



Disability inclusion in HNOs and HRP Tips for nutrition chapters

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Humanitarian Needs Overviews

Disaggregated PIN

Present a PiN disaggregated by disability as an important basis for inclusive response planning and monitoring equitable access to assistance. This data may be available through reliable secondary sources; can be collected by integrating [the Washington Group short question set](#) into surveys that collect individual data; or if data collection is not possible use the global estimate of 15% of the population having a disability (10% of children under 18).

Risk analysis

Consider both children and caregivers with disabilities and go beyond simply listing persons with disabilities as one of a number of vulnerable groups. An analysis that identifies the specific factors contributing to malnutrition for persons with disabilities, including barriers to accessing services, will provide a stronger basis for planning a response that directly addresses these risk factors.

For example:

- *Children with disabilities may become malnourished due to difficulties swallowing and feeding, frequent illness, difficulties absorbing nutrients, caregiver's lack of knowledge on feeding and neglect. Malnourishment can also result from stigma and discrimination. Mothers may be encouraged to not breastfeed their infants with disabilities, and children and adolescents with disabilities may be fed less, denied food, or provided less nutritious food than siblings without disabilities. (Cameroon HNO 2022)*

Monitoring

In the monitoring framework for nutrition, disaggregate relevant indicators by disability in order to monitor the disproportionate impact of the crisis on persons with disabilities (e.g. # children under 5 with SAM); and include specific indicators to monitor specific risks or needs of persons with disabilities (e.g. # persons with disability or chronic health issues identified as having specific nutrition requirements).

HNOs can also describe activities to monitor the situation and needs of persons with disabilities, such as accessibility audits and regular focus group discussions or other community engagement activities with men, women, boys and girls with different types of disabilities.

Humanitarian Response Plans

Inclusive response

Go beyond general statements on targeting of persons with disabilities and inclusive programming, to describe concrete activities to address risk factors identified in the HNO. Examples of activities may include outreach to persons with disabilities who may have difficulty reaching services, provision of assistive technology such as feeding aids, training on inclusion for nutrition partners, and actions to improve physical accessibility of facilities as well as accessibility of nutrition related information.

For example:

AAP, GBV, and disability inclusion have been included as one of the scoring criteria in nutrition projects in the HRP. Partners will improve site-level services providers' knowledge and awareness on AAP, GBV, and disability through capacity building and referral pathways organized in collaboration with the respective AoRs.... Partners will be trained on the accessibility of all nutrition interventions to disabled people and identifying specific nutrition needs of persons with disabilities. (Sudan HRP 2022)

Participation

Identify local organizations of persons with disabilities (OPDs) and how the response will build their capacity and/ or engage them in the response. Roles of OPDs may include to support outreach to persons with disabilities, to advise on accessibility or to participate in training of partners.

Complaints and feedback mechanisms

Describe how complaints and feedback mechanisms will be made accessible to persons with physical, hearing, visual and intellectual disabilities. Key approaches to improve accessibility are to ensure the availability of multiple formats for providing feedback and complaints, and to consult persons with disabilities on their preferred formats and channels.

Monitoring

In the monitoring framework for nutrition, disaggregate relevant indicators by disability to monitor equitable access to assistance (e.g. # children under 5 receiving life saving care); and including specific indicators to monitor targeted interventions (e.g. # caregivers of children with disabilities receiving information and support on feeding techniques).

HRPs can also describe activities to monitor access to nutrition interventions, such as safety and accessibility audits, ideally conducted through a participatory approach.

Further guidance on disability inclusion in HNOs and HRPs can be found in [Guidance on strengthening disability inclusion in Humanitarian Response Plans - World | ReliefWeb](#)

A useful mapping of resources is available at the USAID Feeding and Disability Resource Bank [Feeding and Disability Resource Bank | USAID Advancing Nutrition](#)

GNC Technical Alliance disability workstream can be found at [Disability | Global Nutrition Cluster: Technical Alliance](#)

Other useful guidance on disability inclusive nutrition in emergencies:

[UNICEF guidance on including children with disabilities in humanitarian action \(nutrition\)](#)

[Humanitarian Inclusion Standards for older people and people with disabilities](#) (see nutrition chapter from page 164)