GLOBAL NUTRITION CLUSTER
Technical Alliance

Review of disability inclusion in 2022 HNOs and HRPs

- Nutrition chapters

This report presents the main results of a review of disability inclusion in 2022 Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs). The review was conducted by the Global Nutrition Cluster (GNC) and GNC Technical Alliance cross-cutting themes workstream on disability. As a first-year pilot, the review was only conducted of English language documents that included a nutrition chapter:

HNOs- Somalia, Sudan, Yemen, Syria, Afghanistan, Cameroon, South Sudan, Nigeria, Occupied Palestinian Territory (oPt)
HRPs- Somalia, Sudan, Yemen, Afghanistan, Cameroon, South Sudan, Nigeria, oPt

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

Humanitarian Needs Overviews

Disaggregated People in Need (PIN)

Almost half of the HNO chapters reviewed did not provide any data on persons with disabilities, including a disaggregated PIN. However, several HNOs did disaggregate the PIN by disability, providing an important basis for inclusive response planning and monitoring equitable access to assistance.

Several HNOs disaggregated the PIN for disability but used a figure below the expected 15% of the population having a disability[i], without explaining why this was lower than the global estimate.

> **Recommendation:** HNOs can be further strengthened by presenting a PIN disaggregated by disability. This data may be available through reliable[1] 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 it is recommended that the global estimate of 15% of the population having a disability is used.
>
> *Point to note:* The Washington Group question sets are an important tool for disaggregation of data by disability. However, they should not be used as an operational tool (e.g., to conduct individualized assessments) or to define disability (which is defined in the UN Convention on the Rights of Persons with Disabilities article 1).

Risk analysis

The HNO chapters reviewed included several good examples of disability-inclusive risk analysis. The most common approach was to identify persons with disabilities as being among the groups at heightened risk of malnutrition. While important for bringing attention to persons with disabilities, such approaches do not provide the level of detail needed as a basis for designing an inclusive response that addresses risk factors.

For example:

> "*In terms of inequities, there are population groups that bear the brunt of malnutrition disproportionately. These disparities could be gender and disabilities related, financial and belonging to minorities clans and being an IDP".* (Somalia HNO 2022)

Going beyond merely identifying vulnerable groups, stronger HNOs included general reference to barriers to accessing nutrition services for persons with disabilities.

For example:

> *"Refugees, IDPs in and outside hosting sites, orphans, abandoned children, single-parent children mostly below the age of 18 years who are parents, patients with chronic and neglected diseases, and people with disabilities are likely to have limited access to nutrition services in some locations".* (Sudan HNO 2022)

> *"In Northeast Syria, for example, 21 per cent of children aged 2-4 years have a disability. These children are likely to experience disability barriers to accessing services".* (Syria HNO 2022)

> *"Female-headed households and disabled, orphaned and separated or unaccompanied children face additional challenges in (safely) accessing humanitarian assistance and basic services, and are at higher risk of sexual exploitation and abuse and GBV, which often results in high rates of severe acute malnutrition (SAM)".* (Nigeria HNO 2022)

The strongest risk analysis described concretely the types of barriers faced by persons with disabilities and children of persons with disabilities.

For example:

> *Some women were reported to travel a day before to access nutrition services while the main group that participants outlined as the most affected by access barriers to nutrition services, were persons with disabilities, who were seen as too weak to carry their children to centres and female-headed households".* (South Sudan HNO 2022- Humanitarian conditions section)

"Children of people with disabilities (PWDs) were most vulnerable as they were reportedly unable to meet their nutritional needs due to access constraints faced by their parents in taking them to nutrition centres". (South Sudan HNO 2022 - Nutrition chapter)

Another particularly strong example of disability inclusive risk analysis is where the HNO comprehensively described the factors contributing to a heightened risk for persons with disabilities.

For example:

"Impact of disabilities on nutritional status: • Children with disabilities are more likely to be malnourished as malnutrition can cause disabilities and disabilities can also lead to malnutrition, creating a cycle. • Children with disabilities may become malnourished due to difficulties swallowing and feeding, frequent illness, difficulties absorbing nutrients, and 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)

Recommendation: HNOs can be further strengthened by going 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.

Monitoring

One of the key areas for strengthening HNOs is in disability-inclusive monitoring, with none of the HNO chapters reviewed including disability in their monitoring frameworks.

Recommendation: HNOs can be strengthened by disaggregating relevant indicators by disability to monitor the disproportionate impact of the crisis on persons with disabilities (e.g. # children under 5 with SAM); and by including 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).

Humanitarian Response Plans

Inclusive response

A number of HRPs made general references to accessible or inclusive programming. While important for bringing attention to persons with disabilities, such approaches do not identify the concrete actions that are needed to ensure a response is delivered inclusively.

For example:

> *"The sector will prioritize households with people living with disabilities who face barriers in accessing health, nutrition and WASH services, and are disproportionately food-insecure due to high levels of exclusion".* (Nigeria HRP 2022)
>
> *"To address access issues highlighted in the results of the MSNA, the cluster will ensure that health facilities and services are made accessible to persons with disabilities ". (oPt HRP 2022)*
>
> *"The Nutrition Cluster will continue to employ a people centered approach, including those with disabilities, and that mainstreams accountability to affected people, and Gender with Age Marker considerations in the design, delivery and monitoring of nutrition response in South Sudan".* (South Sudan HRP 2022)
>
> *"To improve access to Nutrition services, the Cluster will investigate into and address specific access barriers for more marginalised groups, such as people with disabilities".* (Afghanistan HRP 2022)

Demonstrating a strong approach to inclusive response planning, one HRP described concrete activities to ensure inclusion, including a dedicated sub-section on 'cross-cutting issues' :

> *"Satellite and mobile teams will be used to target IDPs, people with disabilities, populations in hard-to-reach areas. Additionally, specific nutrition response strategies include scaling up treatment and geographical coverage of severe and moderate acute malnutrition for most vulnerable groups in vulnerable residents, IDP, returnees, and persons with disabilities … Finally, 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)

Recommendation: HRPs can be strengthened by going beyond general statements on targeting persons with disabilities and on accessibility 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, training on inclusion for nutrition partners, and actions to improve physical accessibility of facilities as well as the accessibility of nutrition-related information.

Participation

One of the key areas for strengthening HRPs is in describing how persons with disabilities and their representative organizations will be engaged in the response. Participation is key to designing and delivering an inclusive response that reflects the needs, priorities and lived experiences of persons with disabilities. However, none of the reviewed HRP chapters included this information.

Recommendation: HRPs can be strengthened by identifying 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 supporting outreach to persons with disabilities, advising on accessibility or participating in the training of partners.

Complaints and feedback mechanisms

Another key area for strengthening HRP nutrition chapters is through a description of how accessibility will be considered in complaints and feedback mechanisms, with none of the reviewed HRP chapters including this information.

Recommendation: HRPs can be strengthened by describing how complaints and feedback mechanisms will be made accessible to persons with physical, hearing, visual and intellectual disabilities. Key approaches to improve accessibility is to ensure the availability of multiple formats for providing feedback and complaints and to consult persons with disabilities on their preferred channels.

Monitoring

Only one HRP described how monitoring systems and processes will be made inclusive of persons with disabilities:

"To enhance the quality of reporting and data, the Nutrition Cluster will conduct regular and needs-based capacity-building activities for the partners on 4Ws etc. Partners will share their data, using disaggregated data sets by age, sex, disability and IDP/non-IDP". (Somalia HRP 2022)

Recommendation: HRPs can be strengthened by disaggregating relevant indicators by disability to monitor equitable access to assistance (e.g. # children under 5 receiving life-saving care); and by 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.

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[i] Based on the WHO and World Bank Report on Disability World Report on Disability (who.int)
[2] Guidance on determining reliability can be found in Guidance on strengthening disability inclusion in Humanitarian Response Plans - World | ReliefWeb at page 15