

# Essential actions on disability-inclusive nutrition

## Checklist

This checklist is a companion to UNICEF's [Guidance on including children with disabilities in humanitarian action: Nutrition](#). It provides a package of essential actions required for all Country Offices (COs), UNICEF-led clusters and Area of Responsibility (AoR), Regional Offices (ROs), and Headquarter (HQ) Divisions to ensure disability-inclusive emergency preparedness and response when responding to humanitarian crises L1 to L3.

Actions throughout the checklist which are relevant for preparedness and coordination are indicated with different symbols:



PREPAREDNESS



COORDINATION



## NEEDS ASSESSMENT AND ANALYSIS

**By collecting data on children with disabilities, it is possible to identify them, assess their needs and monitor their access to humanitarian assistance.**

**Disaggregate data by disability when conducting needs assessments by inserting the [Washington Group Short Set of Questions \(WG-SS\)](#) or the [Child Functioning Survey Module \(CFSM\)](#) into data collection tools.**

- ✓ Use disaggregated data to estimate the number of children with disabilities in the population as a baseline for monitoring access to nutrition interventions; and to understand how children with disabilities are impacted differently by the crisis.
- ✓ Adapt nutrition tools to collect data disaggregated by disability.
- ✓ Report against selected programme indicators disaggregated by disability in line with the Core Commitments for Children ([CCCs](#)) [disability indicators and disaggregation guidance](#).\*

**Organize focus group discussions (FGDs) and key informant interviews (KIIs) with persons with disabilities to gather information on how the crisis is impacting children with disabilities, their access to services, and local perceptions of girls and boys with disabilities.**

- ✓ OPDs can be an important support in reaching out to persons with disabilities to participate in FGDs and KIIs.
- ✓ Organize separate FGDs with women and girls with disabilities to identify the specific risks and barriers they face, particularly accessing infant and young child feeding, treatment of severe and acute malnutrition and micronutrient deficiencies. Children with disabilities may be out of school more often than other children and therefore not accessing school feeding programmes.

\* Internal document

- ✓ Ensure that persons with different impairment types are included in these consultations and that consultations are inclusive and child friendly.



**Find and analyse best available data on adults and children with disabilities within populations, from national emergency agencies, departments of health and education, social welfare, or other institutions.**

- ✓ OPDs and international and national NGOs working with children with disabilities may have data on children with disabilities, particularly at the community level.
- ✓ In addition to data on children and adults with disabilities, map existing services and programmes for children with disabilities that may support access to nutrition interventions, such as inclusive education programmes, social protection systems and rehabilitation and assistive technology service providers and include this data in the 5Ws Mapping Matrix tool.

**Include accessibility in assessment criteria or standards used to select nutrition facilities or service providers.**

- ✓ Conduct an accessibility assessment of existing services and facilities for nutrition emergency interventions to identify ways of improving access. Consider collaborating with organizations of persons with disabilities (OPDs) in such assessments and engage persons with different types of disabilities.



**Share and use the needs assessments tools and disability data gathered under the above actions to influence UNICEF as well as inter-agency needs assessment and planning processes, such as [preparedness actions](#)\*, [scenario-based contingency plans](#) and [Humanitarian Needs Overviews](#).**



**[Collect and share data](#) on persons with disabilities and other vulnerable groups in line with [data ethics](#) and protection principles.**

- ✓ Build the capacity of data collection teams on the ethics of disability-inclusive data collection and communication with persons with different types of disabilities.
- ✓ Support the capacity of partners to protect the rights of persons with disabilities in relation to data ethics and protection.
- ✓ Ensure that persons with disabilities can give their informed consent and decide whether their personal data is collected, e.g., information must be accessible, more time might be required during data collection, and some persons with disabilities might want to ask a trusted person to support them in deciding.



## HUMANITARIAN RESPONSE PLANNING/STRATEGIC PLANNING

**UNICEF response plans are evidence-based, consistent with interagency planning and regularized into the CO workplan. Plans need to address coverage, quality and equity, which requires including all the affected population; particularly persons with disabilities, including children.**



**[Foster collaborations and partnerships](#) with agencies and organizations with expertise on [disability and accessibility](#), including OPDs.**

- ✓ Where relevant, [invite OPDs and other disability actors](#) to participate in sector/cluster coordination and technical working groups.



**Support the establishment or reinforcement of a disability coordination mechanism, e.g., Disability Working Group, to promote [inter-sectoral and inter-agency coordination](#) of disability inclusion.**

- ✓ Nominate and resource a UNICEF disability focal point and advocate for the sector/ cluster to have a disability focal point or agency.
- ✓ Create links with other clusters for critical inter-sectoral and inter-agency actions to include children with disabilities.

**Ensure that issues related to children with disabilities have been included in nutrition response planning, i.e., identify how the crisis impacts children with disabilities differently and describe the specific barriers they face to access assistance in:**

- ✓ Resource mobilization, including the [Humanitarian Action for Children Appeal](#)\* (HAC).
- ✓ Interagency planning, including the Humanitarian Response Plans (HRP).
- ✓ The IASC Emergency Response Preparedness & UNICEF Emergency Preparedness Planning (EPP).
- ✓ Revision of CO work plans in cases of a major scale-up of humanitarian response, including declared L2 or L3 emergencies.
- ✓ Planning in line with the extension (or exit) of any L2 or L3 emergency.
- ✓ [Humanitarian Programme Documents \(HPDs\)](#).\*
- ✓ Emergency Supply and Logistics Strategy.
- ✓ Advocacy and Communications Strategies.

**Describe the concrete measures to address these risks and remove barriers to improve access to nutrition, reflecting a twin-track approach.**



## RESOURCE MOBILIZATION

**Forecast the costs associated with including persons with disabilities, including children, in all education programming under the Resource Mobilization Action Plan.**

**Incorporate dedicated [disability-inclusion funding](#) requirements for nutrition programmes in flash appeals, the [HAC](#)\* and donor proposals, including funding from private and public sectors, pooled funding mechanisms (such as CERF and CBF), as well as internal funding mechanisms that could be used to rapidly respond and scale-up disability-inclusive education programmes.**

- ✓ Example of message to use when there is no available disability data: “Children with disabilities, estimated to make up 10 per cent of the affected population, are at higher risk of malnutrition due to specific nutritional needs and barriers to accessing nutrition programmes”.
- ✓ Budget for construction of modifying facilities to be accessible. Consider accessibility in both the establishment of temporary health facilities and the construction of infrastructure.
- ✓ Allocate budget for capacity building of nutrition staff and partners on disability inclusion.
- ✓ Budget for making making nutrition information, communications and community engagement activities accessible, including for persons with hearing, visual and intellectual impairments. This requires information and communications to be made accessible, e.g., easy-to-read production, audio messages, Braille print or hiring sign language interpreters for community meetings etc.

**Allocate budget to activities for ensuring disability-inclusion in nutrition interventions, including costs for reasonable accommodation, provision of assistive technology, accessible communication and other support services and supplies.**

- ✓ Without pre-existing data on children and adults with disabilities, estimate that [3 per cent of the population needs assistive technology](#).
  - In supply planning, include products relevant to children with disabilities, such as assistive devices and source such products locally where possible.
- ✓ Meet the specific dietary and feeding requirements of children with disabilities.
- ✓ Support children with disabilities and their caregivers to participate in activities; support may include transport assistance or allowances for caregivers to accompany children.



## IMPLEMENTATION AND MONITORING

**Implementing humanitarian response plans that are inclusive of persons with disabilities requires on-going monitoring of access to assistance.**

### Implementation

**Ensure that children with disabilities and pregnant and breastfeeding women with disabilities can access all nutrition services by using a [twin-track approach](#).**

- ✓ Establish outreach mechanisms to provide assistance to children out of school or isolated in their homes. OPDs can support the identification of families of children with disabilities.
- ✓ Develop nutrient-dense and culturally appropriate recipes that can be adapted for children with disabilities, e.g., modifying food consistency.
- ✓ Develop information on breastfeeding infants with disabilities and providing complementary foods for children with difficulties swallowing, chewing, or eating independently.
- ✓ For children who use their upper bodies to aid mobility (e.g., use a wheelchair), use a visual assessment, skin fold, length, arm span, demispan or lower leg length measurements as an alternative to common malnutrition measurement as mid-upper arm circumference (MUAC) measurements may be misleading.
- ✓ Set up fast tracks for food distributions, registration, and nutrition services.
- ✓ Make nutrition-related information available in multiple and accessible formats, e.g., print, pictures, and audio.
- ✓ Train nutrition workers to identify signs of malnutrition among babies with developmental disabilities, cleft lip or palate, or tongue-tie.
- ✓ Preposition accessible nutrition supplies and components, such as adapted utensils, corner chairs etc.

**Capture information on access to nutrition and barriers faced by children with disabilities in Situation Reports (SitReps) and dashboards.**

**Ensure that all [AAP mechanisms](#) are accessible for children with physical, sensory, intellectual and psychosocial disabilities**

- ✓ Provide a variety of [child-friendly feedback mechanisms](#) such as hotlines, SMS feedback, group discussions etc.

**Invite OPDs to trainings organised on nutrition in emergencies to familiarize them with the humanitarian system, international response processes and tools, and support their participation in the humanitarian response.**

### **Ensure children with disabilities feature in Advocacy and Communications Strategies and Plans.**

- ✓ Example: Include images and stories of children with different types of disabilities in internal and external communication; portraying children as active contributors and included in activities.

### **Implement strategies that reduce disability-related stigma as a barrier to accessing nutrition interventions.**

- ✓ Involve persons with disabilities, including children and youth, in nutrition-related community engagement activities, such as committees, including as volunteers and leaders.
- ✓ Engage persons with disabilities in nutrition-related awareness campaigns and activities.

### **Ensure adequate expertise on the inclusion of children and adults with disabilities.**

- ✓ Identify, or organize where relevant, short training or briefs for nutrition actors on the inclusion of children and adults with disabilities.
- ✓ Engage persons with disabilities to co-facilitate or participate in designing and delivering the training.
- ✓ Include in surge deployment requests dedicated positions on inclusive nutrition response.

### **Identify, strengthen, and create referral pathways through inter-sectoral connections to effectively identify and respond to nutrition needs in households with persons with disabilities.**

- ✓ Example: Establish a database of disability-specific and mainstream health actors and service providers who can facilitate an effective referral system.

## **Monitoring**

### **Align indicators in donor appeals (e.g., HAC), interagency plans (e.g., HRP), UNICEF plans, Results Assessment Module (RAM) within inSight, Programme Documents (PDs) and Small-Scale Funding Agreements with the CCCs disability indicators and disaggregation guidance ([CCCs indicators guidance](#)).**\*

### **Ensure monitoring systems, such as Humanitarian Performance Monitoring (HPM), field monitoring plan or Cluster Coordination Performance Monitoring (CCPM), include both disability-specific indicators and indicators disaggregated by disability, to monitor progress in addressing the needs of children with disabilities.**

- ✓ Use monitoring and reporting processes to promote reflection and accountability. Review the extent to which women with disabilities, and children with disabilities and their caregivers, have access to and use nutrition health services.
- ✓ Measure equal access to nutrition programmes through disaggregation of indicators by disability. Use disability-specific indicators to capture specific actions to address risk and barriers.
- ✓ Use the relevant [Washington Group Question](#) to disaggregate and analyse data.
- ✓ Examples of specific indicators:
  - Number of children with disabilities with severe acute malnutrition receiving treatment.
  - Number of women with disabilities receiving skilled breastfeeding counselling.

### **Review and adapt existing mechanisms like 5W mapping systems to collect relevant information on nutrition services related to disability.**

- ✓ Engage children with disabilities and their caregivers and OPDs in FGDs and KIIs to identify any barriers to accessing assistance and share information in sector and cluster coordination meetings and EMTs.



## REPORTING AND EVALUATION

UNICEF and inter-agency reporting and evaluations are a key opportunity to evaluate the extent to which persons with disabilities contribute to and benefit from the response and identify learnings to improve future responses.

**Engage OPDs in evaluations including in the identification of evaluation criteria, data collection, analysis and validation of findings, and formulation of recommendations and good practice.**

**Ensure that periodical SitReps and final humanitarian response evaluations reflect how children with disabilities have been reached and impacted.**

- ✓ Include disability-inclusive humanitarian actions in UNICEF End of Year Reporting and [Strategic Monitoring Questions](#)\*. Such as:
  - Of the children who received UNICEF-supported nutrition services during the reporting year, how many were children with disabilities?
  - Did the CO provide inclusive/accessible nutrition services and programmes to children with disabilities in humanitarian situations during the reporting year?
  - Did UNICEF support the inclusion of disability considerations in Nutrition frontline worker trainings to address the needs of children with disabilities and their families?
- ✓ Include disability-inclusive nutrition humanitarian achievements in the UNICEF reporting system, including [Results Assessment Modules \(RAM\)](#).\*
- ✓ Include the intersection of disability, age and gender and other factors to determine whether groups of people were excluded from nutrition programmes.

**Capture good inclusive humanitarian practices (what worked and why) and lessons learned and use the findings to provide recommendations for ongoing and future programmes.**

## Key terms

**Accessibility:** Persons with disabilities accessing, on an equal basis as others, the physical environment, transportation, information, and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and rural areas ([Article 9 CRPD](#)). Physical accessibility is the provision of buildings or parts of buildings for people, regardless of disability, age or gender, to be able to gain access to them, into them, to use them and exit from them. For more information:

[www.accessibilitytoolkit.unicef.org](http://www.accessibilitytoolkit.unicef.org)

**Universal design:** The design of products, environments, programmes, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Does not exclude assistive devices for groups of persons with disabilities where needed ([Article 2 CRPD](#)).

**Twin-track approach:** A disability-inclusive humanitarian response should be designed and delivered in accordance with a twin-track approach. The response should include both actions to improve the accessibility of assistance, and actions targeted to persons with disabilities themselves, to enable access on an equal basis with others.