



Tip Sheet on Disability Inclusion in the HNOs and HRP Food Security Chapters

1. AIM AND AUDIENCE

This Tip Sheet was prepared by the WFP Disability Inclusion Team and the GFSC Support Team under the umbrella of the GFSC Protection Task Force. Based on the review of 2022 HNOs and HRP, it is intended to provide guidance to cluster coordinators and national-level FS clusters' partners on concrete steps to better integrate disability into the HNO and HRP processes. Key tools and guidance documents are also included for more in-depth reference.

2. 2022 HNOS AND HRPS REVIEW FINDINGS

METHODOLOGY - 25 HNOs and 27 HRP published in French, Spanish and English as of May 2022 were reviewed from a disability inclusion lens, with a focus on the Food Security Chapter.

Desk review and analysis were conducted by the WFP Disability Inclusion Team and Global Food Security Cluster. Subjectivity may apply.

List of reviewed HNOs and HRP

Country	HNO	HRP
Afghanistan	✓	✓
Burkina Faso	✓	✓
Burundi	✓	✓
Cameroon	✓	✓
CAR	✓	✓
Chad	✓	✓
Colombia	✓	✓
DRC	✓	✓
El Salvador/Guatemala /Honduras	✓ (one combined HNO)	✓ ✓ ✓ (3 separate HRPs)
Haiti	✓	✓
Iraq	✓	✓
Lebanon	✓	✓
Libya	✓	✓
Mali	✓	✓
Mozambique	✓	✓
Myanmar	✓	✓
Niger	✓	✓
Nigeria	✓	✓
oPt	✓	✓
Somalia	✓	✓
South Sudan	✓	✓
Sudan	✓	✓
Syria	✓	✓
Ukraine	✓	✓
Yemen	✓	✓
Total	25	27

1. DATA

PIN disaggregated by disability. 16 HNOs have a PIN disaggregated by disability in the Food Security Chapter (data sources used: global WHO estimate; MSNA data, national statistics, surveys).

CAR: "1,528,284 will be in a stress phase (phase 2). Of these people, 60.5% are under 18 years of age, 35% are between 18-59 years old, 4.5% are over 59 years old and 15% have a disability."

Burundi: "Households with people living with disabilities or chronic illnesses (respectively 6.6 and 5.7 percent of households, according to the latest FSMS/WFP survey of August 2021)."

4 HNOs highlight the need for more reliable data and disaggregated data by disability.

Afghanistan: "There is recognition that more up-to-date and sector-specific data on disability and mental health needs is required."

Cameroon: "In 2021, it was agreed at the Inter-Sector level that multi-sectoral as well as sectoral assessments carried out need to pay more attention to gender specific needs and the needs of persons with disabilities."

Sudan and CAR: "data collection and analysis will integrate gender, disability, age and protection perspectives".



2. RESPONSE TO NEEDS

Analysis of the factors contributing to heightened risk/ need for persons with disabilities. 13 HNOs described the factors and/or barriers contributing to risk, in terms of food security assistance. However, the majority lacked evidence and concrete analysis (only Syria provided evidence).

Lebanon: “Poverty and food insecurity were also found to go hand in hand in Lebanon, with the presence of a chronically ill or disabled member, a temporary or substandard shelter, lack of access to health services or education are highly associated with being vulnerable and food insecure”.

Somalia: “In urban settings, consequences of COVID-19 are likely to further exacerbate food consumption gaps, poverty levels, and protection concerns; particularly among vulnerable groups like Internally Displaced Persons, women headed households, girls, elderly and minority communities and persons with disabilities”.

South Sudan: “Those most affected are children, people with disabilities, older persons, and women-headed households, identified as the most vulnerable to increases in food insecurity”. “The needs of different identity groups must be considered, as well as those of vulnerable/marginalized households or family members, including the disabled, the elderly, and people with specific needs, who often remain or are left behind when populations are displaced”.

Syria: “Households having a person with disability are more likely to be food insecure (60 per cent compared to 51 per cent for households not reporting members with disability), while elderly and children are more likely to suffer the impacts of food insecurity as a population group”.

Reflection of a mainstreaming approach in response to the needs and priorities of persons with disabilities. 20 HRPAs described mainstreaming and targeted activities to address the barriers faced by persons with disabilities:

Afghanistan: “About 2 million people will receive cash assistance either in the form of unconditional cash transfers to vulnerable households headed by women / persons with disability / elderly or in the form of cash for work to rehabilitate or construct livelihoods assets at individual and community level”.

Burkina Faso: “In order to strengthen the capacities of the Food Safety Cluster on the prevention of sexual exploitation and abuse, participation of Cluster members to specific training courses will be essential. Cross-cutting themes (gender and age, diversity, disability, HIV/AIDS and environment) and compliance with the principles of do no harm, safety, and dignity, accountability, and participation of beneficiaries will be systematically integrated in the Cluster response”.

Chad: “Non-discriminatory and secure access to activities of food safety will be guaranteed, taking into account the dignity and specific needs of beneficiaries (by age, sex and taking into account disabilities). “The partners will consult with men, women, boys, girls, the elderly and people with disabilities in order to understand their needs and preferences regarding location, assistance design and methodology.”

Myanmar: “The cluster will continue to advocate for safe access and work through local or community-based organizations to provide food assistance and restore and protect livelihoods to the displaced and most vulnerable crisis-affected people, including people with mobility constraints, the elderly, people with disabilities or the chronically ill”

Inclusive food security cluster objectives. 10 HRPAs presented one or more cluster objectives that are inclusive of or specifically mention persons with disabilities.

Sudan: “Under the third objective, food security and livelihood programs and interventions will provide safety, dignity, and protection for the overall community to decrease protection risks. Interventions will primarily target the most vulnerable people, which will include women, girls, boys, people with disability disabilities, and older people.”

CAR: The three cluster “objectives aim to target 1.9 million people (girls, boys, men, women, and persons with disabilities) distributed in priority in 37 sub-prefectures of CAR.”

Burkina Faso: persons with disabilities are included in the following objectives: SO1: In 2022, 1.9 million people are receiving timely, integrated, multisectoral emergency humanitarian assistance needed to address their critical issues related to physical and mental well-being, with attention among children, women and people living with disabilities.

SO2: In 2022, 3 million women, men, girls, boys, the elderly and people with disabilities affected by the humanitarian crisis saw their access to basic social services improved through dignified and needs-based assistance, provided on time and in a protective environment.”



3. MONITORING

Inclusive monitoring framework. 3 HRP's have indicators that will collect data disaggregated by disability: **Honduras, Niger, Somalia.**

Honduras: # workshops on basic concepts of early warning systems, disaggregated by participants (disaggregated by gender and disability)

workshops on information handling and management in emergencies, disaggregated by participants (disaggregated by gender and disability) [translated from Spanish].

Niger: # of people in emergency situations (including people with disabilities) who received unconditional food assistance disaggregated by sex and age.

of people in emergency situations (including people with disabilities) who received unconditional agricultural and pastoral assistance disaggregated by gender and age.

Objective 3: By the end of 2022, 2,297,299 women, men, girls and boys from the most vulnerable groups (including people with disabilities) in the acute need departments, have strengthened their capacity to cope with shocks.

of people who received conditional assistance to build sustainable assets to strengthen their gender-sensitive resilience and gender-disaggregated disability.

Objective 4: # of households in emergency situations (including people with disabilities) who received safety nets and/or IGAs disaggregated by sex and age.

[translated from French].

Somalia: “The data will be disaggregated by age, gender, and disability to facilitate impact monitoring, informed policymaking, and programme development”.



3. Recommendations

HNO Recommendations:

- Better analysis of heightened risk faced specifically by persons with disabilities, including an intersectional approach¹ that looks at other issues such as gender, age and other elements of diversity.

How to improve: involve people with disabilities and their representative organisations in consultations on barriers they face accessing food security assistance, and analyse information provided based on overlapping data on sex and age² to understand whether certain groups of people with disability face heightened risk. Describe how disability-related factors interact with other structural inequalities and contextual factors to increase or mitigate risk of persons in need.

- Inclusive monitoring – whilst the data is disaggregated, there are very few indicators for persons with disabilities, particularly where this group is considered to be at heightened risk.

How to improve: To understand how persons with disabilities are differently impacted, disaggregate relevant indicators by disability (e.g., IDDS for persons with disability). For household-level indicators, please disaggregate between households with a disabled member and households without.

- Participation: very few references to how cluster and partners would collaborate with Organisations of Persons with Disabilities (OPDs) etc.

¹ The concept of Intersectionality recognizes that there are many elements of individual identity, such as gender, ethnicity, age, economic status and disability, and that these interact in ways that often compound advantage or disadvantage.

² Disability data, where possible, should be disaggregated by age and gender – please consider guidance in the following document: <https://docs.wfp.org/api/documents/WFP-0000139192/download/>

How to improve: describe steps that were taken to understand barriers and facilitators to accessing food security assistance. Where there is evidence that data has been collected in consultation with specific groups of people with disabilities, reference this in the HNO.

Ensure that needs assessment processes (including focus group discussions and key informant interviews) are accessible and inclusive. In the HNO, describe what persons with disabilities themselves identify as their priority concerns.

HRP Recommendations:

- Better analysis of heightened risk faced specifically by persons with disabilities, including an intersectional approach that looks at other issues such as gender, age and other elements of diversity.

How to improve: When the HNO contains analysis of heightened risk faced specifically by persons with disabilities, the HRP should describe how the response will comprehensively address these risks and intersecting factors, including barriers to accessing assistance.

- There are very limited references to twin-track approaches.

How to improve: Use disaggregated data available and data collected through consultations to determine what barriers can be addressed through mainstream programmes and where targeted support for persons with disabilities is necessary. Describe in the chapter how the response will take into account mainstreamed and targeted approaches where these are considered necessary for persons with disabilities (for example through CBT top-up, transport grants, provision of assistive devices and other).³

³ See WFP example of CBT top ups in Kenya: <https://www.wfp.org/stories/kenya-how-cash-grants-empower-people-living-disabilities>

- Inclusive monitoring - whilst the data is disaggregated, there are very few indicators for persons with disabilities, particularly where this group is targeted for specific activities and/ or is considered to be at heightened risk.

How to improve: Identify how the humanitarian situation and needs may evolve for persons with disabilities, with consideration for barriers to accessing food security assistance and other factors that heighten risk. Specific risks/needs for persons with disabilities can be monitored with specific indicators (e.g., # of persons with disabilities reporting obstacles to accessing assistance).

In the description of each cluster objective, make reference to persons with disabilities in the explanation of how this result or change will impact persons with disabilities.

- Participation: very few references to how cluster and partners would collaborate with Organisations of Persons with Disabilities (OPDs) etc.

How to improve: describe efforts to meaningfully engage persons with disabilities at all steps of the planning and response phase. This includes steps that were taken to understand barriers and facilitators to accessing food security assistance as well as how they were involved in implementing responses to remedy these. Where there is evidence that data has been collected in consultation with specific groups of people with disabilities, reference this in the HRP.

Describe ways in which persons with disabilities will be informed of food security responses and efforts to engage them in providing this information.

Ensure that complaints and feedback mechanisms are accessible and inclusive. This may require providing

complaints and feedback mechanisms in multiple and accessible channels and formats; and adapting focus group methodology to enable participation. In the HRP, describe how persons with disabilities can be engaged as actors in the response, such as through inclusion in community-based mechanisms.

- Empowerment: No reference to the agency and capacity of persons with disabilities to contribute to responses that would reduce barriers and empower them in the future.

How to improve: persons with disabilities are agents of change and have capacities that can be built on in most humanitarian situations. Knowing and understanding how they can be part of food security responses is essential to their empowerment⁴. This should be demonstrated in the HRP.

- Accessibility: Very few references of how food security assistance and information on food security assistance can be made accessible to persons with disabilities.

How to improve: Where food security actors have worked with persons with disabilities to render responses more accessible, whether this is through making distribution accessible, providing targeted support for people with disabilities to access sites, making information about eligibility criteria and CFMs more accessible, this should be described as part of the HRP.

⁴ See example on WFP approach in Mozambique focusing on accessible communications and community engagement: <https://docs.wfp.org/api/documents/WFP-0000138872/download/>

Useful Resources

- [Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans](#)
- [gFS Cluster – Protection Task Force “Tip sheet on Integrating Protection Dimensions of Food Security in the HNO and HRP process”](#)
- [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action \(Chapter 13 on Food Security and Nutrition\)](#)