

# Disability and Nutrition FAQ

## What are the key questions we should be finding out from the field to improve the inclusion of persons with disabilities in Nutrition programming?

- People in Need (PiN) with disabilities- to provide a baseline for monitoring access to nutrition assistance and for planning resource allocation:
  - Disaggregate data collected using [the Washington Group questions sets](#) or if not feasible use global estimates (15% of the population for adults, 10% for children)
- How are children and adults with disabilities differently impacted by the crisis/ what specific risks do they face?
  - Disaggregate needs assessment data by disability, using the Washington group questions sets
  - Conduct focus group discussions and key informant interviews with men and women, boys and girls with different types of disabilities
  - Consult with organizations of persons with disabilities (OPDs) representing the affected population
- What barriers do children and adults with disabilities face to accessing nutrition interventions? Consider physical, communication, and attitudinal/ institutional barriers
  - Conduct accessibility audits of facilities and services (including of infrastructure and communication). Some examples of guidance include:
    - [These tools](#) have been developed for WASH, however, provide good examples of how audits could be conducted and could be adapted to Nutrition.
    - [This IOM-DTM tool](#) has questions that can be asked around accessibility and used in the context of nutrition assessments
    - [This UNICEF guidance](#) has helpful checklists on disability inclusive nutrition programming
  - Disaggregate response monitoring data by disability, using [the Washington Group questions sets](#)
  - Conduct focus group discussions and key informant interviews with men and women, boys and girls with different types of disabilities
  - Consult with organizations of persons with disabilities (OPDs) representing the affected population

- What specific nutrition needs do children and adults with disabilities have, including both dietary requirements and aids/ devices to support feeding?
  - Ensure screening processes are inclusive, including adapting measurement approaches. Identify children and adults with disabilities and conduct a detailed assessment of nutrition-related needs
  - Ensure nutrition outreach teams reach households of persons with disabilities, including by providing training on accessible communication, and by working with OPDs to identify more isolated households and individuals

**What are the potential nutritional vulnerabilities of persons with disabilities we should be considering E.g., Access to general food distributions, appropriate foods etc?**

- Specific dietary needs, including due to difficulties with chewing or digestion
- The caregiver of an infant with a disability may require additional assistance with breastfeeding techniques, or in some cases with alternative feeding methods.
- Caregivers with disabilities may need additional support e.g. support to women with disabilities to breastfeed their children
- Requirements for specific feeding techniques, including the need for aids and devices, and for the training of caregivers
- Barriers to accessing assistance, including physical (e.g. difficulty reaching nutrition/ food assistance facilities, difficulty carrying food distributions home); communication (e.g. inaccessible information about nutrition or nutrition services/ food assistance); and attitudinal (e.g. high levels of stigma preventing persons with disabilities from accessing nutrition/ food distribution facilities). Barriers can also be related to nutrition screening procedures not being adapted to different body types (e.g. factoring in differences in upper arm circumference of persons using wheelchairs)

**Humanitarian settings tend to use fixed vulnerability criteria and discussions on drought or famine response reflect those categories e.g. female-headed household, pregnant and breastfeeding mothers (and potentially persons with disabilities). While not questioning the categories, how could needs assessments and targeting better reflect intersectionality so we are not creating siloes?**

- In targeting, while specific categories exist, it is important to be fully inclusive in approaches to reaching target groups, recognizing that individuals may be at-risk

of exclusion due to intersecting identities e.g. if breastfeeding mothers are being targeted, it is important to ensure that approaches for identifying breastfeeding mothers do not exclude adolescent girls, older women or breastfeeding mothers who have disabilities; if children are being targeted it is important to recognize that children with disabilities, children who are parents, children who are working and others may be out of school and should be reached through dedicated outreach activities.

- While there is a need to identify people from groups at heightened risk (such as persons with disabilities), needs assessments should focus on identifying barriers that affected populations face to accessing nutrition interventions- and this does not require categorization. For example, needs assessments should include an analysis of physical, communication, and attitudinal/ institutional barriers (including gender, age and disability-based discrimination). Such a barriers analysis reflects an intersectional approach, by identifying how intersecting identities create exclusion, rather than focusing on categorization of individuals.
- Disaggregation of needs assessment data by age, sex and disability will allow for analysis of needs with reflection on intersectionality