

REVIEW OF DISABILITY INCLUSION IN 2021 HNOs and HRPs

UN-FCDO Humanitarian Single Business Case- Disability Advisory Group

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Background

The past few years, particularly since the World Humanitarian Summit, have seen more focused efforts on inclusion of persons with disabilities in humanitarian action. One of the key efforts in this regard has been the initiative to make humanitarian programming more responsive to the needs of persons with disabilities affected by crisis through focusing on the process of developing the Humanitarian Needs Overview (HNO) and Humanitarian Response Plans (HRPs), as part of the UK Foreign, Commonwealth and Development Office (FCDO) Humanitarian Investment Program¹. These efforts have involved the development of Guidance on Strengthening Disability Inclusion in HRPs² and accompanying resources (including tip sheets), as well as support to countries, both through global webinars and more targeted bilateral support. To track progress and inform these efforts going forward, reviews of disability inclusion in HNOs/ HRPs were conducted in 2018 and in 2020. This report presents the findings of the 2021 review, including an overview of progress made since 2018.

Structure of this report

This report is organized around the criteria for the HNO/HRP disability inclusion review (see self-assessment tools at annex 1 and 3).

For each criterion, the criteria used to assess the HNO/HRP for disability inclusion is presented, along with an excerpt of the most relevant link to the HNO/HRP template (in grey text box).

At the end of the HNO and HRP sections of the report, a summary is provided of progress on disability inclusion since 2018.

¹ The UK Department for International Development (DFID)- UN Single Business Case is a multi-year, multi-agency programme built around a single Results Framework shared by six UN agencies (UNICEF, WFP, UNHCR, OCHA, IOM). It aims to support the implementation of reform commitments made by UN agencies under the Grand Bargain and the World Humanitarian Summit and to promote a greater focus by the UN humanitarian system on protecting vulnerable persons in humanitarian situations, particularly persons with disabilities. The disability results area is led by UNICEF

² Guidance on Strengthening Disability Inclusion in HRPs: This guidance provides support to strengthen inclusion of disability in Humanitarian Response Plans (HRPs) and includes the Humanitarian Needs Overview development process in recognition of the importance of the HNO as the basis for the Humanitarian Response Plan. See <https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans>

HNOs

21 HNOs were reviewed in 2021: Nigeria, Libya, Occupied Palestinian Territory (oPt), Ethiopia, Central African Republic (CAR), Niger, Iraq, Burundi, Democratic Republic of Congo (DRC), Yemen, Ukraine, Myanmar, Syria, Cameroon, Colombia, Burkina Faso, Somalia, Sudan, Zimbabwe, Afghanistan and Chad

Overall, the strongest HNOs in terms of disability inclusion are **DRC, oPt, CAR and Syria**.

Reliability of data

Summary of Humanitarian Needs and Findings- At a minimum, analyze and disaggregate by sex, age (adult/ child/ 60+) and disability and other relevant vulnerability and diversity characteristics.

Data on persons with disabilities aligns with global estimates (15% of the population) and/or reliable secondary data is collected using the Washington Group questions or another globally endorsed approach

Below	PIN is not disaggregated by disability AND/ OR no reliable data on persons with disabilities are presented	10%
Meeting	PIN is disaggregated based on less than the global estimation (15%) without justification or evidence AND/ OR reliable data on persons with disabilities are presented in some parts of the HNO but not others	40%
Exceeding	PIN is disability disaggregated based on sound primary data collection OR reliable secondary data sources OR evidence based global estimations (15%) AND reliable data on persons with disabilities are consistently presented	50%

HNOs are generally performing well on presenting reliable data on persons with disabilities, with all but 2 of the 21 HNOs reviewed including disaggregation of PIN by disability.

A significant number of HNOs went beyond disaggregation of overall PIN. For example, Nigeria also disaggregated data for IDPs, returnees, host communities and by location. Syria provided a detailed description of the source of data and highlighted differences in disability prevalence among certain population groups- "...the demographic profile of IDPs, including higher than average disability prevalence (36 per cent, reaching 51 per cent for women in camps)...". Many HNOs also disaggregated PIN figures for sectors.

While some HNOs report using the global estimate of 15% to disaggregate the PIN, increasingly HNOs report collection of primary data on persons with disabilities. As a result, some HNOs presented detailed data on humanitarian needs. For example, oPt presented data including that children with disabilities are three to four times more likely to experience all forms of violence, and three times more likely to experience sexual violence; more than a third of persons with disabilities over 10 years old are illiterate;

and 40 per cent of households with children with disabilities had monthly incomes half of the extreme poverty line.

However, some countries are continuing to use figures substantially below that of global estimates. For example, using figures from national census and other national surveys that may not use recognized approaches and therefore under-estimate numbers of persons with disabilities.

Risk/ needs analysis

Part 1- Impact of the Crisis and Humanitarian Conditions- 1.4: humanitarian conditions and severity of needs- Summarize in a simple, user-friendly way, the main analysis results including: • Which population sub-groups present which type of Humanitarian Conditions (nature and severity) and resulting humanitarian needs; • The main factors associated in each case (including protection risks), and differences and similarities

Key findings and humanitarian consequences include an analysis of the factors contributing to heightened risk/ need for person with disabilities, including barriers to accessing assistance and intersecting structural inequalities

Below	No information about disability present at all OR mention of disability with blanket categorization of persons with disabilities as 'vulnerable' without an analysis of underlying causal factors.	0%
Meeting	HNO is presenting some of the needs of persons with disabilities, AND general recognition of underlying factors, such as a broad reference to barriers and/ or structural Inequalities	35%
Exceeding	HNO comprehensively describes the factors contributing to heightened risk for persons with disabilities, including specific barriers to accessing assistance	65%

This is an area where HNOs are doing very well, with all HNOs including at least some analysis of risk faced by persons with disabilities, and 65% presenting a comprehensive description of factors contributing to risk.

A number of HNOs presented a strong analysis of barriers faced by persons with disabilities and how these contribute to heightened risk. E.g. CAR "40% of those surveyed were victim to discrimination in the form of lack of respect, name-calling and insults"; "People with disabilities have problems accessing water because of infrastructural barriers...57% surveyed had physical difficulties in pumping water."

Some good examples identified included:

Ethiopia: "Isolation, a lack of social support/peer networks and physical, technological and communication barriers put an extra challenge for people with disabilities in obtaining information and receiving guidance. This exclusion increases the risk of GBV"

Niger: [translated from French] ““strong correlation between the way in which people with disabilities are perceived and their level of participation in community activities: 87% of people interviewed within the community in Tillabéri against 36% in Diffa, considered that people with disabilities are ‘incapable’ and that they should be the object of pity on the part of the community”

DRC: "sectoral policies of education, health, employment and poverty reduction very rarely mention disability and take insufficient account of this issue". "stigma, discrimination and social exclusion by communities due to certain socio-cultural attitudes and practices, which has the consequence of restricting their access employment, education and certain activities community." "75 percent of women with disabilities report have difficulty accessing healthcare, either because they lack financial means, either because transport is an obstacle or again because the health infrastructures are not suitable or that they cannot move in an autonomous way".

Monitoring situation and needs

Part 2- Risk Analysis and Monitoring of Situation and Needs- 2.2: monitoring situation and needs- Select a limited number of ‘SMART’ (specific, measurable, attainable, relevant and time-bound) indicators to assess changes in the Humanitarian Conditions and needs, as well as in the factors associated, that have been identified in Part I for selected population groups, geographic locations and/or thematic issues.
Make sure that indicators will be disaggregated against relevant dimensions including gender, age, disability and other diversity characteristics.

Monitoring of Situation and Needs includes monitoring of how humanitarian consequences and needs evolve for persons with disabilities

Below	No information about disability in part 2 of the HNO AND/OR no consideration of the disability needs monitoring requirements and indicators	62%
Meeting	The HNO considers disability needs monitoring requirements and indicators but with no disability specific indicators nor disaggregation by disability	38%
Exceeding	The HNO includes disability- specific indicators to assess changes in the humanitarian consequences and needs, as well as in the factors associated, that have been identified in Part I for persons with disabilities AND other related indicators are disaggregated by disability and related diversity characteristics	0%

Disability inclusion in the monitoring framework is one of the weaker areas of the HNO, with the majority (62%) having no reference to disability in indicators.

A number HNOs mention disaggregation of indicators by disability, along with sex and age, or refer to persons with disabilities within broader indicators e.g. Yemen (health) # of vulnerable men, women,

boys, girls, the older persons and disabled benefiting from the Minimum Service Package (MSP). Very few HNOs included disability specific indicators e.g. oPt # of PwD³ with no access to multidisciplinary rehabilitation.

Recognition of diversity

Part 1- Impact of the Crisis and Humanitarian Conditions – 1.4: humanitarian conditions and severity of needs- Description/profiling the various population groups and sub-groups through the joint intersectoral analysis should enable to identify commonalities and factors that explain differences in the Humanitarian Conditions they are presenting.

The document recognizes diversity among persons with disabilities, by describing how persons with disabilities are differently impacted according to age, gender and other factors

Below	No reflection of diversity nor intersectionality. Persons with disabilities are presented as a homogenous group	33%
Meeting	HNO has general statements on groups at heightened risk among persons with disabilities (e.g. women with disabilities) without recognition of the intersectionality of social and political identities	29%
Exceeding	HNO recognizes diversity among persons with disabilities and describes how social and political identities intersect with disability to impact on experience of risk or similar	38%

HNOs have mixed results in terms of how well they reflect diversity among persons with disabilities, with about a third of HNOs presenting persons with disabilities only as a homogenous group, but another third including a description of how disability intersects with other factors to influence risk. Some good examples identified included:

DRC: "People with disabilities, especially women, are more at risk of being victims of violence, including gender-based violence during clashes armed forces or conflicts." "People with disabilities can be seen as 'witches', especially children. These perceptions can be an obstacle to their schooling, exposing them to protection risks". "The experience of disability is very diverse, and all people do not experience it in the same way. Vulnerabilities vary depending on the type of disability (physical, intellectual, mental and sensory), the gender and age."

Syria: "This limitation is compounded for females with a disability, who are almost six times more likely to be widowed than females without disabilities". "For women with disabilities, the opportunity to participate in decision making is even further reduced, particularly for women with psychosocial and intellectual difficulties".

³ Note that the use of acronyms to refer to persons with disabilities is not recommended, as highlighted in the [IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019 | IASC \(interagencystandingcommittee.org\)](https://www.interagencystandingcommittee.org/). It is recommended to instead refer in full to 'persons with disabilities'

Somalia: [education chapter] “Barriers to access for children with disabilities are considerable and include negative attitudes towards them, unfavourable learning environments without necessary assistive devices, and teachers lacking training on inclusive education. Girls with disabilities face additional barriers in accessing education due to gender stereotypes based on discriminatory and cultural norms such as marginalisation, stigma, and the preference for boys to access education.”

Capacities and coping mechanisms

Part 1- Impact of the Crisis and Humanitarian Conditions – 1.4: humanitarian conditions and severity of needs- Conduct a joint inter-sectoral analysis to identify/ update the effects of the crisis (consequences) on the Physical and Mental Wellbeing, Living Standards and Coping Mechanisms of the selected population groups and geographic locations... To understand and assess the degree to which individuals, households, communities and systems are coping or facing challenges with impact recovery, and understand the severity of the coping strategies they are relying on to cope with Living Standards issues.

HNO reports on existing capacities and coping mechanisms of persons with disabilities

Below	Persons with disabilities are presented only with a vulnerability lens with no reporting of existing capacities and/or coping mechanisms	81%
Meeting	Persons with disabilities are presented more comprehensively, with some capacities and coping mechanisms recognized	19%
Exceeding	Persons with disabilities are presented more comprehensively, with capacities recognized and their negative and positive coping mechanisms are integrated in the analysis of humanitarian conditions AND the HNO recognizes diversity among persons with disabilities in terms of coping mechanisms used	0%

This was one of the weakest areas for HNOs, with almost no HNOs addressing the capacities or coping mechanisms of persons with disabilities. Overwhelmingly, HNOs present persons with disabilities only as ‘vulnerable’.

The only HNO to address capacities was Niger, which made reference to [translated from French] “a report from HI which outlines a positive evolution in terms of perceptions and inclusion/participation of [persons with disabilities] in community-based activities. 64% of people with disabilities (in Diffa) feel that they have responsibilities in the various activities of the community”.

The Syria and Zimbabwe HNOs make reference to negative coping strategies: Zimbabwe- "Recent assessments have highlighted negative coping mechanisms, including children being forced into child labour..., unwanted pregnancy, early marriage and transactional sex... Similar coping strategies were employed by households with people disabilities and those with a chronically ill person." Syria- “The

population in Syria is forced to make increasingly unacceptable trade-offs to survive, heightening risks to mental and physical health. This includes reduced food intake. Twenty eight per cent of families now adopt ‘crisis’ or ‘emergency’ coping strategies, including consuming less nutritious, cheaper foods, borrowing more money or cutting portion sizes and skipping meals, with rates slightly higher for female-headed households, returnees, IDPs and households with members living with a disability”.

Reporting of priorities

Part 4- Annexes- 4.2: methodology- Indicate if the analysis was shared with affected people and how their own priorities were taken into account (accountability)

HNO reports which humanitarian needs persons with disabilities consider a priority

Below	No data are presented regarding priorities of persons with disabilities and no evidence of their participation in needs assessment	57%
Meeting	Some priorities of persons with disabilities are reported, but it is not clear whether these reflect the views of diverse groups of persons with disabilities (including women and girls, youth, older persons and other marginalized groups)	24%
Exceeding	HNO reflects consultation with persons with disabilities and their representative organizations to understand the concerns and priorities of the diversity of persons with disabilities (e.g. women and girls, youth, older persons and other marginalized groups)	19%

While HNOs are very strong on presenting the needs of persons with disabilities and factors contributing to the risks they face (see above), they are weaker on presenting the priorities expressed by persons with disabilities themselves.

A number of HNOs make reference to consultation with persons with disabilities, but do not describe the views expressed by persons with disabilities in these consultations.

As an example of good practice in reporting the views of persons with disabilities (while also reflecting challenges around integrating their priorities into assessments), the DRC HNO section 1.7 on the perceptions of affected population specifies that "65% of people with disabilities feel that their needs have not been taken into account by humanitarian actors" and "27% feel that their needs are not taken into account in strategies and policies of humanitarian actors”.

Cross sectoral attention

Part 3- Sectoral Analysis- Undertake sectoral analysis (including severity analysis and calculation of PIN for sectors and AoR) while taking into account the population groups and sub-groups, geographic locations, levels of disaggregation and information required for the intersectoral analysis of Humanitarian Conditions in the HNO

An explanation of how the crisis impacts differently on persons with disabilities is included across all sectors

Below	Differential impact of the crisis on persons with disabilities is not included in the sectoral analysis	14.3%
Meeting	Differential impact of the crisis on persons with disabilities is included in 5 sectors or fewer	52.3%
Exceeding	Every sector presents quantitative and qualitative evidence about disability (including disaggregated PIN for sectors and AoR) AND differential impact of the crisis on persons with disabilities is included in more than 5 sectors	33.3%

Overall, disability is well integrated across sectoral chapters of the HNOs, with only 14% not including disability in the sectoral chapters. However, much of the content on disability in the sectoral chapters presents persons with disabilities among a number of 'vulnerable' groups, without analysis of factors contributing to risk.

The sector that most often addressed disability was protection (in 14 countries), followed by education (12 countries), Health (11), shelter (9), WASH (also 9), food security (8), nutrition (6) and CCCM (6).

Some examples of good practice include:

Ethiopia: [WASH chapter] "Lack of access to adequate and safe WASH facilities increases protection risks, particularly among women, girls, and persons with disabilities. Sub-standard WASH facilities such as latrines without locks or disability access, and remote and unsafe locations of WASH facilities increase GBV and SEA risks."

Yemen: [Education chapter] "With higher risks of discrimination and physical and financial barriers to access essential services, 1.5 million children with disabilities face risks of stigmatization and loss of access to specialized educational services and support."

[Shelter chapter] "People with disabilities and other vulnerable people experience challenges accessing services due to physical access challenges, economic barriers, sociocultural barriers, discrimination, lack of information, lack of services, and inability to travel."

oPt [Protection chapter] "Persons with disabilities experience lower educational outcomes; poor health; high rates of unemployment and poverty, and greater risks of violence, stigma and discrimination. Females with disabilities are significantly more vulnerable to these risks than males (...) More than a third of persons with disabilities over 10 years old are illiterate, unemployment among persons with

disabilities stand at 19 per cent in the West Bank and 54 per cent in Gaza, well above the equivalent figures for the broader population, and 40 per cent of households with children with disabilities had monthly incomes half of the extreme poverty line. The majority of women with disability are single—reflecting the level of societal discrimination (UN Women, Gender Alert, 2018). Regarding those married, a PCBS Violence survey from 2019 indicated that 37 per cent experienced violence at least once by their husbands in the 12 months preceding the survey.”

Recognition of information gaps

Part 4- Annexes- 4.3: information gaps and limitations- Indicate sectoral and inter-sectoral gaps and limitations, and plans to overcome them, including when and by whom. For example, limited reliable data on specific sub-groups (such as persons with disabilities) who may be less visible in data collection processes in a crisis

HNO is transparent about limitations and information gaps on persons with disabilities.

Below	HNO doesn't mention data limitations and information gaps on persons with disabilities and HNO doesn't acknowledge the need to strengthen collection and analysis of data on persons with disabilities	33%
Meeting	The HNO acknowledges the need to strengthen collection and analysis of data on persons with disabilities, but with no reflection on what data are needed or how these gaps will be addressed	43%
Exceeding	The HNO acknowledges the need to strengthen collection and analysis of data on persons with disabilities AND the HNO describes on what additional information is needed and how this will be integrated into planned needs assessment and other data collection processes	24%

The majority of HNOs (two thirds) have at least some recognition of the need to strengthen collection and analysis of data on persons with disabilities, which is important for strengthening future needs assessment and monitoring processes.

Overview of progress

Overall, there continue to be improvements in how disability inclusion is reflected in HNOs. The most substantial improvements were on use of reliable data and analysis of the risks faced by persons with disabilities, representing two particularly important quantitative and qualitative elements of a quality HNO. However, some decline was seen in recognition of diversity among persons with disabilities and in the extent to which disability is considered across all sectors.

% of reviewed HNOs meeting or exceeding expectations⁴:

	2018 (baseline)	2020	2021
Reliability of data	0 disaggregated PIN 25% included any disability data	81% disaggregated PIN	90% disaggregated PIN and at least partial use of reliable data
Risks/ needs analysis	17%	75%	100%
Monitoring situation and needs			38%
Recognition of diversity	11% recognize intersectionality with gender	81%	67%
Identification of capacities and coping mechanisms		12%	19%
Reporting of priorities		31%	43%
Cross sectoral attention (in 5 or more sectors) ⁵		44%	33%
Recognition of information gaps	17%	63%	67%

(improved, declined)

HRPs

21 HRPs were reviewed in 2021: Nigeria, Myanmar, Iraq, Niger, Burundi, Libya, oPt, CAR, DRC, Yemen, Ukraine, Cameroon, Colombia, Burkina Faso, Pakistan, Sudan, Venezuela (update), Somalia, Zimbabwe, Afghanistan, and Ethiopia.

For an overview of the scoring for each country, see annex 4.

Overall, the strongest HRPs were Somalia, CAR, DRC and Afghanistan.

⁴ Note that some criteria for the review changed from the baseline review to 2021, so for some criteria comparison across all years is not available

⁵ Note that in 2021, the threshold for meeting and exceeding expectations were changed slightly, and so for 2021, only those 'exceeding expectations' were included here. It may therefore be that there has been progress on this criterion

Strategic objectives

Part 1: Strategic Response Priorities 1.2 strategic objectives, specific objectives and response approach- Present each strategic objective including associated targets and rationale and disaggregate targets by population group, subgroup, location, sex, age and disability and other diversity characteristics. Explain how the strategic objectives are built around a people-centered approach and contribute to enhance their protection.

Narrative description of strategic objectives includes a description of how the result or change will impact persons with disabilities and/ or how it reflects the priorities of persons with disabilities

Below	No reference to persons with disabilities in strategic or specific objectives	5%
Meeting	General, broad reference to persons with disabilities in 1 or more strategic objectives	71%
Exceeding	Disability is explicitly reflected in the strategic framework of the HRP with a specific description of the impact on persons with disabilities in more than 1 strategic objective	24%

HRPs are performing well on reflection of disability in the strategic objectives, with all HRPs reviewed making at least some reference to disability.

Some examples of good practice include:

Yemen: Introduction to the Strategic Objectives states- "As humanitarian partners pursue the strategic objectives, they will apply response approaches that prioritize protection, gender and disability mainstreaming". Each strategic objective disaggregates people targeted by disability (using 15% estimate). Disability is also explicitly mentioned in the narrative for strategic objectives 2 and 3. E.g. "At risk groups facing the most severe forms of food insecurity will be targeted. These include Muhamasheen, female-headed households, people with disabilities...".

Somalia: Made an overall commitment- "A key response priority is to ensure that 2.8 million people receive critical, lifesaving assistance so their health, nutrition and short-term capacity to survive are not compromised. This includes children under 5, vulnerable women, persons with disabilities and the most vulnerable among IDP and non-IDP populations."

As well as more specific references- "Easy access to these nutrition facilities for persons with disabilities will be ensured by all partners through training of community workers."

Monitoring the response

Part 2: Response Monitoring 2.2 indicators and targets- Disaggregate indicators against relevant dimensions such as sex, age, disability and other vulnerability characteristics.

The monitoring system will collect data disaggregated by disability and/ or includes specific indicators for disability

Below	Disability is not reflected explicitly in the monitoring system	19%
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Meeting	The monitoring system EITHER includes specific indicators on disability OR collects disaggregated data	48%
Exceeding	The monitoring system includes BOTH specific indicators on disability AND collects disaggregated data	33%

Compared to HNOs, HRP are stronger in terms of reflecting disability in the monitoring framework, with over three quarters having any reflection of disability and one third including both disability specific and disaggregated data.

A common approach is to refer specifically to persons with disabilities among other groups. E.g. Burundi: ‘Number of women, men, the elderly, people with disabilities and vulnerable people who are unable to build homes that have received support for the construction or repair of their shelters’.

Another common approach is to refer specifically to children with disabilities in broader indicators. E.g. Niger: ‘Number of girls and boys including those with disabilities who attend education in a school where a response plan has been implemented’.

A number of countries included specific activities for persons with disabilities. E.g. oPt (Education) “Support school-aged children with disabilities. (This can include assistive devices, appropriate transportation, specialized and adapted remote learning materials, adaptations to school infrastructure, building the capacity of school staff to accommodate for CWDs⁶ needs and provision of appropriate referrals in collaboration with relevant clusters.)”

A number of other countries included specific targets for persons with disabilities, which will require disaggregation.

Some examples of good practice include:

oPt: The indicators under the Strategic Objectives, Cluster Objectives and Cluster activities continue to be monitored by the ICCG with disaggregated data by gender, age, disability and geographical area, where available.

Somalia: "To monitor the reach and accessibility of the response, the collection of sex, age and disability disaggregated data will be undertaken in relation to each Strategic Objective”.

Selected indicators:

- "Number of school children (M/F) living with disabilities benefiting from inclusive education"
- "# of children with disabilities, with access to community-based prevention and response MHPSS, child protection services."

⁶ Note that the use of acronyms to refer to persons with disabilities is not recommended, as highlighted in the [IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019 | IASC \(interagencystandingcommittee.org\)](https://www.interagencystandingcommittee.org/). It is recommended to instead refer in full to ‘children with disabilities’

Sectoral coverage

Part 3 Sectoral Objectives and Response 3.1 cluster/ sector chapters- Based on findings of sectoral and inter-sectoral needs analysis, develop and present sectoral objectives that are linked, as appropriate, to relevant specific objectives associated with strategic objectives and consistent with the targeted population groups/sub-groups, geographic locations, cross-cutting issues and themes (such as gender, disability and their impacts on sector services and context) and intended achievement of humanitarian outcomes

Sectoral Objectives and Responses refer to how the results & changes will impact persons with disabilities

Below	Reference to result & changes for persons with disabilities is not included in Sectoral Objectives and Responses	43%
Meeting	Sectoral objective and response address the factors contributing to vulnerability and the barriers to inclusion of persons with disabilities in 5 sectors or fewer	14%
Exceeding	Sectoral objective and response address the factors contributing to vulnerability and the barriers to inclusion of persons with disabilities is included in more than 5 sectors	43%

In terms of coverage of disability in sectoral response (i.e. part 3 of the HRP), HRPs were weaker than HNOs, with almost half not referring to disability in sectoral objectives and responses. However, just under half did perform well, with disability being addressed in more than 5 sectors.

The sector that most often addressed disability was protection (16 countries), followed by education (12 countries), shelter (10), health (also 10), food security/ livelihoods (9), nutrition (8), WASH (8), and CCCM (4).

Some examples of good practice include:

Somalia: (CCCM) "Site decongestion activities will feature a new activity aimed at reconfiguring overcrowded IDP sites, allowing for enhanced spacing between shelters and greater access to communal infrastructure for persons with disabilities."

(Education) "The education response plan will increase access to education services for all children, including children with disabilities, by establishing or rehabilitating temporary learning spaces"

(Health) "Persons with disabilities, including physical and psychosocial disabilities (target 300,000), face social isolation and lack of access to services, and may have specific healthcare needs; dignified access to essential services is essential, including rehabilitative care."

(Nutrition) "Easy access to these nutrition facilities for persons with disabilities will be ensured by all partners through training of community workers in the identification of children with disabilities and referral to nutrition programmes."

Zimbabwe: (CCCM) "CCCM will strengthen partnerships and capacity building with organizations working with people with disabilities in order to better identify their needs and ensure data is disaggregated and that shelter interventions are tailored to any specific needs identified."

(Education) "The Education Cluster has prioritized ensuring that the most vulnerable children—including adolescent girls and boys, children with disabilities, orphans and vulnerable children, and disadvantaged children in rural, peri-urban and high-density urban areas—have continued access to school and learning opportunities, access to improved drinking water sources and school feeding in 2021."

(Health) "The cluster will continue to embrace diversity and inclusion by ensuring that vulnerable groups, including people with disabilities, have equal access to emergency health services and will promote the centrality of protection in health activities"

(Protection) "Participation of people with disabilities will be ensured throughout the implementation of the HRP". "The provision of life-saving GBV services through roving, mobile, disable friendly One Stop centres and clinics, in remote and hard to reach areas". "PSEA awareness will also involve wide dissemination of child and disability friendly referral pathways."

(Shelter) "NFI/Shelter will strengthen partnerships and capacity building with organizations working with people with disabilities in order to better identify their needs and ensure data is disaggregated and that shelter interventions are tailored to any specific needs identified"

Reflection of diversity

Part 1: Strategic Response Priorities 1.1 humanitarian conditions and underlying factors targeted for response- Highlight the rationale for targeted sub-groups based on the HNO. Specify in each case the dimensions of age and gender (women, men, girls, and boys), disability and other diversity and vulnerability characteristics according to the context, or 'reaching the furthest left behind'.

HRP describes how the response will reflect diversity among persons with disabilities

Below	No reference is made to persons with disabilities	5%
Meeting	Persons with disabilities are presented as a homogenous group with no reflection of diversity nor intersectionality.	67%
Exceeding	The HRP recognizes diversity among persons with disabilities and implications for the design of the response	28%

Persons with disabilities continue to be reflected as a homogenous group in the majority of HRPs, reflecting also the HNO. However, close to one third of HRPs did reflect diversity among persons with disabilities in the design of the response.

Some examples of good practice include:

Yemen: "The needs of people with disabilities are exacerbated by displacement, as most IDP sites lack adequate basic services, let alone services that take account their specific needs, and because displacement increases their risk of being separated from their support networks".

Somalia: "Persons with disabilities in Somalia face significant stigma from community members who often do not recognize their basic and human rights. This is particularly true for children and women with

disabilities, who are at heightened risk of experiencing GBV". "Women and girls with disabilities often experience 'double stigma' due to their gender, putting them at additional risk of GBV".

DRC: "During conflicts, women with disabilities in particular are more at risk of being victims of violence, including gender-based violence, and children with disabilities are more exposed to the protection risks associated with the separation of their carers and their caregivers."

Reflection of priorities

Part 1: Strategic Response Priorities 1.1. humanitarian conditions and underlying factors targeted for response- people's own prioritization of needs: reflect affected populations' priority needs and should inform planning interventions (relevance)

The prioritization takes needs expressed by persons with disabilities into account

Below	No reference to persons with disabilities' own prioritization of their needs nor consultation	57%
Meeting	the HRP describes consultation with persons with disabilities but not how this is reflected in the response	29%
Exceeding	the HRP demonstrates that the priorities of persons with disabilities have been identified and reflected in the response	14%

In line with the very limited reporting of the priorities of persons with disabilities in HNOs, there is room for improvement in how HRPs are explicitly reflecting the priorities as expressed by persons with disabilities. Just over half of the HRPs do not describe consultation with persons with disabilities at all. Very few HRPs explicitly state that they are responding to persons with disabilities' own prioritization of needs. It may be that more HRPs are in fact reflecting the priorities expressed by persons with disabilities, but it is not clear from the narratives.

In a number of HRPs, priorities of persons with disabilities were described but still without a clear link to how these were reflected in the response. For example:

CAR: "82% of people with disabilities have difficulty accessing care related to their needs." "The latest study by barriers led by Humanity & Inclusion in CAR reveals that 57% of [persons with disabilities] say they do not succeed to obtain drinking water, and 40% say they do not achieve access to health care."

Nigeria: "The findings from the community-level consultations indicate that the people prioritized their needs as (i) food, (ii) health, (iii) livelihood, (iv) WASH and (v) protection. People with disability ranked their needs in that order too"

Description of capacities

Part 1: Strategic Response Priorities 1.4 Planning assumptions, operational capacity and access- Consider the availability and capacities of local implementing partners and of government (national and sub-national levels) and how they will contribute to or complement the planned response. Reflect on capacity of non-traditional actors, such as the private sector and whether they could contribute to the planned response.

The HRP explains how the response uses, complements, or strengthens capacities of local organizations of persons with disabilities, or equivalent representative groups

Below	no reference to capacities of persons with disabilities and their representative organizations	57%
Meeting	the HRP recognizes the capacities and coping mechanisms of persons with disabilities, but not how they will be engaged as actors in the response	19%
Exceeding	The HRP identifies opportunities for participation by persons with disabilities as actors in the response	24%

HRPs are stronger than HNOs in terms of recognizing the capacities of persons with disabilities, with just under half making this recognition. However, only one quarter identify opportunities to engage persons with disabilities as actors in the response.

Despite this still being an area that needs strengthening, a number of good examples were identified:

Somalia: "This includes strengthening information on disability inclusion, training, addressing barriers in Programme design and implementation, moving towards disaggregating data and meaningfully engaging with persons with disabilities, as well as consulting with organizations for persons with disabilities at different levels."

(Food security) "the cluster is piloting an initiative whereby nominated representatives of minority groups participate at Food Security Cluster regional meetings. Linkages have been made with organizations representing persons living with disabilities to inform the process of disability inclusion. Given that persons with disabilities can face risks related to nutrition, the Food Security Cluster will work towards ensuring all activities are inclusive and accessible."

Myanmar (Protection) "The Protection Sector will continue enhancing communities' capacities to prevent and mitigate protection risks through the strengthening of community-based protection including community-based child protection mechanisms, greater and equitable participation of all groups, especially women, adolescent girls, young people and persons with disabilities in public life and decision-making processes..."

Twin track approach

Part 1: Strategic Response Priorities 1.2 strategic objectives, specific objectives and response approach- Describe the coordinated response approach per specific objective including how inter and multi-sectoral as well as sectoral approaches and response modalities will be used. Note if interventions will be integrated, sequenced or layered.

The description of the response to the needs and priorities of persons with disabilities reflects a twin-track approach

Below	No description of the response to the needs of persons with disabilities, or targeting OR mainstream only	33%
Meeting	Some reflection of a twin-track approach, but dispersed throughout the document	62%
Exceeding	A clear reflection of a twin-track approach, with mainstreaming and targeted intervention presented as complementary	5%

Only one country clearly reflected a twin track approach, with mainstreaming and targeted interventions being presented as complementary. The majority of HRPs include some mainstreaming activities and some targeted activities but dispersed throughout the document and not necessary connected as a comprehensive approach to inclusion.

As an example of a mainstreaming activity (Sudan): "This implies in particular adapting the environment and the development of infrastructure in the travel sites, host communities, health services, schools and guidance centers for children in order to enable people with disabilities to have appropriate access to goods and essential services."

As an example of a targeted activity (Iraq): "The joint response will address the particular needs of women, children, older people and people with disability, by ensuring that their vulnerabilities are considered in the targeting criteria for eligibility to assistance. At the same time, partners will include measures to mitigate the challenges and address the barriers faced due to age, gender or disability, including through provision of assistive devices to enable physical access, transportation and communication. "

As an example of a commitment to a twin track approach (Myanmar): "Multi-sectoral monitoring of discriminatory practices and specific barriers in accessing services faced by persons with disabilities as well as women and girls will be further scaled up, to inform advocacy towards securing the enjoyment of rights for these populations and design tailored response interventions".

Feedback & complaints

Part 1: Strategic Response Priorities 1.5 accountability to affected populations- Determine how affected people, including those with different gender, age, disability and other diversity characteristics were consulted during the planning process, and how continued engagement with them will be coordinated, and continue throughout implementation, monitoring and evaluation based on their specific needs to ensure full acceptability and accessibility to the AAP mechanism.

The HRP describes measures to ensure accessibility of mechanisms to collect feedback and complaints from people affected by the crisis

Below	No reference is made to accessibility of feedback and complaints mechanisms	28%
Meeting	General references made to accessibility of feedback and complaints mechanisms	67%
Exceeding	Persons with disabilities have been considered in the design of feedback and complaints systems with a description of specific measures to ensure their accessibility	5%

The majority of HRPs make some reference to accessibility of feedback and complaints mechanisms, but very few provided specific details of how barriers to access will be addressed (i.e. for people with physical, intellectual, psychosocial, visual and hearing impairments).

In oPt, the AAP section of the HRP included a dedicated section on mainstreaming of disability, gender and protection. However, even here a specific description of measures to address accessibility were not described.

Some examples of good practice include:

Iraq: "Humanitarian organizations will continue to tailor messaging to meet targeted information needs, given the variances in information needs and access to information sources among different groups, including children, women, older people, people with disabilities and minorities. This includes consideration of where and how to provide complaints and feedback and adapting communication methods to ensure accessibility for all by catering for those with visual and/or hearing impairments."

Somalia (CCCM): "Additionally, the cluster will continue to evolve its sector-wide CFM with the intention of promoting enhanced community participation in the design and execution of this system, with data to be disaggregated by sex, age and disability. Partners will continue to scale up community consultations with an emphasis on ensuring that systems are fully accessible by persons with disabilities and minority group members of different sex and ages at the site-level."

Impact of response modalities

Part 1: Strategic Response Priorities 1.2 strategic objectives, specific objectives and response approach- Determine the coordinated response approach required to deliver results against each specific objective by conducting a structured response analysis process considering appropriateness, relevance and feasibility of planned interventions and response modalities.

Part 3: Sectoral Objectives and response 3.1 cluster/ sector chapters- Response modalities are informed by the agreed upon strategic objectives and coordinated response approach (Part II). They should consider context, vulnerabilities and affected population preference, each sector should systematically consider the possibility of using service delivery, in-kind, cash and voucher in a complementary way for both multisector or sector specific programming.

The HRP describes how response modalities may impact differently on persons with disabilities

Below	No reference to persons with disabilities in the response modalities AND/OR Response modalities are not described at all	52%
Meeting	General references are made to how response modalities may impact persons with disabilities (e.g. broad reference to barriers accessing cash)	38%
Exceeding	The implications of different response modalities have been considered for persons with disabilities	10%

A recognition of how the choice of response modality (e.g. cash) may impact different on persons with disabilities remains a challenge in HRPs. Just over half of the HRPs reviewed did not include any mention of persons with disabilities when describing response modalities.

Some examples of good practice include:

Ukraine “discussions with communities have revealed that cash or voucher modality is not always preferred, particularly among the people living in isolated settlements along the ‘contact line’ or people with disabilities, due to logistical and physical constraints to access markets or during certain periods of the year.”

CAR (CCCM) “[cash modalities] will allow strengthen the autonomy and dignity of people affected through freedom of choice as well offered to beneficiaries, to revitalize local markets and create new opportunities economic for beneficiaries, in particular people living with a disability”.

Burundi [in relation to cash transfers] “In particular, the following will be taken into account: access to distribution points for people living with disabilities, pregnant women and / or with young children”

Overview of progress

There continues to be improvements in how disability inclusion is reflected in HRPs, for all but one of the criteria. A small decline was seen only in relation to how the priorities expressed by persons with disabilities themselves are reflected in the response.

% of reviewed HRPs meeting or exceeding expectations⁷:

	2018 (baseline)	2020	2021
Strategic objectives		93%	95%
Monitoring the response	19%	56%	81%
Sectoral coverage (more than 5 sectors) ⁸		43%	43%
Reflection of diversity		28%	95%
Reflection of priorities	0%	50%	43%
Description of capacities	19%	37%	40%
Twin track approach	10% refer to mainstreaming and 19% to specialized services	58%	95%
Feedback and complaints	29% mention consultation with persons with disabilities and/or access to FCMS	50%	94%
Impact of response modalities		50%	89%

(improved, declined)

⁷ Note that some criteria for the review changed from the baseline review to 2021, so for some criteria comparison across all years is not available

⁸ In 2021, the threshold for meeting and exceeding expectations were changed slightly, and so for 2021, only those 'exceeding expectations' were included here. It may therefore be that there has been more progress on this criterion than indicated here

Annex 1- HNO self- assessment tool

	Dimension	Indicator	Where to find in the HNO	Below expectation	Meeting expectation	Exceeding expectation
1	Comprehensiveness:	Data on persons with disabilities aligns with global estimates (15% of the population) and/or reliable secondary data and/ or is collected using the Washington Group questions or another globally endorsed approach	<ul style="list-style-type: none"> - Part 1 : 1.5 Number of People in Need - Part 4: Data Sources Information gaps and Limitations 	<p>PIN is not disaggregated by disability AND/ OR No reliable data on persons with disabilities is presented</p>	<p>PIN is disaggregated based on less than the global estimation (15%) without justification or evidence AND/ OR Reliable data on persons with disabilities is presented in some parts of the HNO but not others</p>	<p>PIN is disability disaggregated based on sound primary data collection OR reliable secondary data sources OR evidence-based global estimations (15%) AND Reliable data on persons with disabilities are consistently presented</p>
2	Analytical Standards	Key findings and humanitarian consequences include an analysis of the factors contributing to heightened risk/ need for persons with disabilities, including barriers to accessing assistance and intersecting structural inequalities	<ul style="list-style-type: none"> - Summary of Humanitarian Needs and Key Findings - Part 1 Impact of the Crisis and Humanitarian Conditions 	<p>No information about disability present at all OR Mention of disability with blanket categorization of persons with disabilities as 'vulnerable' without an analysis of underlying causal factors.</p>	<p>HNO is presenting some of the needs of persons with disabilities, AND General recognition of underlying factors, such as a broad reference to barriers and/ or structural inequalities</p>	<p>HNO comprehensively describes the factors contributing to heightened risk for persons with disabilities, including specific barriers to accessing assistance</p>

3	<p>Comprehensiveness: Monitoring of Situation and Needs</p>	<p>Monitoring of Situation and Needs include monitoring of how humanitarian consequences and needs evolve for persons with disabilities</p>	<p>- Part 2: 1.2 Monitoring of Situation and Need</p>	<p>No information about disability in part 2 of the HNO AND/OR No consideration of the disability needs monitoring requirements and indicators</p>	<p>The HNO consider disability needs monitoring requirements and indicators with no disability- specific indicators not disaggregation by disability</p>	<p>The HNO use disability-specific indicators to assess changes in the humanitarian consequences and needs, as well as in the factors associated, that have been identified in Part I for persons with disabilities AND Other related indicators are disaggregated against disability and related diversity characteristics</p>
4	<p>Comprehensiveness: recognition & reflection of diversity & intersectionality</p>	<p>The document recognizes diversity among persons with disabilities, by describing how persons with disabilities are differently impacted according to age, gender and other factors'</p>	<p>Part 1 Impact of the Crisis and Humanitarian Conditions</p>	<p>No reflection of diversity nor intersectionality. Persons with disabilities are presented as one group</p>	<p>HNO has a general statements of groups at heightened risk among persons with disabilities (e.g. women with disabilities) with no recognizing the intersectionality of social and political identities</p>	<p>HNO recognizes diversity among persons with disabilities and describes how social and political identities intersect with disability to impact on experience of risk' or similar</p>

5	Comprehensiveness: coping mechanisms	HNO reports on existing capacities and coping mechanisms of persons with disabilities	<ul style="list-style-type: none"> - Summary of Humanitarian Needs and Key Findings - Part 1 Impact of the Crisis and Humanitarian Conditions 	Persons with disabilities are presented only with a vulnerability lens with no reporting of existing capacities and/or coping mechanisms	Persons with disabilities are presented more comprehensively, with some capacities and coping mechanisms recognized	<p>Persons with disabilities are presented more comprehensively, with capacities recognized and their negative and positive coping mechanisms are integrated in the analysis of humanitarian conditions</p> <p>AND</p> <p>The HNO recognizes diversity among persons with disabilities in terms of coping mechanisms used</p>
6	Participation/ AAP	HNO reports which humanitarian needs persons with disabilities consider a priority	<ul style="list-style-type: none"> - Part 1 Impact of the Crisis and Humanitarian Conditions - Part 4: Data sources and methodology 	No data are presented regarding priorities of persons with disabilities and no evidence of their participation in needs assessment	Some priorities of persons with disabilities are reported, but it is not clear whether these reflect the views of diverse groups of persons with disabilities (including women and girls, youth, older persons and other marginalized groups)	HNO reflects consultation with the persons with disabilities and their representatives' organizations to understand the concerns and priorities of the diversity of persons with disabilities (e.g. women and girls, youth, older persons and other marginalized groups)

7	Cross-sectoral inclusiveness	An explanation of how the crisis impacts differently on persons with disabilities is included across all sectors	Part 3: Sectoral Analysis	Differential impact of the crisis on persons with disabilities is not included in the sectoral analysis	Differential impact of the crisis on persons with disabilities is included in 5 sectors or fewer	Every sector present quantitative and qualitative evidence about disability (including PIN for sectors and AoR are disaggregated by disability) AND Differential impact of the crisis on persons with disabilities is included in more than 5 sectors
8	Transparency	HNO is transparent about limitations and information gaps on persons with disabilities.	- Part 1 : 1.5 Number of People in Need - Part 4: Data Sources Information gaps and Limitations	HNO doesn't mention the data limitations and information gaps on persons with disabilities AND HNO doesn't acknowledge the need to strengthen collection and analysis of data on persons with disabilities	the HNO acknowledges the need to strengthen collection and analysis of data on persons with disabilities, but with no reflection on what data are needed or how these gaps will be addressed	The HNO acknowledges the need to strengthen collection and analysis of data on persons with disabilities AND The HNO describes on what additional information is needed and how this will be integrated into planned needs assessment and other data collection processes

Annex 2- HNO scores for all countries

	Reliability of data	Risk/ needs analysis	Monitoring situation and needs	Recognition of diversity	Capacities and coping mechanisms	Reporting of priorities	Cr at
Nigeria	Meeting expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Meeting expectation	M
Libya	Exceeding expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation	B
oPt	Exceeding expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Below expectation	Exceeding expectation	M
Ethiopia	Exceeding expectation	Exceeding expectation	Below expectation	Meeting expectation	Below expectation	Below expectation	M
CAR	Exceeding expectation	Exceeding expectation	Below expectation	Exceeding expectation	Below expectation	Exceeding expectation	Ex
Niger	Meeting expectation	Exceeding expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	M
Iraq	Meeting expectation	Exceeding expectation	Below expectation	Below expectation	Below expectation	Below expectation	M
Burundi	Meeting expectation	Exceeding expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	M
DRC	Exceeding expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Ex
Yemen	Exceeding expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Below expectation	Below expectation	Ex
Ukraine	Meeting expectation	Exceeding expectation	Below expectation	Meeting expectation	Below expectation	Meeting expectation	Ex
Myanmar	Exceeding expectation	Exceeding expectation	Below expectation	Exceeding expectation	Below expectation	Below expectation	M
Syria	Exceeding expectation	Exceeding expectation	Below expectation	Exceeding expectation	Below expectation	Meeting expectation	Ex
Cameroon	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Below expectation	Below expectation	M
Colombia	Meeting expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation	B

Burkina Faso	Below expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation	M
Somalia	Exceeding expectation	Exceeding expectation	Below expectation	Exceeding expectation	Below expectation	Below expectation	Ex
Sudan	Exceeding expectation	Meeting expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	M
Zimbabwe	Meeting expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Below expectation	Exceeding expectation	Ex
Afghanistan	Exceeding expectation	Exceeding expectation	Below expectation	Meeting expectation	Meeting expectation	Below expectation	M
Chad	Below expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation	B

Annex 3- HRP self- assessment tool

	Dimension	Indicator	Where to find in the HRP	Below expectation	Meeting expectation	Exceeding expectation
1	Solid understanding of context and operational environment	HRP describes how the response will reflect diversity among persons with disabilities	0.1 Crisis Context and Impact; 1.1 Humanitarian Conditions and Underlying Factors Targeted for Response	No reference is made to persons with disabilities	Persons with disabilities are presented as a homogenous group with no reflection of diversity nor intersectionality.	The HRP recognizes diversity among persons with disabilities and implications for the design of the response
2	Solid understanding of context and operational environment	The HRP explains how the response uses, complements or strengthens capacities of local organizations of persons with disabilities, or equivalent representative groups	1.5 Planning Assumptions, Operational Capacity and Access 1.6 Accountability to Affected Populations	no reference to capacities of persons with disabilities and their representative organizations	the HRP recognizes the capacities and coping mechanisms of persons with disabilities, but not how they will be engaged as actors in the response	The HRP identifies opportunities for participation by persons with disabilities as actors in the response
3	Strategic objectives	Narrative description of strategic objectives includes a description of how the result or change will impact persons with disabilities and/ or how it reflects the priorities of persons with disabilities	1.2 Strategic Objectives, Specific Objectives and Response Approach	No reference to persons with disabilities in strategic or specific objectives	General, broad reference to persons with disabilities in 1 or more strategic objectives	Disability is explicitly reflected in the strategic framework of the HRP with a specific description of the impact on persons with disabilities in more than 1 strategic objective

4	Needs-based prioritization	The prioritization takes needs expressed by persons with disabilities into account	1.1 Humanitarian Conditions and Underlying Factors Targeted for Response Annex 5.2 List participating organizations	No reference to persons with disabilities' own prioritization of their needs nor consultation	the HRP describes consultation with persons with disabilities but not how this is reflected in the response	the HRP demonstrates that the priorities of persons with disabilities have been identified and reflected in the response
5	Appropriate response options	The description of the response to the needs and priorities of persons with disabilities reflects a twin-track approach	Part 1: Strategic Response Priorities	No description of the response to the needs of persons with disabilities, or targeting OR mainstream only	Some reflection of a twin-track approach, but dispersed throughout the document	A clear reflection of a twin-track approach, with mainstreaming and targeted intervention presented as complementary
6	Appropriate response options	The HRP describes how response modalities may impact differently on persons with disabilities	1.2 Strategic Objectives, Specific Objectives, and Response Approach	No reference to persons with disabilities in the response modalities AND/OR Response modalities are not described at all	General references are made to how response modalities may impact persons with disabilities (e.g. broad reference to barriers accessing cash)	The implications of different response modalities have been considered for persons with disabilities
7	Accountability and AAP	The HRP describes measures to ensure accessibility of mechanisms to collect feedback and complaints from people affected by the crisis	1.6 Accountability to Affected Populations 2.1 Monitoring Approach	No reference is made to accessibility of feedback and complaints mechanisms	General references made to accessibility of feedback and complaints mechanisms	Persons with disabilities have been considered in the design of feedback and complaints systems with a description of specific measures to ensure their accessibility
8	Usable monitoring system	The monitoring system will collect data disaggregated by disability and/ or includes specific indicators for disability	2.1 Monitoring Approach 2.2 Indicators and Targets	Disability is not reflected explicitly in the monitoring system	The monitoring system EITHER includes specific indicators on disability OR collects disaggregated data	The monitoring system includes BOTH specific indicators on disability AND collects disaggregated data

9	Cross-sectoral inclusiveness	Sectoral Objectives and Responses refer to how the results & changes will impact persons with disabilities	Part 3 Sectoral Objectives and Response	Reference to result & changes for persons with disabilities is not included in Sectoral Objectives and Responses	sectoral objective and response address the factors contributing to vulnerability and the barriers to inclusion of persons with disabilities is included in more than 5 sectors or fewer	sectoral objective and response address the factors contributing to vulnerability and the barriers to inclusion of persons with disabilities is included in more than 5 sectors
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Annex 4- HRP scores for all countries

	Reflection of diversity	Description of capacities	Strategic objectives	Reflection of priorities	Twin track approach	Impact of response modalities	Feedback and complaints
Nigeria	Meeting expectation	Below expectation	Meeting expectation	Meeting expectation	Meeting expectation	Below expectation	Below expectation
Myanmar	Exceeding expectation	Exceeding expectation	Exceeding expectation	Below expectation	Exceeding expectation	Below expectation	Meeting expectation
Iraq	Meeting expectation	Meeting expectation	Meeting expectation	Below expectation	Meeting expectation	Meeting expectation	Meeting expectation
Niger	Exceeding expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation
Burundi	Exceeding expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation
Libya	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation
oPt	Meeting expectation	Below expectation	Exceeding expectation	Below expectation	Below expectation	Below expectation	Meeting expectation
CAR	Meeting expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Meeting expectation	Meeting expectation	Meeting expectation
DRC	Exceeding expectation	Exceeding expectation	Exceeding expectation	Exceeding expectation	Meeting expectation	Meeting expectation	Exceeding expectation
Yemen	Exceeding expectation	Exceeding expectation	Exceeding expectation	Below expectation	Meeting expectation	Meeting expectation	Below expectation

Ukraine	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Meeting expectation	Exceeding expectation	Below expectation
Cameroon	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation
Colombia	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Meeting expectation
Burkina Faso	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Below expectation	Below expectation	Below expectation
Pakistan	Meeting expectation	Below expectation	Exceeding expectation	Below expectation	Below expectation	Below expectation	Meeting expectation
Sudan	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Meeting expectation	Below expectation	Meeting expectation
Venezuela	Meeting expectation	Below expectation	Meeting expectation	Meeting expectation	Meeting expectation	Below expectation	Meeting expectation
Somalia	Exceeding expectation	Exceeding expectation	Exceeding expectation	Exceeding expectation	Meeting expectation	Exceeding expectation	Meeting expectation
Zimbabwe	Meeting expectation	Below expectation	Meeting expectation	Meeting expectation	Meeting expectation	Below expectation	Meeting expectation
Afghanistan	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation	Meeting expectation
Ethiopia	Below expectation	Below expectation	Meeting expectation	Below expectation	Below expectation	Meeting expectation	Meeting expectation