REVIEW OF DISABILITY INCLUSION 2024 HNOs, HRPs and HNRPs

Disability Advisory Group- Humanitarian Programme Cycle

KACHIN
A woman with disability feeds her elderly mother at an IDP camp in Kachin. 2023.
Photo: WFP/Naing Linn Shwe

Food Security chapter of Myanmar HNO

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[1] The Disability Advisory Group is an interagency group led by UNICEF and focused on strengthening disability inclusion in HNO/HRP development processes and HNO/HRP documents. As of July 2024 the group has active

Background

Since 2018, focused interagency efforts have been underway to strengthen disability inclusion in Humanitarian Needs Overviews (HNO) and Humanitarian Response Plans (HRPs), carried out up to 2022 as part of the UK Foreign, Commonwealth and Development Office (FCDO) Humanitarian Single Business Case 2017-21[2]. These efforts have been coordinated by the Disability Advisory Group and involved the development of Guidance on Strengthening Disability Inclusion in HRPs[3] and accompanying resources (including tip sheets), as well as support to countries, both through global webinars and more targeted bilateral support. To track progress and inform these efforts going forward, reviews of disability inclusion in HNOs/ HRPs were conducted in 2018, 2020, 2021, 2022 and 2023.

The Humanitarian Needs and Response Plan (HNRP) was introduced for the first time for the 2024 HPC cycle in the effort of the HPC lightening and will be the standard for the 2025 HPC. In 2024, the review criteria used by the Disability Advisory Group were therefore adjusted to reflect lightened HNO/HRP and HNRP documents. This report presents the findings of the 2024 review, including an overview of progress made since 2018. In addition to this overall review, specific sectoral chapter reviews are being conducted under the leadership of the respective global clusters (as at September 2024, a review had been completed by the Global Education Cluster, with others being planned).

For the first time this year, the Disability Advisory Group, using data provided by OCHA, also conducted an analysis of the correlation between strong disability inclusion in HNO/HRP/HNRP and the existence of focal points or working groups for disability inclusion in country.

This report is intended for humanitarian and disability inclusion actors at global, regional and country level who have an interest in how information on persons with disabilities is being integrated in HNOs/HRPs/ HNRPs. The 2024 review is intended to shed light on how disability inclusion is, and can, be reflected in lightened HNOs/HRPs and new HNRP formats, to inform the work of the Disability Advisory Group going forward. This report can be used as a basis to develop guidance and training and to inform efforts to further strengthen disability inclusion in HNOs/ HRPs/ HNRPs.

Structure of this report

This report is organized around the criteria for the HNO/HRP disability inclusion review (see self-assessment tools at annex 1 and 2). At the end of the HNO and HRP sections of the report, a summary is provided of progress on disability inclusion since 2018. For countries that used the HNRP format, HNO

participation by FCDO, Global Education Cluster, Global Protection Cluster, Humanity & Inclusion, Impact Initiatives, IOM, OCHA, Trinity College Dublin, UNHCR, and WFP.

[2] The UK Foreign, Commonwealth and Development Office (FCDO) - UN Single Business Case was a multi-year, multi-agency programme built around a single Results Framework shared by six UN agencies (UNICEF, WFP, UNHCR, OCHA, IOM. It aimed to support the implementation of reform commitments made by UN agencies under the Grand Bargain and the World Humanitarian Summit and to promote a greater focus by the UN humanitarian system on protecting vulnerable persons in humanitarian situations, particularly persons with disabilities. The disability results area was led by UNICEF.

[3] Guidance on Strengthening Disability Inclusion in HRPs: This guidance provides support to strengthen inclusion of disability in Humanitarian Response Plans (HRPs) and includes the Humanitarian Needs Overview development process in recognition of the importance of the HNO as the basis for the Humanitarian Response Plan. See https://reliefweb.int/report/world/guidance-strengthening-disability-inclusion-humanitarian-response-plans

criteria were used to review the needs assessment component (part 1) and HRP criteria were used to assess the response planning component (part 2).

Part 3 of this report provides a brief overview of how the existence of a working group or focal point for disability inclusion in country correlates with the level of disability inclusion reflected in the HNO/HRP/HNRP.

Part 1- HNOs

10 HNOs and 11 HNRPs were reviewed in 2024:

HNRPs: Afghanistan, Chad, Haiti, Honduras, Mali, Mozambique, Myanmar, Somalia, South Sudan, Sudan, Ukraine.

HNOs: Burkina Faso, Cameroon, CAR, DR Congo, El Salvador, Ethiopia, Guatemala, Nigeria, Syria, Yemen

Overall, the strongest HNO/ HNRP in terms of disability inclusion (the HNO/HNRP with the highest number of criteria partially or fully met) is Yemen, followed by Mozambique, Somalia and El Salvador.

Reliability of data

Reliable data on persons with disabilities is presented, including disaggregated PIN

Not meeting	No reliable data on persons with disabilities is presented, including if PIN is disaggregated but not aligned with the global estimate (15%), without justification or evidence	9.5%
Partially meeting	Reliable data on persons with disabilities is presented in some parts of the HNO but not others	57%
Fully meeting	PIN is disaggregated based on sound primary data collection or reliable secondary data sources and reliable data on persons with disabilities are consistently presented OR Evidence-based global estimates (15%) are used, and reference is made to the need to strengthen data collection and analysis OR Reference is made to use of Washington Group Questions, but this resulted in lower-than-expected prevalence	33.5%

52.4% of countries use global estimates (15% of the population having a disability) in their presentation of data on persons with disabilities. 19% of HNOs described collection of primary data on persons with disabilities; and for 28.6% of documents, the source of data on persons with disabilities was not clear.

<u>Good practices</u>

- 15% global estimate used, with explanation. Note that most HNOs provided a PIN for persons with disabilities representing 15% of the total PIN, but received a 'partially meeting' rating as not explanation was given as to why this figure was used (e.g. global estimate, or based on collection of data). The examples below are the exceptions:
    - Due to a lack of data on persons with disabilities in need of humanitarian assistance, this HNO applies the estimation of the World Health Organization (WHO) that 15 per cent of the global population are persons with disabilities (*Cameroon*)
    - Although limited data is available, 5 million people with disabilities are estimated in Yemen, based on the World Health Organization's (WHO) global estimate of 15 per cent of the total population. This number is likely to be much higher, given the extent of conflict-related casualties over recent years and high prevalence of landmines and explosive remnants of war, among other challenges (*Yemen*)
    - La prévalence du handicap est de 1,1% au sein de la population âgée de 5 ans ou plus, selon le RGPH. Toutefois, les experts sur les sujets du handicap et de l'inclusion aux niveaux des autorités locales et de la communauté humanitaire soulignent que ces chiffres sont probablement sous-estimés en raison de la question de la définition du handicap utilisé lors du recensement, ainsi que de certains défis liés à la collecte de données. Par conséquent, afin d'assurer une meilleure inclusion, à des fins opérationnelles, le chiffre moyen de 15% utilisé au niveau global est souvent appliqué pour les interventions humanitaires sur le terrain au Burkina Faso pour le plaidoyer, la planification et la réponse (*Burkina Faso*)

- Use of recognized methodology for disaggregation
    - There is a high estimated prevalence of children with disabilities, representing around 21 per cent of children between 5 and 17. Overall, MICS statistical reports show that nearly one in five children in Yemen have functional difficulties, such as seeing, hearing and walking (*Yemen*)

- Disaggregation of PIN with disabilities by population group (returnees, refugees, IDPs, host communities) and geographic area (e.g. *Chad*)

- Presentation of data on needs
    - In 2021/22 only 12,321 children with disabilities (including 51 per cent physically impaired, 30 per cent visually and 19 per cent hearing impaired children) attended primary education services. In the North-West and South-West, only 2 per cent of the pupils enrolled for the 2022/2023 school year were children with a disability (*Cameroon*)
    - Compared to households with members without disabilities, households with members with disabilities are: 22% more likely have children drop out of school due to disability, 12% more likely to adopt an emergency livelihood coping mechanism, 20% more likely to resort to begging to buy food, 21% more likely to accept child marriage to buy food (*Nigeria*)
    - Households with a member with a disability face heightened vulnerability, exhibiting 25 per cent higher debt levels (AFN 59,876 vs the national average of AFN 46,530) and increased reliance on livelihood coping strategies (32 per cent vs 22 per cent of the

national average). Child labour is also more prevalent in such households (23 per cent reported at least one boy working outside compared with 15 per cent of the national average) (*Afghanistan*)

- Recognition of disability data gaps and actions needed to address these
    - Even if they were assisted by another member of the household (usually the spouse) to ensure that the needs collected reflected the expectations of the entire household, reflection is ongoing on how to consult boys, girls, adolescents, and persons with disabilities directly in 2024 (*Cameroon*)
    - A United Nations Partnerships on the Rights of Persons with Disabilities study identified several priorities for UN support to advance disability inclusion in Mozambique...[including]...supporting the development of national capacity for the collection of disability disaggregated data (*Mozambique*)

Remaining challenges

The following challenges are being seen less often than in previous years but remain for a few countries and ay relate to political/ contextual factors:

- Using an unexpectedly low PIN without explanation
- Inconsistency between PIN and data presented in the narrative

Risk/ needs analysis

The HNO includes an analysis of the factors contributing to heightened risk/ need for persons with disabilities, including barriers to accessing assistance and intersecting structural inequalities

Not meeting	No information included about disability OR Mention of disability with blanket categorization of persons with disabilities as 'vulnerable' without an analysis of underlying causal factors	28.5%
Partially meeting	HNO is presenting some of the needs of persons with disabilities AND General recognition of underlying factors, such as a broad reference to barriers and/ or structural inequalities	19%
Fully meeting	HNO comprehensively describes the factors contributing to heightened risk for persons with disabilities, including specific barriers to accessing assistance	52.5%

Good practices

- Under the new HNRP format, most countries have a section/ sub section on ***Inclusive and Quality Programming***, where disability is addressed. Some countries have a dedicated sub-section on persons with disabilities. These dedicated sections allow for a more in-depth description of need and underlying factors. For example:

Les personnes handicapées ne forment pas un groupe homogène. Elles ont des capacités et des besoins différentes et contribuent En temps de crise, elles sont exposées à des situations et facteurs qui les rendent spécialement vulnérables. (...) Cépendant, ces défis sont sont encore plus considérables pour les personnes handicapées, du fait que les obstacles auxquels elles sont confrontées sont dus aux institutions, aux attitudes et à l'environnement, ainsi qu'à des facteurs de risque exacerbés dans un contexte de crise ou un conflit. Parmi les facteurs de vulnérabilité des personnes handicapées, il faut souligner Les risques accrus aux abus physiques, sexuels et émotionnels requiert une protection additionnelle. Les personnes en situation de handicap sont plus à risque d'être victimes de violence, dont des violences basées sur le genre, lors d'attaques ou d'affrontements armés, en particulier les femmes. De manière générale, elles sont fragilisées par le manque de prise en compte de leurs besoins spécifiques par les politiques publiques. La perte d'accès à leur équipement, traitement médical ou aux services de réadaptation lors d'un choc (…) L'environnement non adapté à leur situation de handicap lors des déplacements forcés ou dans des sites ou familles d'accueil. L'accès réduit aux service essentiel lors d'une intervention humanitaire. Le manque de disponibilité ou d'accessibilité à ces types de services limite leur capacité à faire face à la situation. Celle-ci est exacerbée par le manque d'information et communication adaptée à leur situation de handicap (*DRC*)

Both within these dedicated sections/ sub-sections and more broadly, good practices include:

- Concrete and specific description of needs
    - People with disabilities face attitudinal, institutional, communication and physical barriers to accessing humanitarian assistance, basic services and income opportunities, and to engaging in decision-making on need priorities and how to address them.... people with disabilities in Somalia most frequently lack: • access to inclusive, disability-friendly education (65 per cent) due to, amongst others, inaccessible school or temporary learning facilities, unsafe transport, and lack of assistive devices and alternative or augmented communication; • livelihood opportunities to meet basic needs such as food (63 per cent); • specialized health services, including psychological support, rehabilitation services and assistive devices, and reproductive health (58 per cent); and • protection services such as legal assistance, GBV, and child protection (28 per cent) (*Somalia*)
    - Existing barriers to humanitarian assistance compound the challenges and affect their ability to meet basic and specific needs. Organizations of people with disabilities have repeatedly highlighted the need for accessible information, the lack of provision of assistive devices and comprehensive and quality services for people with disabilities to meet their critical needs (*Ukraine*)
    - Persons with disabilities in the North-West report that the humanitarian crisis has increased their vulnerabilities and has decreased their coping mechanisms. As others, they have often lost their income and/or shelter, but also family members and caregivers. They report depending more on others and mention the loss or damage of their assistive devices. Around 17 per cent of the persons with disabilities consulted,

especially those who relocated to other communities, reported that they experienced increased abuse since the onset of the crisis, including physical, psychological, and sexual abuse. (*Cameroon*)

- Women and girls with disabilities face unique and heightened forms of GBV. Some 80 per cent of women and girls with disabilities have experienced some form of GBV; they are ten times more likely to experience sexual violence than women without disabilities…. In temporary shelters post-Eta and Iota, people with disabilities reported not finding safe conditions or safe care measures, especially regarding children with disabilities and children being cared for by caregivers with disabilities. … Moreover, for women, girls, and children with physical, cognitive, and intellectual disabilities, they suffer multiple violences based on gender inequality, facing higher risks of sexual exploitation, including possible exploitation and sexual abuse by humanitarian aid providers (*Honduras*)

- Analysis of factors underlying and contributing to heightened risk and need.
  - Persons with disabilities, as well as older people, are often left behind in the Far North, North-West and South-West when families flee violence, because of the barriers related to their disability or because of a preference to stay in a known environment. These reports are supported by assessments which found villages near the Nigerian border in the Far North almost deserted, with mostly older people and persons with disabilities still living there. Furthermore, the 2022 shelter household level assessment in the West and Littoral regions found proportionally less IDPs with disabilities in these regions in comparison with the host community…. Persons with disabilities are more likely to be exposed to danger from attacks, due to barriers to escaping and staying out of harm's way, and because of the degradation of the support systems which existed before the crisis (*Cameroon*)
  - Children with disabilities have limited access to basic services and specific rights such as education and nutrition, due to lack of safeguards and inclusive services that ensure the participation of children with disabilities and their caregivers in these spaces (*Honduras*)
  - Limited infrastructure accessibility, inadequate healthcare, discrimination, and stigma hinder their [persons with disabilities'] integration into society. Tailored support, inclusive policies, improved healthcare, and societal awareness are essential for addressing their vulnerabilities and enabling comprehensive and meaningful integration into Afghan society (*Afghanistan*)
  - Persons with a disability are often requested to hide inside their homes by their families. This can lead to individuals being less integrated in their communities and facing challenges in accessing specialised support and services, especially for women and girls. The CFM notes less than one per cent feedback by people who self-identify as having a disability, demonstrating that they are not aware of and/or do not have access to feedback channels. This points to the need for further efforts to ensure effective outreach and inclusive participation of persons with disability in the response (*Yemen*)
  - Households headed by or living with members with a disability typically experience higher food insecurity levels as they incur additional costs for healthcare and assistive devices, spend more time on care, and disproportionately struggle to access income

opportunities, with 59 per cent reporting gifts or begging as the primary household income source. Lack of mobility and access to transportation is a specific challenge during community displacements due to sudden shocks such as floods or an escalation in violence. In displaced settings, people with disabilities often miss out on assistance and critical information as they are not included in decision processes; physically struggle to access WASH, health and education facilities; and may be forced to live in particularly risk-prone and unsafe shelter conditions in informal and unplanned settlements (*Somalia*)

- Description of specific barriers to access humanitarian assistance
    - Some 45 per cent of IDPs indicate that latrines are not adapted for persons with disabilities. In the North West and South-West, obstacles on the way are cited as the main impediment to access education and food, followed by fear of harassment and negative community perception of disabilities (*Cameroon*)
    - En RCA, 73,8% de personnes handicapées interrogées ne savent ni lire ni écrire. Souvent exclus des systèmes éducatifs, les enfants handicapés en âge d'être scolarisés vivant dans un contexte de crise n'ont quasiment pas accès aux salles de classe en raison d'infrastructures inadéquates ne prenant pas en compte leurs besoins... Près de trois personnes handicapées sur quatre déclarent rencontrer des obstacles à accéder à l'aide, notamment le manque d'accessibilité aux sites de distribution (46%) (*CAR*)
    - Persons with disabilities face a variety of barriers to accessing humanitarian services in Myanmar. These include physical obstacles, lack of information or understanding, financial challenges, safety concerns and discrimination. The combination of physical impairments and poor communications infrastructure have created additional barriers for persons with disabilities to access information on the evolution of conflict, risks, humanitarian aid, including shelter, protection services, food and non-food items (NFIs), medical assistance, and family tracing (*Myanmar*)

<u>Remaining challenges</u>

- Most often, countries received a 'partially meeting' rating as vulnerabilities are described without underlying factors (such as barriers).
- In a limited number of countries, disability is not addressed at all or persons with disabilities are listed as one among a number of 'most vulnerable' groups, without analysis of how they are differently impacted or why.

Recognition of diversity

HNO recognizes diversity among persons with disabilities, by describing how persons with disabilities are differently impacted according to age, gender and other factors

Not meeting	No reflection of diversity or recognition of intersectionality. Persons with disabilities are presented as an homogenous group	43%

Partially meeting	HNO has general statements of groups at heightened risk among persons with disabilities (e.g. women with disabilities) without analysis of how disability intersects with other factors to impact on risk	38%
Fully meeting	HNO recognizes diversity among persons with disabilities and describes how social and political identities intersect with disability to impact on experience of risk	19%

Good practice

- Recognition of the impact of intersecting forms of discrimination (i.e., disability and other identities, most commonly gender or age).
    - Women and girls with disabilities, particularly when from a minority group, are considered to be in most severe need (*Somalia*)
    - Women and girls with disabilities face unique and heightened forms of GBV. Some 80 per cent of women and girls with disabilities have experienced some form of GBV; they are ten times more likely to experience sexual violence than women without disabilities (*Honduras*)
    - Les situations de handicap exacerbent la vulnérabilité des femmes enceintes et femmes allaitantes car elles accèdent celle de leurs enfants à cause des barrières liées notamment à l'inadaptabilité de l'environnement à leur situation, la stigmatisation ou le manque d'accès à l'information (*DRC*)
    - Age may interact with disability to exacerbate exclusion. For example, older persons with disabilities may be expected to be cared for by their families, thus increasing isolation and risk of exploitation… Persons with disabilities from minority ethnic or religious groups or those associated with certain political groups may face compounding forms of discrimination (*El Salvador*)

- Identification of risks faced by persons with specific impairment types
    - Moreover, for women, girls, and children with physical, cognitive, and intellectual disabilities, they suffer multiple violences based on gender inequality, facing higher risks of sexual exploitation, including possible exploitation and sexual abuse by humanitarian aid providers (*Honduras*)
    - Persons with communication difficulties, those who have difficulties with memory or concentration, and persons with hearing or visual impairments are reported to be particularly vulnerable to abuse during the crisis (*Cameroon*)

- Often, children with disabilities are given specific attention in the HNO. Most often in the Education chapter but in some cases in the chapeau
    - Children with disabilities are at higher risk of not having access to education and continue to exhibit low enrolment rates at both primary and secondary levels (*Cameroon*)

- Children with disabilities have limited access to basic services and specific rights such as education and nutrition, due to lack of safeguards and inclusive services that ensure the participation of children with disabilities and their caregivers in these spaces (*Honduras*)

Remaining challenges

- Most often, where countries received a "partially meeting", specific groups were identified as being at heightened risk (most often women and girls with disabilities or children with disabilities), but without an explanation of the intersecting factors contributing to this risk, such as social expectations of women and girls combined with disability related stigma.

ZAMAY, FAR NORTH REGION
Matari, her daughter, and her grandchildren.
Photo: OCHA/Bibiane Mouangue

"It was difficult to flee, my sister had to carry me on her back"- Matari's tale of survival and hope

Vadgaye Matari, 60, arrived at the Zamay IDP site in 2017 with her daughter, sister and niece. She arrived from her village Vourkaza, where many civilians were killed during attacks by NSAGs.

As a person with disability, it was difficult for her to flee. "My sister had to carry me on her back," she said. Everyone left the village. "Before the crisis, life was good, and we lacked nothing. We had our fields, our cattle," Matari remembers. As a person with disability and older person, Matari stays at home. She is unable to farm or engage in any income-generating activity. She receives a monthly food ration from a humanitarian organisation. Matari also receives psychosocial support from humanitarian partners. Persons with disabilities face significant psychosocial distress in displacement contexts with loss of social support systems and changes in their physical environment, rendering them more dependent than before.

The security situation in Vourkaza is not back to normal. "I can't go home because there is still conflict in my village, but if I hear that the conflict is over in Vourkaza, I won't spend another night here in Zamay. That's where my roots are. Where I have a land, I have a house".

Story of a person with a disability, from Cameroon HNO

Cross sectoral attention

An explanation of how the crisis impacts differently on persons with disabilities is included across all sectors

Not meeting	Differential impact of the crisis on persons with disabilities is not included in the sectoral analysis	19%
Partially meeting	Differential impact of the crisis on persons with disabilities is included in 5 sectors or fewer	38%
Fully meeting	Differential impact of the crisis on persons with disabilities (including disaggregated PIN) is included in more than 5 sectors	19%
NA	No sectoral chapters included, or only sectoral PIN	24%

The sector that most often integrated disability inclusion is Education (81% of HNO/HNRPS with a sectoral section), followed by Protection and WASH (both 70%). Many of the clusters included a sub-section for 'quality, inclusive and accountable programming' where disability inclusion is addressed.

Examples of good practice from each sector include:

<u>Education</u>

In 2021/22 only 12,321 children with disabilities (including 51 per cent physically impaired, 30 per cent visually and 19 per cent hearing impaired children) attended primary education services: children with disabilities are at higher risk of not having access to education and continue to exhibit low enrolment rates at both primary and secondary levels. (*Cameroon*)

This adds to the existing vulnerabilities of 600,426 children with disabilities who already suffer from a lack of trained teachers, adapted learning/teaching materials, and physical accessibility of school and WASH infrastructure. (*Yemen*)

Children with disabilities have lost access to education due to the destruction of school infrastructure (as temporary learning centres rarely have accessibility features) and ongoing stigmatization. There is also a lack of sufficient teachers to support inclusive learning, especially in the non-formal education stream. (*Myanmar*)

<u>Protection</u>

The Protection Cluster will also ensure enhanced services and assistance to support the realization of human rights of persons with disabilities, including persons with albinism (*Mozambique*)

Cluster will keep co-chairing together with CCCM, the Disability Inclusion Working Group (DIWG), and will keep working with the platform of 15 organizations specialized on minority inclusion. The protection strategy on inclusion is not based on stand-alone protection responses addressing the needs of PSN and

marginalized groups, but on ensuring the inclusion of these groups in the overall inter-sectoral response (*Somalia*)

Nutrition

Children with disabilities face a higher risk of malnutrition due to various factors, including feeding difficulties, frequent illnesses, societal stigma and discrimination and neglect. (*Cameroon*)

WASH

Parmi les ménages utilisant des latrines, 53% des ménages PDI mentionnent un accès difficile aux personnes âgées ou en situation de handicap au sein du ménage contre 47% pour les ménages non déplacés. (*Mali*)

En termes d'inclusion, 62% de ménages considèrent que les personnes handicapées n'ont pas accès à de l'eau, // 89% de ménages indiquent que les latrines ne sont pas séparées par sexe et 38%rapportent qu'elles sont inadaptées aux personnes handicapées. (*CAR*)

Health

Les personnes handicapées (représentant 6,9% de la population selon MSNA 2023) sont deux fois plus susceptibles d'avoir des besoins de santé (66% contre 33% pour les sans handicaps), et trois fois plus susceptibles d'avoir des besoins de santé non comblés (31,4% contre 10% pour les personnes non handicapées) (*CAR*)

CCCM

The prevailing weak land tenure systems further exacerbate the stresses affecting displaced people and in particular adversely affect women, elderly, children, People with Disability (PWD), and minorities in sites by hindering equitable access to services and assistance..... CCCM partners will enhance engagement of persons with disabilities for awareness raising, access to information and their inclusion in decision-making processes during humanitarian responses. The cluster will apply IASC guidelines on inclusion of persons with disabilities and coordinate with the Disability Inclusion Working Group to strengthen the capacity of CCCM partners regarding inclusive humanitarian action.. (*Somalia*)

Remaining challenges

The sectoral chapters saw the most change in terms of how disability inclusion is addressed in the new HNRP format, with less space for more in-depth analysis of sector- specific needs.

Overview of progress

There was mixed progress on disability inclusion in 2024 HNOs/ HNRPs, compared to previous years. Reflection of reliable data on persons with disabilities continued to be strong, with nearly all HNOs/ HNRPs fully or partially meeting expectations. There was some decrease in the quality of description of needs of persons with disabilities- while there continued to be many strong examples of quality analysis under the new HNRP format, highlighting the possibility to retain this level of quality- more countries did not include a clear analysis of the risks facing persons with disabilities and underlying factors. With less space for detailed analysis, there was more limited reflection of diversity of needs among persons with

disabilities; and sectoral chapters in particular had less attention to disability than in previous years, highlighting potentially a need to identify other documents within which more detailed description of sectoral needs may be included (e.g. cluster strategies).

When HNO and HNRP format were compared, countries using the HNO format received a higher average rating across all criteria (4.1, compared to 3.6 for those using HNRP format[4]).

Progress is summarized below.

% Reviewed HNOs **partially or fully meeting** expectations[5]:

	2018 (baseline)	2022	2023	2024
Reliability of data	0 disaggregated PIN 25% included any disability data	78%	91%	90.5%
Risks/ needs analysis	17%	91%	82%	71.5%
Monitoring situation and needs		57%	50%	Not included in review
Recognition of diversity	11%	83%	82%	57%
Cross sectoral attention (in 5 or more sectors)		64%	84%	43%

When a comparison is made between 2023 and 2024 of the % of reviewed HNOs **fully meeting** expectations, a slightly different picture emerges. In this case, there is a slight decrease in the % of countries fully meeting expectations for reliability of data, but a small increase in the % of countries fully meeting expectations in terms of needs analysis.

	2023	2024
Reliability of data	42%	33.5%
Risks/ needs analysis	42%	52.5%
Monitoring situation and needs	50%	Not included in review
Recognition of diversity	27%	19%
Cross sectoral attention (in 5 or more sectors)	17%	14%

[4] This rating was calculated by assigning a numerical value of 2 for each criterion rated as 'fully meeting' and 1 for each criterion rated as 'partially meeting'.

[5] Note that framing of some criteria were slightly adapted over the years from the baseline review to 2024.

PART 2- HRPs

25 HRPs/ response sections of HNRPs were reviewed in 2024.

HNRPs: Afghanistan, Chad, Colombia, Haiti, Honduras, Mali, Mozambique, Myanmar, Niger, Somalia, South Sudan, Sudan, Ukraine.

HRPs: Burkina Faso, Cameroon, Central African Republic (CAR), Democratic Republic of Congo (DRC), El Salvador, Ethiopia, Guatemala, Nigeria, Syria, Venezuela and Yemen.

Overall, the strongest HRPs/ HNRPs in terms of disability inclusion (i.e., the highest number of criteria fully or partially met) are Mozambique and Somalia, followed by Myanmar and followed thereafter by Afghanistan.

Comprehensive response

The description of the response to the needs and priorities of persons with disabilities (as described in the HNO) reflects a twin-track approach

Not meeting	No description of the response to the needs of persons with disabilities, or general references to an inclusive response	14%
Partially meeting	Targeted OR mainstreaming interventions only; broad descriptions of activities	52%
Fully meeting	A clear reflection of a twin-track approach (targeted AND mainstreaming activities), with concrete description of activities	33%

<u>Good practice</u>

- Inclusion of a specific sub-section on disability under 'quality, inclusive and accountable programming'
    - To address these issues, a United Nations Partnerships on the Rights of Persons with Disabilities study identified several priorities for UN support to advance disability inclusion in Mozambique. These include supporting a comprehensive and inclusive legal and policy reform process for disability inclusion, strengthening coordination and oversight in the implementation of disability commitments, addressing gaps in disability inclusive budgeting, supporting the development of national capacity for the collection of disability disaggregated data, and supporting persons with disabilities and their representative organizations in advocacy and awareness raising. The study also emphasized the need for the UN to develop its capacity to mainstream disability inclusion in planning and programming (*Mozambique*)
    - Key commitments in 2024 are: • Promoting disability-inclusive response, including improved data collection and training. • Integration of Gender and Age Marker (in which disability inclusion is included), AAP and PSEA in the project sheet while lightening the project registration process. • Developing programs to mitigate social exclusion,

addressing obstacles different groups of vulnerable people, particularly people with disabilities, face in accessing humanitarian assistance *(Sudan)*

- Description of assessment and data collection planned to better understand needs
    - En vue de promouvoir une programmation humanitaire inclusive, les acteurs humanitaires s'engagent, notamment à : Collecter des données ventilées par sexe, âge et handicap (type de handicap) et identifier de manière systématique les PSH dans les communautés touchées ; conduire des analyses sensibles au handicap ; consulter les PSH ainsi que les organisations qui les représentent ; identifier les obstacles les empêchant d'accéder et de participer à l'assistance et à la protection humanitaire (*Mali*)
    - L'une des priorités est de renforcer la collecte des données désagrégées par sexe, âge et handicap, ce qui est une étape essentielle pour comprendre les besoins spécifiques des différents groupes de populations (*Burkina Faso*)

- Demonstration of a direct link between needs and response:
    - In Ukraine, barriers identified include lack of access to banking services, especially in rural areas, a lack of participation of people with disabilities in program planning, and the need for better information on cash assistance. Recommended solutions consist of using at least two financial providers, involving community mobilizers and volunteers in registration, ensuring referrals for protection and other sectoral needs and diversifying communication methods *(Ukraine)*

- Engaging disability/ age and disability/ inclusion working groups in the response
    - In 2024, the [Disability Inclusion Working Group] DIWG will continue building the capacity of humanitarian actors on disability inclusion, provide technical support on developing and reviewing inclusive proposals and tools, and support systematic disaggregated data collection and analysis from an age, gender, and disability perspective. (*Afghanistan*)
    - In 2024, the [Technical Advisory Group] TAG on Disability Inclusion will collaborate with the ICCG to work on four crucial areas: 1. Consultation: Support and empower local OPDs to reach those most in need. Provide a platform for OPDs to input into the wider humanitarian response. 2. Data: Collaborate with mainstream actors and technical experts to bridge knowledge gaps and develop tools that effectively capture and disaggregate disability, age, and gender specific data. 3. Advocacy: Provide key messaging and recommendations to be woven into materials targeting stakeholders, including donors, UN agencies, and humanitarian organizations. 4. Initiatives: Technical support to the Myanmar Humanitarian Fund (MHF), Education, Health, and Protection Clusters, AAP Working Group, Child Protection AoR, GBV AoR and others, to integrate disability into mainstream response *(Myanmar)*
    - In 2024, the Disability Inclusion Working Group (DIWG) Somalia will scale up its activities to enhance inclusive responses in line with the IASC guidelines on Inclusion of Persons with disabilities in humanitarian action. The DIWG will work closely with clusters and their members to build their capacity on disability inclusion, provide technical support on developing and reviewing inclusive proposals and tools, support disability data collection for programming and monitoring, and engage persons with disabilities throughout the program cycle… The DIWG will also establish a technical support

mechanism for humanitarian actors to address various technical advisory request from clusters and humanitarian actors around harmonizing disability-inclusive data collection for effective needs assessments and response monitoring, removal of barriers, programme cycle, empowerment and capacity development of humanitarian actors, including organizations of persons with disabilities. Advocacy efforts will focus on ensuring that disability programming is effectively integrated in emergency and nexus-oriented efforts, including by factoring additional disability-related costs, and on strengthening meaningful participation in programme design to ensure barriers are reduced, including by enhancing community awareness. *(Somalia)*

Remaining challenges

- General statements such as 'the response will prioritize vulnerable groups, including women, children and persons with disabilities' is still seen in some countries.
- In some HRPs/ response planning section of HNRPs, the document re-iterates the needs of persons with disabilities but without corresponding actions to address these, highlighting a need for more attention to translating inclusive needs analysis to inclusive response planning.

Participation and engagement of OPDs as local actors

The HRP explains how the response uses, complements or strengthens capacities of persons with disabilities and local organizations of persons with disabilities (OPDs), or equivalent representative groups

Not meeting	No reference to the presence of local OPDs or role of persons with disabilities as actors in the response	62%
Partially meeting	the HRP recognizes the presence or roles of OPDs and other representative groups of persons with disabilities, but not how they will be engaged as actors in the response	19%
Fully meeting	The HRP identifies how persons with disabilities and their representative organizations will participate as actors in the response	19%

Good practice

- Disability inclusion working groups were commonly highlighted as a platform for engagement with local OPDs.
    - In 2024, the [Technical Advisory Group] TAG on Disability Inclusion will collaborate with the ICCG to work on four crucial areas: 1. Consultation: Support and empower local OPDs to reach those most in need. Provide a platform for OPDs to input into the wider humanitarian response… (*Myanmar*)
    - The DIWG will also improve advocacy efforts to promote the rights of persons with disabilities, ensure meaningful participation of persons and organisations of persons

with disabilities (OPDs) in the humanitarian cycle, and provide technical support to OPDs. (*Afghanistan*)

- Concrete description of the role of OPDs in the response:
    - Organizations of people with disabilities play an increasing role in the humanitarian response and filling gaps in assistance to women, female-headed households, people with disabilities and others. They participate in inter-agency convoys to deliver assistance to front-line communities, co-lead strategic coordination bodies to inform and influence decision-making through dialogues with the Humanitarian Coordinator. However, they are yet to be meaningfully involved in decision-making at the local and national levels (*Ukraine*)
- Description of strategies to strengthen engagement of OPDs:
    - En vue de promouvoir une programmation humanitaire inclusive, les acteurs humanitaires s'engagent, notamment à (...) consulter les PSH ainsi que les organisations qui les représentent ; identifier les obstacles les empêchant d'accéder et de participer à l'assistance et à la protection humanitaire ; garantir la participation pleine et effective des PSH à l'aide humanitaire (*Mali*)
    - Améliorer la localisation en renforçant la capacité institutionnelle et leadership des organisations nationales, y compris les associations de femmes, les OSC de jeunes, et les OSC de personnes vivant avec un handicap. (*Haiti*)

Feedback & complaints

The HRP explains how the response uses, complements or strengthens capacities of persons with disabilities and local organizations of persons with disabilities (OPDs), or equivalent representative groups

Not meeting	No reference is made to accessibility of feedback and complaints mechanisms	76%
Partially meeting	General references made to accessibility of feedback and complaints mechanisms	33%
Fully meeting	Persons with disabilities have been considered in the design of feedback and complaints systems with a description of specific measures to ensure their accessibility	0%

It is important to highlight that this rating may not fully reflect the extent to which feedback and complaints mechanisms are disability inclusive in HRPs/HNRPs. The review process did not delve into external links or references to AAP that may contain more detailed information on disability-inclusive complaints and feedback mechanisms.

<u>Good practice</u>

- Moreover, localization and AAP should address disability inclusion, through empowerment of local OPDs and making AAP mechanisms accessible to all persons with disabilities. (*Somalia*)

- En vue de promouvoir une programmation humanitaire inclusive, les acteurs humanitaires s'engagent, notamment à (...) fournir un système de référence pour l'assistance humanitaire (y compris l'assistance spécialisée) et l'assistance en matière de protection ainsi que des informations dans des formats et canaux accessibles, y compris des mécanismes accessibles, adaptés, sûrs et sécurisés de retour d'informations et de plaints (*Mali*)

Remaining challenges

- General commitment to inclusive or accessible AAP mechanisms, without specific actions

Sectoral coverage

Sectoral Objectives and Responses refer to how the results & changes will impact persons with disabilities

Not meeting	Reference to result & changes for persons with disabilities is not included in Sectoral Objectives and Responses	9.5%
Partially meeting	Sectoral objective and response address the factors contributing to vulnerability and the barriers to inclusion of persons with disabilities in 5 sectors or fewer	52.5%
Fully meeting	Sectoral objective and response address the factors contributing to vulnerability and the barriers to inclusion of persons with disabilities is included in more than 5 sectors	32%

As with HNO/ needs analysis section of HNRPs, the sector chapters have less space for describing how the response will be disability inclusive, compared to previous years. While sector chapters continue to address disability inclusion, there were fewer examples when compared to recent years of concrete actions that will support an inclusive response, again highlighting the importance of potentially identifying alternative documents to describe disability inclusion in the work of clusters.

The sector that most often integrated disability inclusion is education (95% of HRPs/ HNRPs), followed by Protection (76%) and WASH (67%).

Examples of good practice from each sector include:

Protection

These services include case management and referrals through community centres and mobile teams, targeting vulnerable internlly displaced people, non-displaced people and returnees, including people with disabilities, people with serious medical conditions and older people. (*Ukraine*)

Education

An analysis of alternative learning options for these children and youth, including those with disabilities, (including) accelerated education programs, literacy and numeracy, life skills training, etc It includes the

provision of semi-temporary learning spaces to increase school capacity, as well as latrines and water points accessible to all children, including those living with disabilities… Purchase and distribution of inclusive and sexes specific supplies to children with disabilities. (*Cameroon*)

Health

Accroître l'accès à des services de santé de qualité, y inclus les services de traumatologie et de référencement, les soins de santé primaires et secondaires essentiels, à travers le support aux établissements de santé fonctionnels et la réalisation des cliniques mobiles. Un focus sera mis sur les soins prénatals pour les femmes enceintes, les femmes victimes de VBG, et les personnes en situation de handicap (*Haiti*)

Food security

The FSLC will work in collaboration with the Protection Cluster and Disability Inclusion Working Group to identify access barriers and identify measures to address these effectively. FSLC Partners will work closely with local authorities to ensure clarity on vulnerability criteria and support needed for people with disabilities to access their entitlements in a safe and dignified manner. (*Mozambique*)

Nutrition

les partenaires mettront en places des audits d'accessibilite aux services de nutrition pour les survivantes de VBG et les personnes vivant avec un handicap. (*CAR*)

WASH

Safety audits to address WASH-related GBV are compulsory in long-term projects. Disability inclusion is also mandatory, ensuring that individuals with disabilities have access to WASH services. These measures will contribute to a comprehensive and responsive approach to WASH needs in South Sudan, including the challenges posed by conflicts, displacement and disasters. (South Sudan)

Shelter and NFI

Shelter repairs by skilled labors employment is proven to be the most effective way to address shelter needs particularly for persons with disabilities left behind in damaged shelters (*Cameroon*)

CCCM

CCCM will continue to scale up community consultations with an emphasis on ensuring that services are fully accessible by persons with disabilities… Generating inclusive community governance structures that include meaningful involvement of persons with disabilities. (*Mozambique*)

Monitoring the response

The monitoring system will collect data disaggregated by disability and/ or includes specific indicators for disability

Not meeting	The monitoring framework does not include any indicators on disability inclusion	5%
Partially meeting	One or more indicators are monitoring disability inclusion together with other issues	47.5%
Fully meeting	One or more indicators are specifically monitoring disability inclusion	47.5%

Compared to previous years, the new HRP/HNRP format, with the monitoring framework presented in an external link, appears to provide more space for disability inclusion, with an improvement from previous years in terms of indicators to monitor disability inclusion.

A significant number of indicators are disaggregated by sex, age and disability. For example:

- Number of people having access to basic hygiene materials for handwashing and menstrual hygiene health (disaggregated by age, gender and disability) (*Mozambique*)
- # De personas empleo y apoyo al emprendimiento en contextos de emergencia y procesos de soluciones duraderas desagregado por género, discapacidad, etnia y ciclo vital (*Colombia*)
- Nombre de survivants de VBG ayant bénéficié d'un accompagnement juridique/judiciaire désagrégé par âge/genre/handicap (*Mali*)
- % de bénéficiaires (ventilé par sexe, âge et handicap) ayant déclaré que l'aide humanitaire est fournie de manière sécurisée, accessible; responsable et participative (*DRC*)

In addition, monitoring frameworks contain a significant number of disability specific indicators. For example:

- # of specialized services provided to Persons living With Disabilities (C*ameroon*)
- # of individuals from civil society trained on disability inclusion based on the IASC guidelines (C*ameroon*)
- # of children, care-givers and persons with disabilities (included their care-givers) accessing mental health or psychosocial support (C*ameroon*)
- Number of girls, boys & adolescents living with disabilities & affected by crisis who receive adequate learning materials (*Cameroon*)
- % of site maintenance activities to support the specific needs of persons with disabilities (*Yemen*)
- Number of persons with disability receiving rehabilitation services disaggregated by age and sex (*South Sudan*)
- Number of disability inclusive sanitation facilities designed (*South Sudan*)
- % of persons with disabilities reporting to be satisfied with the opportunities they have to influence decisions (*Mozambique*)
- # of girls and boys with Disability received PSS or case management services (*Sudan*)
- Provide child-protection services to girls and boys living with disabilities who are affected by protection risks and vulnerabilities (*Nigeria*)

- # of people with disability reached through shelter accessibility improvements (ramps, handrails…) (*Myanmar*)
- Number of functional health facilities providing disaggregated reports for persons with a disability (*Somalia*)

Afghanistan provides an interesting example of indicators addressing disability inclusion across clusters, under Coordination and Common Services:

- % of projects targeting a minimum of 15% of people with disability
- Number of cluster activities that have mainstreamed mental and physical disability considerations in their implementation
- % of persons with disabilities employed in the humanitarian response
- % of organizations who collects/analyze/report disability disaggregated data
- Number of cluster partners projects that have a disability component or are targeting people with disabilities.

Remaining challenges

- Indicators that refer to persons with disabilities among other groups may contribute to increased visibility and attention to disability but will not be able to specifically monitor disability inclusion. E.g. Conflict-affected boys, girls and adolescents including children with disabilities have access to safe and protective quality and inclusive education

Overview of progress

HRPs/HNRPs in 2024 showed mixed progress. It was positive to note that under the revised format, quality of the description of disability inclusion in the response remained high, with three quarters of HRPs/HNRPs being rated as partially or fully meeting expectations. There was substantial improvement in how HRPs/ HNRPs address monitoring of disability inclusion, with the monitoring framework in an external link presenting a good opportunity for inclusion of specific indicators. While sectoral chapters continue to address disability inclusion and the rating of this criterion remained consistent, there is less space in the new format for concrete and detailed description of actions to deliver an inclusive response. There was small drop in the extent to which HRPs/HNRPs addressed participation by OPDs, with this remaining a challenging area. The most substantial drop in progress was on description of accessible and inclusive feedback and complaints mechanisms, however, it may be that this is addressed in external document/s linked to the HRP/HNRP which were not reviewed in this case.

When HRP and HNRP format were compared, countries using the HNRP format received a higher average rating across all criteria (5.6, compared to 3.9 for those using HRP format[6]).

% reviewed HRPs **meeting or exceeding expectations**[7]:

	2018 (baseline)	2022	2023	2024
Monitoring the response	19%	80%	80%	95%

[6] This rating was calculated by assigning a numerical value of 2 for each criterion rated as 'fully meeting' and 1 for each criterion rated as 'partially meeting'.
[7] Note that framing of some criteria were slightly adapted from the baseline review to 2023

Sectoral coverage		52%	80%	84.5%
Reflection of diversity		36%	52%	Not included in review
Comprehensive response	10% refer to mainstreaming and 19% to specialized services	76%	84%	85%
Feedback and complaints	29% mention consultation with persons with disabilities and/or access to FCMs	60%	84%	33%[8]
Participation	19%	32%	45%	38%

When a comparison is made between 2023 and 2024 of the % of reviewed HNOs **fully meeting** expectations, a slightly different picture emerges. In this case, there is a slight decrease in the % of countries fully meeting expectations for description of a comprehensive response, but a small increase in the % of countries fully meeting expectations in terms of participation of OPDs.

	2023	2024
Monitoring the response	28%	47.5%
Sectoral coverage	36%	32%
Reflection of diversity	0%	Not included in review
Comprehensive response	36%	33%
Feedback and complaints	44%	0%
Participation	12%	19%

Part 3- Impact of country level processes

On an annual basis, OCHA collects data on Humanitarian Country Team (HCTs), and inter-cluster coordination group (ICCG) coordination mechanisms, which includes questions on processes and mechanisms in place to support disability inclusion. This data, complemented by a mapping conducted by Humanity & Inclusion (both from 2023) were used to conduct a simple analysis of how the existence of a focal point or working group for disability inclusion is correlated with the quality of disability

[8] It is important to highlight that this rating may not fully reflect the extent to which feedback and complaints mechanisms are disability inclusive in HRPs/HNRPs. The review process did not delve into external links or references to AAP that may contain more detailed information on disability-inclusive complaints and feedback mechanisms.

inclusion in HNOs/HRPs/HNRPs. The results clearly indicated the positive impact of these factors, particularly the existence of a working group, on the quality of disability inclusion in the documents.

Countries that have a focal point in place scored an average of 10.6[9], compared to 7.1 for countries without a focal point.

The impact of a working group was found to be even greater. For countries with a working group in place, the average score was 11.1, compared to 6.6 for countries without.

This difference may be due to a variety of factors, which can be explored further through case studies of HNO/HRP/HNRP processes. Working groups and focal points can have an important role in contributing to the development of the documents and to capacity strengthening of the cluster teams, while the existence of these mechanisms also may demonstrate leadership support for disability inclusion.

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[9] Scores were calculated by combining the HNO and HRP score, calculated by allocating a 2 for each criterion fully met and a 1 for each criterion partially met.