does not increase stigma from the wider community.

“ They should be registered by category, those with disabilities on one side and those without disabilities on the other, to enable them to benefit separately, as they do not have the same strengths. - *Caregiver, Burkina Faso*

I want someone to pick me up at home so I can go and take part in activities. - *Adolescent Girl, Burkina Faso*

Once, one of the organizations registered us for aid support. [...] The criteria was being mentally ill. So, they just registered us based on the criteria. [...] We received two soaps, but the community isolates us because the criteria was mental illness, and every member of the community understands that. That's why the community isolated us. - *Caregiver, Ethiopia*

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Invite adolescent girls with intellectual disabilities to take part in all activities

The adolescent girls clearly communicated that they want to be invited. They want to take part in programs and activities. They want to have fun and make friends. Many talked about wanting to go to school. Caregivers also requested that humanitarian workers engage directly with their girls. They want the staff to call their girls by name, explain things to them, and ask them about their needs. This will help the girls feel at ease, and begin to shift the harmful perceptions held by community members.

“ I want to get organizations to help us and include us in all girls' spaces. - *Adolescent Girl, Ethiopia*

Coming and participating in the safe space refreshed me, having friends and playing here makes me refreshed. - *Adolescent Girl, Ethiopia*

If they can participate in the Women and Girls Safe Space activities or any other services, they can manage their stress and I believe it is refreshing, so it would be a way to manage their stresses. - *Caregiver, Ethiopia*

I don't want money, but I want to send my girl to school. I want my girl to go to school. - *Caregiver, Ethiopia*

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Create inclusive spaces where all girls feel safe and supported to build friendships

Girls in Ethiopia emphasized that they wanted humanitarian staff to be welcoming and respectful towards them and to create more inclusive spaces. This was also important for supporting the girls to connect with others. Several girls highlighted that they were shy, and that making friends with other girls was difficult. Safe space programs and other interactive activities led by humanitarian organizations can play an important role in fostering these connections and relationships.



We are shy, so it's difficult for us to connect with other girls. It makes it hard because we are shy.
- *Adolescent Girl, Ethiopia*

Yes, I have connected with other girls in the Women and Girls Safe Space. But I didn't play with them. - *Adolescent Girl, Ethiopia*

Explaining why the fictional girl with an intellectual disability was smiling in the final illustration:

Mara was happy because she has joined a new thing, and she has new friends. That's why Mara felt happy. - *Adolescent Girl, Ethiopia*

The girls in the safe space are welcoming, so Mara is happy. - *Adolescent Girl, Ethiopia*



Create awareness in the community

Caregivers in Burkina Faso felt that humanitarian staff could play a key role in raising awareness among community members about intellectual disabilities. This stigma has profound impacts on the girls and their families, and shifting these perceptions through education and advocacy campaigns could make a big difference in their lives. While they emphasized educating other children as a way of ending bullying, wider community awareness-raising could also create a more welcoming and accepting environment overall.



I often tell my daughter to follow the other children, but when she does, they hit her. I don't know how to get the other children to accept my daughter, they don't accept her at all. NGOs need to educate other children about accepting disabilities. - *Caregiver, Burkina Faso*

I'd like us to come and talk to the children with disabilities, to do therapy. I'll try to talk to the children to explain that the illness of children with intellectual disabilities is not contagious. - *Caregiver, Burkina Faso*

The help I need is when the children are chasing my daughter with a stick to hit her. You have to tell the children to stop bothering my daughter. - *Caregiver, Burkina Faso*

I would be happy if the organizations provide assistance such as education therapists for people with special needs. Because my daughter used to go to school, but she was not comfortable with that because the students and her classmates in that school used to mock her. So, she didn't want to attend school. - *Caregiver, Ethiopia*

Learn from the girls themselves – invite them to show you how they want to be included

Based on the stories shared during the consultations, the girls described how they would interact with Mara, the fictional girl with an intellectual disability. They shared examples of going to Mara, inviting her to play, inviting her to come out of her house, and creating a safe space where they could have fun together.

I'm going to tell her to join us so we can have some fun. I'm going to sit in the safe space and wait for her. - *Adolescent Girl, Burkina Faso*

When the girls were invited to do a role play to show how they would talk to Mara and welcome her to take part in activities, they demonstrated inclusive practices that humanitarian staff can learn from.

In one role play, the girl who played the role of the aid worker quickly squatted down so that she could make full eye contact with the other girls. She spoke slowly and clearly. She smiled. She explained about the activity, and emphasized that they were very welcome to come and take part in it.

In another role play:

The girls are lined up side by side. One girl takes another girl by the hand and leads her to the center, so that they are in line with the other girls.

One says: "Come and join us so we can dance."

Another says: "Come, don't be afraid."

Another girl takes her by the hand.

Another says: "Come and join us, you're a girl like us."

4. Promoting adolescent girls' rights and strengths

What can humanitarian programs do better to promote the rights and strengths of adolescent girls with intellectual disabilities?

Prioritize their right to be included in all distributions, services, and activities

Inclusion is a right, not a favor. Girls and their caregivers talked about the need to be included in aid distributions, in services, and in program activities. Basic needs including food, clothing, and shelter were emphasized. Health was a high priority for many caregivers, as some of their daughters had ongoing health issues, including seizures. Some noted that if their daughters' health concerns were managed, then they would be able to learn skills and work to contribute to the family. Others mentioned activities at the Women and Girls Wellness Center, and one specifically wanted her daughter to take part in the IRC's Girl Shine program. No participants used the language of rights to talk about girls' inclusion, and some girls were hesitant about whether girls like them should be included. This is likely a reflection of what they have experienced so far, and highlights the urgent need for inclusion to be prioritized across programs and activities and framed as a right.



“ Her mom refused to let her go to the safe space because it's not the right place for her. [Reflecting on the fictional character's invitation to take part in activities.] - *Adolescent Girl, Burkina Faso*

If [my daughter] can take part in the activities, I think it would be easy for her. But I haven't followed her, I haven't insisted for her to participate in these activities. But I think if she can participate once, or if she can sign up, it would be easy for her. - *Caregiver, Ethiopia*

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Prioritize their right to menstrual health alongside other basic needs

Several girls voiced their need for menstrual hygiene management support, and caregivers also highlighted this need. One caregiver also requested aid workers to sit down with her daughter to talk about menstrual hygiene. Additional material needs were food, clothing, shelter, access to water, and hygiene kits.

“ I want to tell the organization to support us, to provide us sanitary pads, underwear, and other materials for hygiene. - *Adolescent Girl, Ethiopia*

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Prioritize their right to learn a skill to enable income generation

Girls asked for support to continue learning – particularly learning skills that could enable them to engage in income generation. Caregivers also emphasized the importance of teaching the girls a skill so that they could engage in income-generating activities.

I want to tell the organizations to teach us skill-building, I want to engage in skill-building.

- *Adolescent Girl, Ethiopia*

I want to be a doctor, but I want this staff to teach me skills and teach me new things. - *Adolescent Girl, Ethiopia*

Help for my daughter must be continuous and not one-off, help that isn't money but an activity that can generate money. - *Caregiver, Burkina Faso*

I want you to support my daughter because I want to see her in a better position. So, I want the organizations to understand her. I want my daughter to have work, and also I want my daughter to have some skills. I want the organizations to teach her in skill-building activities. - *Caregiver, Ethiopia*

Recognize and build on girls' strengths

When asked about their strengths, the girls highlighted many useful skills that could be used for income generation or to support the community and humanitarian organizations. These ranged from housework, including cooking and cleaning, to animal husbandry and cultivation, fetching water and chopping wood, and singing, dancing, and drawing. Girls already have strengths and skills, and humanitarian staff should recognize these to build their confidence. Girls can continue to strengthen these skills and share them with others.

I am good at drawing. I can draw a picture in the Women and Girls Safe Space. - *Adolescent Girl, Ethiopia*

I want the organizations to provide embroidery thread and embroidery needles so that I can work on that because I have the skills. - *Adolescent Girl, Ethiopia*

I can help them to provide the service wholeheartedly. So, we can [help] by participating in different activities by coming and taking part in the activities such as embroidery. - *Adolescent Girl, Ethiopia*

Involve adolescent girls with intellectual disabilities in welcoming and including all girls

Girls expressed that they could play an important role in teaching humanitarian staff how to be welcoming and inclusive of everyone. They wanted to teach them good manners and how to show equal respect without discrimination. They also spoke about raising awareness in the wider community to reduce stigma and encourage others to play with them.

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I want to learn new things by coming here, and I also want to support the staff. I want to help the staff here. - *Adolescent Girl, Ethiopia*

I want other people or staff in here to learn from us good manners, such as treating people equally, and respecting people. - *Adolescent Girl, Ethiopia*

I want staff and adults to learn from me to encourage people to play without any fear. I want them to be encouraging. - *Adolescent Girl, Ethiopia*

I want adults and all staff to learn from us to be inclusive, to provide services for people like us without any discrimination. - *Adolescent Girl, Ethiopia*

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Adolescent girls with intellectual disabilities in Ethiopia share their strengths and recommendations as their caregivers look on.

5. Supporting caregivers of adolescent girls with intellectual disabilities

What can humanitarian programs do better to include and support their caregivers and families?



Caregivers need aid workers to understand more about intellectual disabilities

Many caregivers spoke about how they want the staff from humanitarian organizations to recognize that their daughter has an intellectual disability and try to understand their situation. With many reporting that they have been consistently overlooked for aid designated for people with disabilities, they want to be seen, understood, and supported.

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I want the organizations to understand that she has special needs. I want the organizations to understand that my daughter has a disability. I want the organizations to support me. - *Caregiver, Ethiopia*

I want the organization to learn that my daughter has an intellectual disability. She has already missed a lot of opportunities because I just learned recently that she has an intellectual disability. So, I think she has missed the opportunities. I want the organizations to understand my daughter's problem, and I will be happy if they can give us a solution. - *Caregiver, Ethiopia*

I want you to understand that my daughter has special needs. And as her mother, I want you to understand me and support me because I want to see my daughter in a better position. I want her grown and now I want to see her in a better position, so I am doing all my best to support her. And I want the organization's understanding of special needs and to support us with her needs. - *Caregiver, Ethiopia*

I want the organizations to understand and to learn what our needs are and what special needs are. And after understanding, after learning what we are facing, what are our challenges, we expect them to provide us or to give us a solution. - *Caregiver, Ethiopia*

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Caregivers of adolescent girls with intellectual disabilities also need support

The primary caregivers of adolescent girls with intellectual disabilities, who are overwhelmingly women, would also benefit from direct support and encouragement from humanitarian staff. They shared some of the challenges they face raising their daughters, including how some of the girls cannot support with household chores, the struggles with managing their menstrual hygiene, and stigma and bullying experienced by the girls. Some girls require constant supervision, which can impact a caregiver's ability to generate an income. Some girls need to be accompanied every time they go out. Some caregivers in Ethiopia shared stories of their daughters wandering away from the household and getting lost and hurt in the surrounding bush. Caregivers will benefit from connection with others, and from psychosocial support activities. They will also benefit from meeting with other caregivers of children with intellectual disabilities so that they can support and learn from each other. This can build solidarity between caregivers and support their collective advocacy.



I accompany my daughter whenever she has to go out, because she can't go out on her own. She often likes to go out with her friends, but when she does, they push her away and hit her.

- Caregiver, Burkina Faso

When you're the parent of a child with disabilities, you're no longer free to move around, and financially all expenses are directed towards [my daughter]. I no longer have any freedom.

- Caregiver, Burkina Faso

I have no one to turn to, to share my problems. - Caregiver, Ethiopia

I think we need to set up an association for people with disabilities so that if there's information, we can give it to the relevant people. [...] When they want to give us support, we are told to come to them but it's difficult for me to come with my daughter. - Caregiver, Burkina Faso

This is our first meeting. So, I want this to continue. I want to participate in such kinds of meetings, and I would be happy if you create such kind of platform for us. - Caregiver, Ethiopia



Caregivers want support to communicate key messages to their girls

A girl's primary caregiver may be the closest person to her. This does not mean that it is easy for caregivers to teach and advise their daughters, particularly during adolescence when many physical and emotional changes are taking place. Several caregivers expressed that it would be helpful to have support from aid workers to share key messages with their daughters, and that perhaps the girls would be more likely to listen to them. This is especially important for topics related to menstrual hygiene management and sexual and reproductive health.

Let someone come and give my child advice. - *Caregiver, Burkina Faso*

I don't even know how to tell her things, I don't even know how to inform her about things. I want the organizations to help me. I want the organizations to know that I am stressed. And I want the humanitarian aid workers to understand me. - *Caregiver, Ethiopia*

On the sanitary side, it's evolving, on the dietary side, it's evolving. When my daughter was a baby, she needed slippers, shoes, and clothes, and as she grows up, she needs porridge, food, even clothes have to be large sizes, she needs to braid her hair, shoes. [She adds that there are words she is ashamed to say that are part of her daughter's needs – we can assume she is referring to menstrual hygiene.] - *Caregiver, Burkina Faso*

Since my daughter was born, I have been looking after her on my own. So I'm open to any kind of help. I often want someone to talk to my daughter so that she changes her mind, and I want someone to advise my daughter because she's very agitated. - *Caregiver, Burkina Faso*

Caregivers want to build skills that will increase their capacity to provide for their families

While caregivers highlighted the basic needs of their families, including food and material support distributed by humanitarian organizations, their main request was for skills-building activities and start-up capital. They noted that this capacity to provide for their households would play a great role in reducing their stress and increasing their family's well-being.

I would be happy if the organization provided us with income-generating activities. If we can get involved in such kind of activities, that can reduce our stress levels, so I would be happy if you can provide us or if you can engage us in IGAs. - *Caregiver, Ethiopia*

I would be happy if you can provide us a start-up capital. So, if you can give us a start-up capital, I can have a store. And I can open a restaurant, so I can provide food for people. I can sell food. So, I would be happy if you could provide me a start-up capital. - *Caregiver, Ethiopia*

I would like to be supported in breeding and agriculture. I would like to do small trade. - *Caregiver, Burkina Faso*

RECOMMENDATIONS:

What do we all need to do differently to support inclusion?

This section outlines the key recommendations based on the process and findings from these consultations with adolescent girls with intellectual disabilities and their caregivers.



I want to get organizations to help us and include us in all girls' spaces.

Adolescent Girl, Ethiopia

Conclusion

Inclusive practice in humanitarian action is essential for ensuring participation and accountability to children in all of their diversity. Adolescent girls with intellectual disabilities in humanitarian settings have the right to meaningfully participate in services and programs, to feel safe and respected while taking part, and to have their voices heard. Humanitarian actors have a responsibility to universally design their programs and to make reasonable accommodations to ensure that these rights are respected.

There is limited evidence on the lived experiences of adolescent girls with intellectual disabilities in the humanitarian context. However, global data at the intersection of gender, age, and disability point to significantly higher risks of violence and lower levels of inclusion in essential services like healthcare and education. The implications of not including these girls in services, programs, and distributions are far-reaching.

This process and experience of leading consultations with 24 adolescent girls with intellectual disabilities and their caregivers in humanitarian settings demonstrated that this is possible. It also confirmed best practices that should be considered by organizations as steps toward more inclusive programming. The happiness that the girls and their caregivers expressed to be part of the consultations demonstrates the importance of continuing to prioritize their inclusion and ensure that their voices are heard.

Through these consultations in Ethiopia and Burkina Faso, we learned that adolescent girls with intellectual disabilities face risks of violence and frequently experience bullying and isolation. They highlighted a lack of recognition and understanding of intellectual disabilities by service providers, leading to their being overlooked or rejected for support for people with disabilities. In many cases where aid was promised, there was no follow-up and the aid was never received. There was a lack of consultation with the girls or their family members about their needs, and a lack of access to information about available aid and services. Aid distributions and programs were often inaccessible. Stigma from the community and rejection from peers were additional barriers to inclusion, significantly shaping the experiences of adolescent girls as well as their caregivers in the humanitarian context.

As humanitarian actors, we must aim to overcome our attitudinal, communication, and institutional barriers and rethink how we design and implement our programs to meet the diverse needs of all individuals. Based on the learnings from these consultations, the IRC and Inclusion International will be working together to design training materials for humanitarian actors and ODPs to support their inclusion of adolescent girls with intellectual disabilities in humanitarian action.



Recommendations for Inclusive Ways of Working

Building Effective Partnerships

- Collaborate and partner with OPDs representing people with intellectual disabilities and their families.
- Consider global-level partnerships, which offer broad expertise and international networks, as well as local partnerships, which offer expertise alongside deep contextual and cultural insights.
- Include self-advocates on the team, and act on their recommendations.
- Consider the intersecting needs of adolescent girls with intellectual disabilities, and partner with other organizations to meet these needs. For example, some girls may need specialized health services, and others may need civil documentation so that they can access specific services.
- Highlight the need to meaningfully include adolescent girls with intellectual disabilities in humanitarian coordination, approaches, resources, and trainings.
- Donors should set aside funds to support the inclusion of people with intellectual disabilities, ensuring targeted support for reasonable accommodations.

Design and Planning

- Keep adolescent girls with intellectual disabilities at the center of all decision-making about them, and ensure that their voices are heard, documented, and acted on to the greatest extent possible.
- Be intentional about sharing power with OPDs in a spirit of true partnership, and co-design with them at all stages of planning and implementation. This will lead to better decision-making and more impactful programs.
- Follow the **Listen Include Respect** guidelines and ensure that your team is familiar and comfortable with following these approaches to meaningful inclusion.
- Be intentional about building a diverse community of advisors – such as an advisory group or steering committee – and seek their advice and insights at multiple points along the way.



Actions to Include Adolescent Girls with Intellectual Disabilities

Needs Assessment and Response

- Train our teams to strengthen their awareness, understanding, and skills to meaningfully include people with intellectual disabilities and their families. Trainings should cover intersectionality and how gender, age, disabilities, and other factors interact to shape people's experiences.
- Work with representative organizations in your context to identify adolescent girls with intellectual disabilities and their families. Having self-advocates and family leaders actively taking part in the outreach supports with building trust among the participants when they see their peers are involved in a leadership role.
- When collecting data across programs, consider using the UNICEF Child Functioning Module for children ages 5-17. This question set is more likely to help teams identify adolescents with intellectual disabilities.
- Be intentional about communicating with adolescent girls with intellectual disabilities and their caregivers, so that we can understand and respond to their needs. This can include both proactive home visits and inclusive focus groups.
- Use plain language to communicate, and use multiple communication methods such as visuals, stories, and role plays to make messages clear and accessible.
- Ask the girls how they want to be included and treated. They are our best teachers. We can also learn about effective communication from their caregivers.
- Consider their needs during assessments and distributions, and proactively plan for safe, accessible, and equitable ways for them to access aid. Consult with them about how to do this. In addition, plan for targeted approaches as needed, such as home visits, cash transfers or in-kind support, etc.
- When registering them for any aid or services, be transparent, communicate with both the girls and their caregivers, and follow up on providing the promised aid.
- Create safe and inclusive spaces where friendships can be built. Role-model respect, kindness, and inclusion to break through the stigma that leads people to reject and discriminate against adolescent girls with intellectual disabilities and their family members. This is especially key in safe spaces, schools, etc.

Advocacy for Rights

- Take a rights-based approach to including adolescent girls with intellectual disabilities in our activities, services, and distributions. This means being intentional about reaching and inviting them, as they may not believe they have a right to access services and programs.
- Prioritize their right to menstrual health alongside other basic needs.
- Advocate for accessible materials in the education sector. When designing education programs, take into account specific barriers faced by learners with intellectual disabilities and look for strategies to remove these barriers through reasonable accommodations.
- Prioritize their right to learn skills that they can use to earn an income. Include adolescent girls with intellectual disabilities in vocational training programs.
- Recognize and build on their strengths and skills, and involve them in welcoming and including other adolescent girls in all of their diversity.
- Create awareness in the wider community to break through the stigma, discrimination, and rejection. Organize community events or campaigns that celebrate the achievements of adolescent girls with intellectual disabilities and give them a platform to speak up for their rights. Humanitarian actors should be role models for the community by championing inclusive mindsets and practices.

Support for Caregivers

- Ask the caregivers of adolescent girls with intellectual disabilities about their own needs and support them. Where possible, connect them with other caregivers of children with intellectual disabilities for mutual support and solidarity.
- Support caregivers to communicate key messages to their girls based on the requests from caregivers and your technical areas of expertise.
- Prioritize the caregivers of adolescent girls with intellectual disabilities in skills-building programs and income-generating activities to increase their capacity to provide for their families.



Engaging adolescent girls with intellectual disabilities in a consultation in Burkina Faso.

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The International Rescue Committee (IRC) helps people affected by humanitarian crises to survive, recover, and rebuild their lives.

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Inclusion International is the global OPD network representing people with intellectual disabilities and their families.

