# Disability Inclusive School Feeding Practice Guide

Regional Bureau for Asia and the Pacific

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World Food Programme

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# Content

# 1.Introduction

This paper was developed collaboratively with the World Food Programme's Regional Bureau for Asia and the Pacific based in Bangkok (RBB) between July 2022 and May 2023. The paper responds to a desire by World Food Programme (WFP) to strengthen disability inclusion across its school-based feeding programmes. To date, disability inclusive school-based feeding programmes have been extremely limited in number and in scope, both within and external to WFP. This means that the evidence base for what works is not extensive. This paper aims to address that gap, informed by data collected from interviews with selected WFP staff in the region; desk research focusing on Lao People's Democratic Republic (PDR) and Nepal; and qualitative research with external stakeholders in Lao PDR (in November 2022) and Nepal (in April 2023). Where available, this paper draws on examples observed during field visits to both Lao PDR and Nepal.

## 1.1 Purpose of this Practice Guide

This paper is intended to enhance understanding of the links between school feeding and disability inclusion. The goal is to identify and provide entry points to help address the barriers experienced by children and young persons with disabilities (and their families) when interacting with school feeding programmes. This is relevant both in terms of accessing public education, where school feeding is offered, and benefitting from school-based feeding programmes.

The primary audience for this paper is WFP staff in the field and country office level under the Regional Bureau for Asia and the Pacific, to provide guidance on how to engage with government, donors and communities to support and facilitate action to ensure children with disabilities are included in school feeding. The paper also aims to help WFP staff to consider creative options and approaches that could lead to more inclusive school feeding practices generally. The secondary audiences are partners, particularly related to providing and/or supporting services in education, water, sanitation and hygiene (WASH), infrastructure and the food supply chain.

The remainder of the introduction gives a short overview of the link between disability, nutrition and school feeding. Section 2 outlines barriers commonly facing children and young persons with disabilities in accessing school-based feeding programmes. Section 3 provides key principles and building blocks for inclusion, as well as outlining considerations and entry points for strengthening disability inclusion at each stage of the school feeding programme cycle. Three annexes include further reading on disability inclusion, school-based feeding and nutrition, as well as guidance around partnering with organizations of persons with disabilities (OPDs) and the Washington Group Question Sets.

> *"Children with disabilities are three times more likely to be malnourished than children without disabilities, and twice as likely to die from malnutrition during childhood."*

## 1.2 Current state of school feeding

The latest State of School Feeding Worldwide report highlights that 125 million children in South Asia received school meals in 2022, as well as a further 56 million children across East Asia and the Pacific. WFP's contribution in South Asia, as well as East Asia and the Pacific, has been to feed around 2 million children. While worldwide there has been an overall increase in children receiving school meals, low-income countries (particularly in sub-Saharan Africa and East Asia and the Pacific) remain below pre-COVID-19 pandemic levels for school meal coverage. The School Meals Coalition (SMC), launched during the United Nations (UN) Food Systems Summit in 2021 and supported by WFP, recognizes that school meals are a key social safety net for vulnerable children and households.

A significant gap in the current data and reporting on school feeding in the Asia and the Pacific region is that it does not indicate levels of participation for children and young persons with disabilities. This means that the extent to which children and young persons with disabilities are excluded from school-based feeding programmes is also not known. Crucially, the second objective of the SMC is to "(r)each those we have missed",[1] with the intention of supporting the most vulnerable children who were not being reached even before the COVID-19 pandemic. This second objective cannot be achieved unless and until school feeding programmes put systems in place for identifying, reaching and monitoring those who are the most vulnerable, including children and young persons with disabilities. Actions to make sure the SMC reaches all children are aligned with international frameworks and commitments to ensure disability inclusion (see Section 1.4).

## 1.3 School feeding and children with disabilities

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines children and adults with disabilities as those with long-term physical, mental, intellectual or sensory impairments, which – in interaction with various barriers – may hinder their full and effective participation in society on an equal basis with others. How disability is defined has significant implications for the way in which information and evidence on disability is collected, and consequently, if and how policies and related services are inclusively designed, resourced and implemented. Different understandings of disability (such as those that are medical or impairment based) coupled with associated stigma often lead to underreporting. This in turn leads to unreliable data that are difficult to use.[2]

Globally there are at least 240 million children with disabilities.[3] In 2023, the UN Children's Fund (UNICEF) flagship State of the World's Children report included a statistical table with data on children with disabilities for the first time (based on data collected through the Washington Group/UNICEF Child Functioning Module). UNICEF's report has a selection of indicators on child well-being across various domains, including child protection, early childhood development, education, nutrition, social protection and equity, as well as WASH. For each indicator, data are presented for children with and without disabilities.

Although figures are only available from 43 countries spanning many regions of the world (including Bangladesh, Kyrgyzstan, Lao PDR and Nepal), it clearly illustrates the disadvantaged situation for children with disabilities relative to children without disabilities. For example, children with disabilities are at much greater risk than children without disabilities of being severely underweight and stunted. Children with disabilities are three times more likely to be malnourished than children without disabilities, and twice as likely to die from malnutrition during childhood.[4] Malnutrition can contribute to or cause different types of disabilities, for example, due to maternal malnutrition and poor nutrition in early childhood. Equally, persons with disabilities can be malnourished due to physical and sensory factors linked to the type and

1 School Meals Coalition. 2021. Available at: https://executiveboard.wfp.org/document_download/WFP-0000128192
2 PCD. 2015. Inclusive School Health and Nutrition Programmes, PCD Working Papers Series No 1, Imperial College, London
3 Olusanya, B.O., Kancherla, V., Shaheen, A., Ogbo, F.A. & Davis, A.C. 2022. Global and regional prevalence of disabilities among children and adolescents: Analysis of findings from global health databases. Front. Public Health 10:977453. doi: 10.3389/fpubh.2022.977453
4 Kuper, H.& Heydt, P. 2019. The Missing Billion: Access to health services for 1 billion people with disabilities.

severity of their impairments, as well as contextual factors. Attitudinal and educational factors can also play a role. For example, caregivers may deny food or provide less nutritious food to children with disabilities, or they may not be aware of how to facilitate feeding or prepare nutritious meals. Countries with high levels of malnutrition and nutrient deficiency often report higher rates of disability and developmental delays.[5]
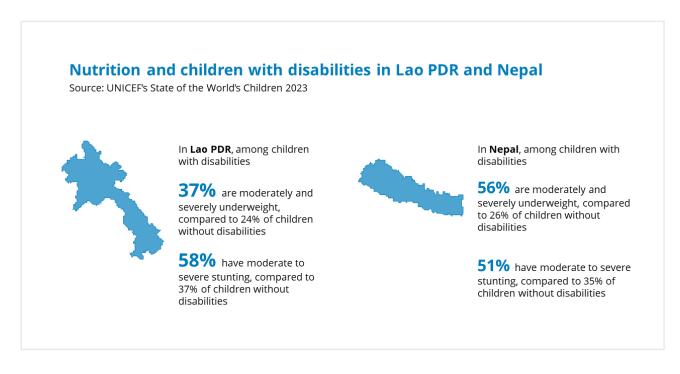
School-based health and nutrition programmes, including school feeding, are well placed to counter poor nutritional status among children and young persons with disabilities; but children and young persons with disabilities constitute a significant proportion of those who are classified as being out of school. This may be because they have never enrolled or because they drop out early due to institutional, environmental and attitudinal barriers, including at school, community and household levels. These barriers disproportionately affect children and young persons with disabilities in rural areas and those in humanitarian settings.

Different identity factors that intersect with disability such as gender, ethnicity/race, sexual orientation and gender identity, displacement, indigeneity and religion often have a compounding marginalizing effect. This can contribute to the challenges of accessing education, health information and care, and nutrition provided at home and in school settings.[6] In Nepal, disability has been cited as the reason for twice as many girls being out of school as boys.[7]

Children with disabilities also represent a disproportionately large share of children in non-formal education, education in segregated settings and residential care facilities. This makes them less likely to benefit from school-based feeding programmes that are not extended to these institutions. There is evidence that the nutritional status of children with disabilities living in institutional facilities[8] suffers due to inadequate staffing, lack of oversight and discriminatory practices.[9] An absence of strategies that promote inclusion in education very often means that children with disabilities are denied access to school-based feeding programmes. Where barriers to inclusion have been reduced, school-based feeding programmes can be a motivation for parents to send their children with disabilities to school.

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5 Groce, N., Challenger, E. et al. 2014. Malnutrition and disability: unexplored opportunities for collaboration. Paediatrics and child health.
6 Jones, N., Presler-Marshall, E. & Stavropoulou, M. 2018. Adolescents with disabilities – Enhancing resilience and delivering inclusive development. ODI, GAGE.
7 UNICEF. 2021. Process-based and Formative Evaluation of the Education Equity Strategy in Nepal, Final Report, p.42.
8 Note: 'Institutional facilities' may encompass diverse arrangements. For example, in Nepal's residential schools, the children's parents retain guardianship. In some former Soviet countries, parents are told they have to give up guardianship rights and the children in institutions are under plenary guardianship systems, where the director of the institution is the guardian for all the wards. Any and all decisions are made by that director in terms of food, medical support and education, etc. As a result, we use 'residential schools' and 'institutional facilities' with this difference in mind.
9 Groce, N. et al. 2013. Inclusive Nutrition for Children and Adults with Disabilities. The Lancet Global Health 1(4): E180-E181.

## Nutrition and children with disabilities in Lao PDR and Nepal

Source: UNICEF's State of the World's Children 2023

In **Lao PDR**, among children with disabilities

**37%** are moderately and severely underweight, compared to 24% of children without disabilities

**58%** have moderate to severe stunting, compared to 37% of children without disabilities

In **Nepal**, among children with disabilities

**56%** are moderately and severely underweight, compared to 26% of children without disabilities

**51%** have moderate to severe stunting, compared to 35% of children without disabilities

## 1.4. Normative frameworks

Children and adults with disabilities have the right to access education, health and nutrition programmes (among other services and opportunities) on an equal basis with others, without discrimination. It is essential to remember this point and apply a holistic perspective to all programme decisions.

The following global normative frameworks guide international work on disability inclusion:

- General Comment 12 of the International Covenant on Economic, Social and Cultural Rights affirms the right to unrestricted access to adequate and sufficient food, with states' core obligation to mitigate and alleviate hunger.

- The UN Convention on the Rights of the Child (1989) underscores children's rights to the highest attainable standards of health, including nutrition and clean water (Article 24). There is a dedicated article on the rights of children with disabilities to the fullest possible individual development and social integration (Article 23).

- The UN Convention on the Rights of Persons with Disabilities (CRPD) (2006) emphasizes the rights of persons with disabilities. Nearly all countries in the Asia and the Pacific region have ratified the CRPD, which obliges country states to review and align legislation and policies with the CRPD. For school-based feeding programmes (and school-based programmes more broadly), the following CRPD articles are most relevant:

    ¤ Articles 6 and 7 on women and girls, and children with disabilities are relevant in regard to the full enjoyment of rights on an equal basis with other people and children.

    ¤ Article 9 refers to accessibility of facilities, information and services.

    ¤ Article 12 concerns equal recognition before the law, including inheritance of property and equal access to financial services and micro-credits.

    ¤ Article 24 concerns education, emphasizing the right to be included from general education systems, access to inclusive quality education, reasonable accommodation and supports that facilitate effective education.

    ¤ Article 25 covers health, including early identification of and intervention for disability.

    ¤ Article 28 on social protection, which highlights adequate living standards, including food.

- The Sustainable Development Goals 2030 Agenda (2015) explicitly references disability across several goals and targets. Without the recognition of the needs and capacities of persons with disabilities and addressing exclusion and nutritional vulnerability, it will be difficult to achieve transformative and inclusive sustainable development outcomes.

- The endorsement of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016) means that actors are committed to humanitarian action that is inclusive of persons with disabilities; working to remove barriers to accessing relief, protection and recovery support; and ensuring their participation in the planning, implementation and monitoring and evaluation of humanitarian programming.

- The United Nations Disability Inclusion Strategy (2019) declares a commitment to "strengthen system-wide accessibility for persons with disabilities and the mainstreaming of their rights". The indicators are applicable both at corporate levels as well as at national levels. They set to measure progress that is linked to the roles that WFP places, as an agency providing technical support, as a coordination mechanism, as a provider and procurer of goods and services, as an advocate with government, and as an agency that has committed to engage persons with disabilities meaningfully through their representative organizations.
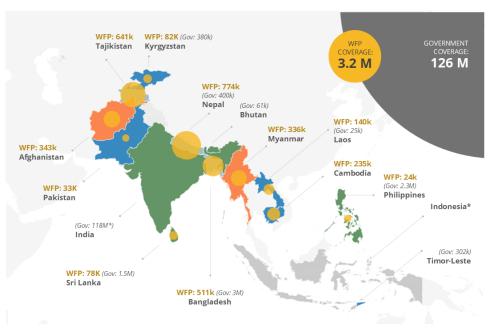
## 1.5. WFP's current school feeding strategy

In the Asia and the Pacific region, WFP plays the dual role of supporting direct implementation as well as providing technical assistance and country capacity strengthening. According to the WFP's School Feeding Asia and Pacific Regional Bureau Implementation Plan 2021–2025 (RBIP), WFP's role in different country contexts is:

- Role 1: Increased operational and quality support in countries in fragile or very low-income contexts that are prioritized for scale up of WFP's operations.

- Role 2: Transition to national programmes in stable and/or lower middle-income countries where WFP will work towards transition to national ownership in the next ten years.

- Role 3: Consolidation and strengthening of national programmes in countries where the transition has already happened and/or where WFP plays a purely technical assistance role.

WFP currently targets children mainly in public and formal education settings at primary level. WFP's programmes do not always reach children in institutional, segregated or non-formal settings. Children with disabilities who are out of school, and those attending school in segregated or non-formal settings (and their parents) are less likely to benefit from WFP's current programmes (the lack of oversight of many such settings also means there is no guarantee that children in those settings are getting the nutrition they need). In cases where children with disabilities have access to formal public education, barriers to nutrition programmes may still exist (see Section 2).

WFP's School Feeding Asia and Pacific Regional Bureau Implementation Plan 2021–2025 (RBIP) identified promoting gender, protection and disability inclusion as one of the six priority areas that require specific technical support and investment. Importantly, and as a first step, the RBIP recognized the need for research on the design of school feeding programmes that could "support the gender equity, disability, and broader inclusion agendas".

### Countries supported by WFP in Asia and Pacific, Central Asia and Caucasus by context and coverage (by WFP in 2020, Government in 2019)



WFP COVERAGE: 3.2 M

GOVERNMENT COVERAGE: 126 M

WFP: 641k Tajikistan
WFP: 82K (Gov: 380k) Kyrgyzstan
WFP: 774k (Gov: 400k) Nepal
(Gov: 61k) Bhutan
WFP: 343k Afghanistan
WFP: 336k Myanmar
WFP: 140k (Gov: 25k) Laos
WFP: 33K Pakistan
WFP: 235k Cambodia
WFP: 24k (Gov: 2.3M) Philippines
Indonesia*
(Gov: 118M*) India
(Gov: 302k) Timor-Leste
WFP: 78K (Gov: 1.5M) Sri Lanka
WFP: 511k (Gov: 3M) Bangladesh

| Context 1 | Context 2A | Context 2B | Context 3 |
|---|---|---|---|
| In crisis/limited capacity | Fragile context/emerging capacity | Stable context/established capacity | Stable context/advanced |

🟡 **Yellow circles** indicate WFP coverage (number of children supported by WFP), as per the 2020 Annual Country Reports

Government coverage (number of children supported by the Government), is taken from the Global Child Nutrition Foundation (GCNF) survey 2019, unless marked (*) to indicate government sources.

*Note: Countries were ranked based on the three indices (equal weighting) - namely Governance (2018 World Bank Governance index), Income (2017 World Bank Gross National Income (GNI) data) and Fragility (2017 Fragility Index from Fund for Peace) index - and then divided into quartiles with the lowest scores representing Crisis/Low capacity while the highest representing Stable/Advanced capacity.*

*\*As Indonesia is currently not moving towards a national school feeding programme, WFP will work with the Government to improve the coherence of existing programmes providing social protection to families with school children with school-based health and nutrition services, while also supporting policies and guidance to ensure a nutrition-sensitive school food environment."*

While some WFP country strategic plans and WFP's School Feeding Strategy 2020–2030 highlight the fact that there are children in vulnerable situations, country strategic plans are currently not being designed specifically to ensure that children with disabilities are reached.

Nepal's Country Strategic Plan 2019–2023 is a good example: it explicitly mentions persons with disabilities in the beneficiary analysis (and includes persons with disabilities in the target criteria and seeks their representation on executive committees and income generation groups). However, disability is not consistently addressed throughout Nepal's Country Strategic Plan. For example, there is a lack of data disaggregation by disability in the overall monitoring and evaluation plans, which means levels of participation cannot yet be measured. To be more effective, country strategic plans need to consider disability across the programme cycle.

## 1.6. Multisectoral approach

WFP's School Feeding Strategy highlights that high- and middle-income countries have recognized school feeding as a multisectoral intervention, to both strengthen school-based feeding programmes and to optimize outcomes for children and young persons with disabilities. High- and middle-income countries subsequently create multisectoral budgeting and joint governance arrangements. Many low-income countries are currently strengthening their capacity to improve and expand the coverage of school-based feeding programmes. In some cases, countries currently defer costs, responsibility and accountability for management to the education sector, which limits the scope of school feeding – given the reduced education budgets and capacities.[10]

WFP's Analysis of National Policy Frameworks for School Health and Nutrition findings reveal the need for strategies to strengthen capacity and coordination between stakeholders working in the health, social protection and education sectors, both at national and local levels.[11] WFP's School Feeding Strategy underscores the importance of helping countries to situate school-based feeding programmes in national development plans and across sector plans, establishing multisectoral budgeting arrangements and responsibilities as a priority, on the basis that school feeding contributes to many sectors, including education, health and nutrition, social protection, gender equality and agriculture. Examples from Lao PDR and Nepal demonstrate that limitations

within both the health and social protection sectors can directly impact access for children with disabilities to education and school-based feeding programmes:

- In **Lao PDR**, there are exceedingly few diagnoses and early intervention services; families often have to go to Thailand, particularly for diagnoses around autism and intellectual disabilities. For children with disabilities to be included effectively in national development plans and across sector plans, multiple agencies – including those in health, education and social protection – need to align to ensure children with disabilities and their families can be efficiently identified and then supported with appropriate resources and services.

- In **Nepal**, children with disabilities require an identification card to access social protection and education services.[12] However, the diagnosis and classification of eligible disabilities must be completed by health professionals and is limited to ten recognized types of disabilities. Those diagnoses are often inaccurate; stronger collaboration between the health and social services sectors is required for improvements to be made.

10 WFP. 2020. *A chance for every school child. Partnering to scale up School Health and Nutrition for Human Capital.* WFP School Feeding Strategy 2020–2030 p.28.
11 WFP Regional Bureau Asia and Pacific. 2022. Analysis of National Policy Frameworks for School Health and Nutrition.
12 An estimated 60 percent of persons with disabilities do not have ID cards – although unfortunately, the source for this does not break it down between children and adults. Source: Surya Bhakta Prajapati, et al. 2022. An Innovative Model for Disability Screening and Issuing Disability Identity Card: A Study Report 2022, p.1. Available at: https://www.unicef.org/nepal/media/17471/file/An%20innovative%20model%20for%20disability%20screening%20and%20issuing%20disability%20ID%20card%20Study%20report%202022.pdf

# 2. Barriers to school-based feeding programmes

This section highlights common institutional, environmental and attitudinal barriers facing children and young persons with disabilities in terms of accessing basic public education where school feeding is offered and subsequently accessing and/or fully benefitting from school-based feeding programmes:

- Institutional barriers relate to legislation and policies that actively exclude(s) children with disabilities from accessing some schools.

- Environmental barriers relate to the accessibility of physical infrastructure, information and communication that undermines access to school and any learning outcomes, even when children with disabilities are in schools.

- Attitudinal barriers are often the most significant barriers (which underpin many other barriers); negative attitudes may be so pervasive that children with disabilities internalize them, thus limiting their potential.

## 2.1 Common barriers to schools where school-based feeding is offered

A very significant challenge to reaching children with disabilities is that, in many countries, children with disabilities do not attend school. In Lao PDR, the UN Country Team's submission to the CRPD Committee noted "43.16 percent of children with disabilities have never enrolled in primary school compared to 9.6 percent of the overall population". Of those students with disabilities who do attend school, more than 20 percent drop out before the end of primary school.[13] Overall, only 16.8 percent of students with disabilities who attend school complete their primary education.[14]

In Nepal, a study by UNICEF in 2016 found that 30.6 percent of children with disabilities aged between 5 and 12 did not attend school.[15] A 2022 study by the Norwegian Agency for Development Cooperation found that only 15 percent of children with disabilities of any

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13 Government of Lao PDR. 2020. Ministry of Planning and Investment and Lao Statistics Bureau, Disability Monograph of Lao PDR. From the 2015 Population and Housing Census, p.31.
14 Government of Lao PDR. 2020. Ministry of Planning and Investment and Lao Statistics Bureau, Disability Monograph of Lao PDR. From the 2015 Population and Housing Census, p.33.
15 Human Rights Watch. 2018. Nepal: Barriers to Inclusive Education. Available at: https://www.hrw.org/news/2018/09/13/nepal-barriers-inclusive-education

age were enrolled in school.[16] Over the last ten years, the share of 'students from vulnerable groups' has declined, including the share of children with disabilities in school. Given the lack of quality data, however, UNICEF cautions that the figures on reduced enrolment might be due to inadequate and inefficient screening.[17] The absence of children with disabilities from school is due to a wide range of institutional, environmental and attitudinal barriers. While many of these barriers are faced by children with disabilities around the world, the challenges vary between countries and contexts.

### Institutional barriers

- A lack of data disaggregated by disability to inform inclusive policies and budgeting perpetuates the invisibility of children with disabilities in education and health data and creates the illusion that the issue is insignificant. Budgets and resources are not prioritized due to lack of visibility of the need.

- A lack of local capacity to provide health care, screening and identification, rehabilitation and assistive technology to families of children with disabilities further impedes access to early intervention programmes that could facilitate school enrolment and ongoing attendance.

- Most school-based feeding programmes only operate in public schools, which means children attending special schools, as well as children with disabilities who are not enrolled in school, miss out on school-based feeding programmes and other related school-based health and nutrition programmes. Where special schools are residential (e.g., parent-run schools in Lao PDR and schools in Nepal supported by government stipends), meals are provided. However, challenges exist in the quality and quantity of food, lack of support staff and lack of oversight.

### Environmental barriers

- The distance to school and lack of and/or cost of accessible transport can be a significant barrier. In remote mountainous areas (for example, in Lao PDR and Nepal), lack of public transport infrastructure is a general problem for children with and without disabilities. However, inaccessible transport can make even short distances insurmountable for children with disabilities and their families.

- School buildings and other infrastructure are often not built for universal access, including classrooms, corridors, water and sanitation facilities, play facilities, communal and/or eating areas.

16 NORAD Department of Evaluation. 2022. Evaluation of Norway's inclusion of persons with disabilities in development cooperation. p.15.
17 UNICEF. 2021. Process-based and Formative Evaluation of the Education Equity Strategy in Nepal, Final Report.

- Noise levels and lighting are typically not conducive or appropriate for children with various sensory and neuro-diverse impairments.

- Teachers without the skills, knowledge or time struggle to support children with a range of impairments in class as well as during break activities and mealtimes.

*Attitudinal barriers*

- Parents often choose not to send their children with disabilities to school for fear of bullying; adding 'burden' to teachers; shame; prioritization of scarce resources towards children without disabilities and/ or male siblings; prioritization of income generation over time required for transport and other support at school.

- Some parents of children without disabilities are resistant to having their child(ren) share a classroom with children with disabilities. They fear a risk of 'contamination' or worry that their children may be held back academically, or may be negatively influenced in their behaviour. Examples come from Lao PDR and Nepal, where children on the autism spectrum are often considered 'unacceptable' because the culture puts high value on 'good behaviour'; the behaviour of children with autism is judged as inappropriate and undesirable, and parents of children without disabilities worry that this 'bad behaviour' will affect the behaviour of their child(ren).

- Some parents of children with disabilities and the children themselves feel so frustrated by the barriers they experience that, even if they do manage to enrol in school, they drop out soon after, and/or leave primary school without any qualifications. In many countries around the world, including in Lao PDR and Nepal, parents set up special schools or centres because there are no educational services available that adequately cater for their children's requirements. For some parents, it may come as a relief to send their children to residential schools to transfer the burden of care and because of the barriers in mainstream schools. For other parents, the worry of bullying or abuse is too much, and they would rather accept that their child is not going to receive an education.

- In Lao PDR, parents with children in special schools reported that mainstream school administrators turned their children with disabilities away because they did not want to 'impose' on the teachers, or did not want the mainstream school to be associated with

disability because of negative social norms. Some school administrators who were interviewed rejected these claims and insisted they accepted all children. However, they added that they would not or could not make special efforts to accommodate children with disabilities (see Section 3.1). Parents in Lao PDR also indicated that schools impose inappropriate fees (requiring them to pay for class support and/or adapted materials), which they cannot afford, forcing them to withdraw their child(ren). These are barriers that are not specific or limited to Lao PDR, but are common in many countries across the world.

- Teachers reported feeling overwhelmed by accepting children with disabilities into their classrooms. This includes feeling that they do not know how to teach children with disabilities or do not know how (or do not want) to cope with behaviour associated with some impairments. Teachers in Lao PDR confirmed attempting to include children with disabilities in their classrooms, but often intuitively and not on the

basis of training. Teachers also do not always include children with disabilities in exam processes, even if the child(ren) could participate in and pass assessments (with modifications). In Lao PDR, a child with limited mobility in his arms was attending school. His teachers let him progress through grades without him ever participating in exams because they were not able to think of any way to support his writing, or provide him with an alternative form of examination. This child will leave primary school without a formal qualification (despite being capable). This will impact significantly on his chances of receiving a secondary education, thus limiting his opportunities for employment and other life chances in future.

## 2.2. Common barriers to school-based feeding programmes

Even when children with disabilities are enrolled in and attend schools where school feeding is offered, they can still encounter barriers to being appropriately included in school-based feeding programmes. While some barriers are specific to impairment type and severity, they reflect the spectrum of institutional, environmental and attitudinal barriers, which have a considerable overlap between them.

### Institutional barriers

- School-based feeding programmes often have limited scope to provide alternative food, reducing their value in meeting the nutritional needs of children with disabilities. In Lao PDR, WFP staff and schools reported a lack of control over the choice of food they provide, indicating that meals cannot typically be adjusted to meet the individual nutritional needs or preferences of children and young persons with disabilities. In Nepal, the government provides school meals at 15 rupees per meal per child; this is not enough to adapt menus for children with disabilities who have difficulties processing certain food(s). Parents and teachers from autistic centres in Lao PDR emphasized that children with autism tend to be very particular about routine and are sensitive to food: some eat only one thing and reject everything else; some do not want to eat at all, or only want food they do not need to chew. Physically, children with a cleft palate or cerebral palsy (CP) may have difficulty chewing or moving food effectively around their mouth. Children with CP may also have difficulty swallowing, meaning the eating process takes time and puts them at risk of choking.

- There is limited staff capacity in school-based feeding programmes to provide direct feeding support to children with disabilities (in terms of the number of

staff and/or their level of training). Even in special schools, teachers or caretakers often have far too many children to supervise, meaning they struggle to provide effective direct feeding support.

- Cooks or people preparing meals often do not have knowledge of menus that are appropriate for children with different impairments. In Nepal, organizations for persons with disabilities (OPDs) stated that there is a lack of proper food preparation (e.g., food is not well or sufficiently cooked, which may pose extra difficulties for children with disabilities in absorbing and processing the food provided).

### Environmental barriers

- Nutritional information and guidance around good hygiene at school is often not available in formats that are accessible to children with disabilities (and sometimes their families), including braille and easy-to-read formats.

- Inaccessible water and sanitation facilities pose challenges for general and oral hygiene for some children with disabilities, both before and after eating.

- Schools rarely have adequate dining spaces that facilitate eating for children with disabilities. Schools in Lao PDR and Nepal expect children to eat outside the classrooms without proper seating and without adequate and/or adapted plates and cutlery that would facilitate a better grasp, stability and mobility at mealtimes. Where there are many children eating in 'shifts' within fixed periods of time, the lack of assistive devices or direct feeding support can leave children with disabilities unable to finish their meal. In both Lao PDR and Nepal, siblings or caregivers were expected to come to the school at lunch time to feed children with disabilities.

### Attitudinal barriers

- School staff often refuse to help children with disabilities who may require extra support with eating (e.g., direct feeding support or by adapting meal times by providing more time, better positioning/ seating and/or adapted utensils) due to lack of time or resources.

- Cooks or people preparing meals can view adapting or diversifying food provisions to meet the specific requirements of children with disabilities as an extra 'burden' because of the limited time or resources available to them.

# 3. Disability inclusion across the programme cycle

To improve the inclusion of children and young persons with disabilities in school-based feeding programmes, it is important to understand from the outset the key principles and building blocks for inclusion that are applicable across the programme cycle. Based on the Convention on the Rights of Persons with Disabilities (CRPD) and the rights-based approach to inclusion, there are several key principles that are central to addressing the barriers experienced by children and young persons with disabilities to schools where school-based feeding is offered (see Section 2.1) and to school-based feeding programmes (see Section 2.2).

## 3.1 Key Principles

### Intersectionality

Children have multifaceted personalities with diverse backgrounds and identities. Disability, gender and gender identity, ethnicity/race, religion, indigeneity, age, sexuality, refugee and migrant status and class/caste are all identities that can intersect and lead to discrimination and exclusion. If a young girl with disabilities is from a minority ethnic group, for example, this will define how others see and interact with her. She may be at risk of discrimination based on any of these characteristics/identities, but they all reinforce each other in creating greater barriers to fulfilling her rights. It is also important to remember that persons with disabilities, including children, are not a homogenous group, and as such have particular and specific needs and priorities. Those needs and priorities need to be identified with those individuals, not for them (see Table 1 for more information about the implications of this key principle for school-based feeding programmes).

### Participation and meaningful engagement

Participation is a central principle for advancing the CRPD; state parties and international organizations are obliged to ensure that persons with disabilities have the opportunity to engage meaningfully in decisions that affect their lives. Disability inclusion in school-based feeding programmes requires input from persons with disabilities and their families. Family members are an important resource for helping to find solutions and developing strategies because they understand the challenges faced by their children with disabilities. Organizations for persons with disabilities (OPDs) can play an important role too in terms of providing resources for those who want information on specific impairments.

The level of organizational capacity and number of established OPDs varies from country to country and even within countries; OPDs may be registered organizations or informal self-help groups. Particular effort is needed to involve diverse and intersectional (formal or informal) organizations across the disability rights movement. This includes, for example, women with disabilities and young persons with disabilities, indigenous people and persons from the lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) communities.

### Accessibility, reasonable accommodation and universal design

Accessibility helps to remove barriers to information, communication, services and participation (see Section 3.3.6). Universal design is an approach that ensures activities, events and facilities are accessible for everyone (e.g. persons with disabilities, older persons, pregnant persons and children).

Reasonable accommodation also focuses on removing barriers, but on a case-by-case basis. According to Article 2 of the CRPD, "'Reasonable Accommodation' means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms". Reasonable accommodations can be temporary (e.g., a removable ramp or small steps for thresholds, or a sign language interpreter for a specific event or for as long as a participant with hearing impairments requires assistance). It may also involve structuring school timetables differently (e.g., arranging for flexible school classes or break times for children with, for example, intellectual or neuro-diverse disabilities, or providing a quiet break or work room/space in a school).

## 3.2. Indicative actions across the programme cycle to strengthen disability inclusion

Disability inclusive school feeding requires concerted efforts and careful planning, budgeting, implementation and monitoring. Most UN agencies and many donors

recommend a twin-track approach – a focus on the inclusion of children with disabilities in nutrition programmes (e.g., in mainstream school-based feeding programmes); and a second track that focuses on targeting children with disabilities (e.g., providing nutrition programmes in residential facilities and to those who are out of school, or providing a separate meal as part of mainstream school-based feeding programmes).

Incorporating a disability lens into WFP's programme cycle helps to embed a systematic approach that both targets and improves the inclusion of children and young persons with disabilities in accessing schools where school-based feeding is offered as well as accessing school-based feeding programmes. Table 1 summarizes key indicative actions for strengthening disability inclusion across the programme cycle.

## Table 1: Indicative actions for strengthening disability inclusion across the programme cycle

### Programme Analysis

It is essential to understand the situation and experiences of children and young persons with disabilities (and their families). Conducting a comprehensive situational analysis will help to identify priority areas for improvement and facilitates planning for inclusive programming at different levels. Within the situational analysis that WFP already undertakes, consider including the following components:

- Barrier analysis to identify institutional, environmental and attitudinal barriers to school-based programmes; consider also intersectional compounding factors and characteristics (e.g., gender, ethnicity, language, geographical location).
- Secondary statistical analysis to collate available data disaggregated by disability (including by type of impairment and by gender) that will strengthen understanding of the local context and/or identify data gaps.
- Policy analysis on education and school-based health and nutrition programmes to identify the coverage and gaps of disability inclusion in legislation, policies and frameworks, including budgets.
- Institutional capacity assessment to identify existing practices of (and opportunities for collaboration and coordination between) government ministries and departments, and with civil society and networks; it is important to continue to apply a gender/intersectional lens.
- Stakeholder analysis and mapping exercise to: identify referral pathways and existing entry points for supporting children with disabilities in accessing schools where school-based feeding is offered, as well as school-based feeding programmes; identify disability inclusion champions, facilitators and potential partners for advocacy work and strengthening inclusive education.

The five analyses are not separate, parallel exercises; they are additional questions and observations that would apply a disability lens to WFP's typical situation analysis. Some examples of adapted questions are provided in Sections 3.3.1 and 3.3.2. One useful resource is UNICEF's Toolkit: New Generation Situation Analysis. It contains a chapter on children with disabilities and will provide guidance on relevant questions as well as the inclusion of OPDs and persons with disabilities (see also Section 3.1 for more on meaningful engagement).

### Programme Design

Using information from the programme analysis, it is possible to start designing a programme that can deliver an approach to school-based feeding that is more disability inclusive, and initiate advocacy with government and other key stakeholders around a multisectoral approach to education and nutrition:

- Include children with disabilities (and their families/caregivers) as a named target population, where necessary also targeting children with disabilities outside public education (e.g., through cash transfers in lieu of meals at school, especially when a specific diet requirement cannot be offered by the school-based feeding programme).
- Where data gaps have become apparent through the programme analysis, identify opportunities to improve disability data, including through the inclusion of the Washington Group Questions in government-generated data across sectors, but especially in education, health and nutrition programmes (see Section 3.3.5 for more on this issue).
- Prioritize addressing specific barriers to accessing schools where school-based feeding is offered, as well as barriers to school-based feeding programmes.
- Engage OPDs (and children with disabilities and their families) in the design of school-based feeding programmes, including the type of transfer modalities for delivering assistance (e.g., cash transfer, take-home rations). See Section 3.1 for more on meaningful engagement and WFP's Guidance on Consulting with Persons with Disabilities and their Representative Organizations.
- Set specific goals, measurable outcomes and indicators regarding access to schools for children with disabilities where school-based programmes are offered (and the resulting effect on their health, learning and well-being e.g., attendance rates, drop-out rates, year-on-year progress and graduation rates all ideally disaggregated by gender, disability and ethnicity/indigenous status).

## Programme Planning

With the inclusive programme design in place, operational planning needs to follow with specific measures to ensure a consistently inclusive approach:

- Select appropriate partners that will help to coordinate and implement advocacy and services for children and young persons with disabilities related to inclusive education and school feeding. Highlight the commitment to the Sustainable Development Goals and make a strong moral argument that this is a human rights issue and that stakeholders must focus on equity and not just cost efficiency.
- Ensure programme budgets consider costs for disability inclusion and meaningful engagement (see Section 3.1 and Section 3.3.8), including monitoring, evaluation and learning processes.
- Ensure resourcing includes internal and external capacity development around disability inclusion (e.g., human resources including persons with disabilities, training for staff and partners, disability inclusion audits).
- Ensure that experience on inclusion of persons with disabilities is stated as a qualification for selection in partnership and/ or procurement processes, and that suppliers/vendors that have demonstrated attention to disability inclusion are given preference.
- Put in place an appropriate monitoring and reporting system that captures disaggregated data (including by disability status, using the Washington Group Questions, and by gender) around goals, outcomes and key indicators and use the data collected to help identify the number of children with disabilities in the target population as a baseline for monitoring access to school-based feeding programmes and enable evidence-informed decision making around disability inclusion and effective programme planning to strengthen disability inclusion (see Section 3.3.5).

## Programme Implementation & Monitoring

Processes or systems can be put in place to facilitate the successful delivery of school-based feeding programmes that are inclusive of children and young persons with disabilities, in line with the original programme design or adapting the programme design as lessons are learned:

- Include information on WFP's commitment to disability inclusion and related policies/tools when it comes to onboarding information and training for partners, including governments.
- Create or strengthen a coordination mechanism within WFP and with partners to facilitate comprehensive disability inclusion (e.g., for advocacy, disability audits of schools and school feeding processes) and meaningfully engage children with disabilities (and their families) in programme implementation and monitoring.
- Provide a platform for WFP implementing partners to strengthen their understanding and awareness of disability inclusion, with opportunities to share learning (especially in humanitarian emergencies and fragile contexts).
- Provide feeding supplies and components (e.g., adapted utensils and corner chairs) designed to help children and young persons with disabilities feed themselves, using disability status data to identify the most-needed adapted devices, according to the impairments that are most prevalent.
- Develop nutrient-dense and culturally appropriate recipes that can be adapted for children with disabilities (e.g., modifying food consistency for children who experience difficulties chewing, swallowing, or eating independently), using disability status data to identify the most-needed adaptations, according to the impairments that are most prevalent.
- Share lessons learned and raise awareness of barriers experienced by children with disabilities accessing both schools where school-based feeding is offered and school-based feeding programmes, to strengthen multisectoral collaboration between government ministries and at the local level.
- Support governments and other partners to strengthen disability data, including disability disaggregation in Education Management Information Systems by using the Washington Group Questions, as well as tracking and analysing expenditure specific to disability.

## Evaluation

Collecting data and capturing lessons learned regarding disability inclusion helps strengthen future school-based feeding programmes:

- Contract evaluations to consultants with experience in disability inclusion and intersectionality.
- Ensure adequate budgeting for inclusion of persons with disabilities in evaluations by the evaluation team.
- Ensure evaluation questions include a disability lens.
- Ensure evaluation reports explicitly include analysis on disability, as well as perspectives from, and data on, children with disabilities.

WFP's Technical Note - Integration of Disability Inclusion in Evaluation includes guidance on disability inclusion in evaluations.

## 3.3. Selected key issues to consider within the programme cycle

A range of specific issues exist within the programme cycle of WFP's school-based feeding programmes that must be considered in more detail to ensure that these are inclusive of children and young persons with disabilities on a sustainable basis. The key issues also reflect the five policy goals in WFP's Systems Approach for Better Education Results – School Feeding (SABER-SF) that are essential for sustainable national school feeding programmes. This section focuses on these issues, providing example entry points that WFP can undertake for each issue, subject to the local context (including socio-economic context) and WFP's capacity. The entry points are only illustrative and are not exhaustive. For each issue, the entry points are framed using three levels of impact and ambition, all of which reflect expectations set in the CRPD and UN Disability Inclusion Strategy (UNDIS):

• respond to the rights of persons with disabilities and 'do no harm' as a minimum requirement (compliance);

• go beyond 'compliance' to approaches that build individual assets, capabilities and opportunities for children and young persons with disabilities (empowerment); and

• go further to challenge and shift persistent structural barriers to equality and inclusion (transformation).

### 3.3.1. Strengthening legislative and policy frameworks

Governments have specific obligations under the existing normative framework to respect and protect the rights of all persons with disabilities (see Section 1.4). Legislation and policy frameworks that recognize these rights are fundamental in establishing a firm foundation on which to strengthen disability inclusion in education, health and well-being and related interventions such as school-based feeding programmes. A comprehensive review and analysis of provisions and gaps in existing legislation and policies can provide a pathway to reforms and improvements to help realize the rights of children with disabilities and their families. In Nepal, WFP staff highlighted that key health sector strategies and plans could be improved by ensuring they recognize links between disability and nutrition and the importance of school-based feeding programmes.

The Regional Bureau Bangkok (RBB) Transition Guidance[18] emphasizes the importance of integrating school-based feeding into national policies, to ensure sustainable operations at scale. School-based feeding needs to be articulated in national policies, laws and frameworks to provide the required political and legal support, align priorities of both government stakeholders and development partners, and to generate funding and appropriate resources. School-based feeding requires multisectoral collaboration: a situation analysis needs to explore the policy landscape around education, health, social protection and what the commitments and gaps are in regard to disability and inclusion.

Policy analysis questions related to school-based feeding in the Transition Guidance need a disability lens. For example:

a. What policies and strategies related to school feeding already exist? To what extent are the rights of children with disabilities and their families articulated in these policies and strategies?

   Specifically, are school health and nutrition and school feeding mentioned in the Education Sector Plan (ESP)? Is there any mention of school health and nutrition, and school feeding for children with disabilities?

b. What is the government's approach to the education of children with disabilities (e.g., inclusive, integrated and/or special education)? Is it well communicated between different levels (e.g., national, provincial, municipal)?

   Does the ESP have specific objectives, targets and indicators on the implementation of school-based feeding? If so, does it mention children with disabilities and/or indicate the need to ensure their inclusion?



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18 WFP. 2022. Framework for transitioning WFP school feeding to national ownership: Supporting sustainability of school feeding, Regional Bureau for Asia Pacific.

**Table 2: Indicative entry points for strengthening governance, legislative and policy frameworks**

| 'Compliance'<br>Address rights of persons with disabilities; 'do no harm'. | 'Empowerment'<br>Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation'<br>Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| Explicitly include children with disabilities as a named target population in school-based feeding strategies, plans and regulations to promote a consistent level of inclusion across the programme cycle. | Support persons with disabilities, OPDs and civil society organizations (CSOs) with expertise in disability inclusion to advocate for and monitor inclusive school-based feeding programmes. | Build the capacity of persons with disabilities and OPDs to deliver and/or provide oversight of school-based feeding programmes. |

## 3.3.2. Institutional structures to support children with disabilities

An initial situational analysis (including an institutional capacity assessment, see Table 1) will provide information about existing practices and opportunities for government and institutions to collaborate on inclusive school feeding. Coordination between government ministries is critical at both the national and sub-national level (considering the importance of a multisectoral approach to poverty reduction and social protection, education, health and nutrition), including through multisectoral committees.

The RBB Transition Guidance is a very useful tool with relevant processes and example questions. Policy analysis questions related to school-based feeding in the Transition Guidance need to add a disability lens. For example:

a.  Which branches of government have a role in school-based feeding? Do these branches usually consult with OPDs, including those that work with children with disabilities?

b.  Do government ministries collect and share data on children with disabilities? If so, does data collection follow international best practices (including the Washington Group Questions)?

c.  To what extent do government ministries have shared responsibility on disability inclusion? Do the ministries have a rights-based approach to disability? What is the basis for these assessments? Is there any collaboration with the school feeding focal agency?

d.  Is there recognition in government ministries of the obligation to identify and remove barriers experienced by persons with disabilities? Is the concept of reasonable accommodation (see Section 3.1) defined in the law and understood across government ministries? Do government ministries have a budget for disability inclusion (including for reasonable accommodation)?

e.  If governments established Disability Coordination Committees, are OPDs represented on the committees and is the power dynamic among committee members conducive to fair participation and decision making?

f.  What policies/strategies/capacities do government ministries have or need to develop/adopt to enable their coordination or implementation? Particularly in regard to disability inclusion, have they considered adequate (CRPD-aligned) budget allocations (see Section 3.3.8) and appropriate data disaggregation (see Section 3.3.5)?

Governments and other key stakeholders may have criteria for selecting schools for school-based feeding programmes that are different to the criteria used to target inclusive education programmes. In Lao PDR, the government's selection criteria for school-based feeding programmes centres on enrolment rates; by including schools with low enrolment rates in school-based feeding programmes, the government seeks to incentivize school enrolment and attendance. The non-governmental organisation Humanity & Inclusion select schools for inclusive education programmes based on their needs analysis focused on children with disabilities, using data not systematically collected by the government. There is often no overlap and no costs shared between government-run school-based feeding programmes and CSO-managed inclusive education programmes. Through greater coordination, school-based feeding programmes and inclusive education programmes could target the same schools with mutual benefits (e.g., greater cost efficiency).

**Table 3: Indicative entry points for institutional structures**

| 'Compliance'<br>Address rights of persons with disabilities; 'do no harm'. | 'Empowerment'<br>Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation'<br>Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| Work with institutional settings and bodies (e.g. School Management Committees, Village Education Development Committees, Disability Coordination Committees), to develop inclusive budgets and deliver training on inclusive nutrition and meal plans. | Support the representation of persons with disabilities in bodies responsible for school meals (e.g. School Management Committees, Village Education Development Committees, Disability Coordination Committees), monitoring the level of participation and decision making that persons with disabilities are afforded in these bodies. | Ensure school selection criteria for school-based feeding programmes focuses on the presence of children with disabilities, not only on low overall enrolment rates. |

### 3.3.3. Inclusive supply chains

School-based feeding programmes commonly provide meals using fresh food supplied by local communities. This often includes buying directly from farmers as part of the procurement process or enabling local purchases directly by families. Persons with disabilities and families that have family members with disabilities often encounter significant challenges in contributing to the supply chain, due to institutional, environmental and attitudinal barriers. National policies regarding the owning and inheriting of land may exclude persons with disabilities from the productive asset ownership needed to participate in agricultural production and supply chains.[19] Persons with disabilities also often experience barriers in terms of micro-credits and other financial services, legal capacity and procurement processes.[20] The reasons for these barriers vary from country to country, especially in the legal arguments about why persons with disabilities are excluded, making a legal analysis by country necessary. Exclusion from inheritance often depends on impairment type; persons with intellectual or psychosocial disabilities are often considered incapable of looking after property.[21]

At the local level, investing in small farms and farmers with disabilities is an important way to contribute to inclusion and increase food production, contributing to food security and nutrition in households.[22] Involving persons with disabilities and parents of children with disabilities in the supply chain also helps to provide food that is appropriate for children with specific impairments, who may have difficulties with food intake and digestion, or sensitivities around food taste and textures. School-based feeding programmes could work preferentially with inclusive suppliers (e.g. agricultural cooperatives that include persons with disabilities).

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19 Groce, N., London, J. & Stein, M.A. 2014. Inheritance, poverty, and disability. Disability & Society 29(10): 1554–1568, DOI: 10.1080/09687599.2014.969831

20 Debashis, S. 2020. Discrimination against people with disabilities in accessing microfinance, Alter 14(4): 318–328, ISSN 1875-0672, https://doi.org/10.1016/j.alter.2020.06.005

21 UN Women Brief: Access to Justice for women with intellectual and psychosocial disabilities. Available at: https://asiapacific.unwomen.org/sites/default/files/2022-11/A2J_WWD_BRIEF.pdf

22 OCHCR. 2020. Policy Guidelines for Inclusive Sustainable Development Goals Food and Nutrition. Available at: https://www.ohchr.org/sites/default/files/thematic-brief-food.pdf

**Table 4: Indicative entry points for inclusive supply chain**

| 'Compliance'<br>Address rights of persons with disabilities; 'do no harm'. | 'Empowerment'<br>Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation'<br>Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| With OPDs (including women and young persons with disabilities), ensure local procurement opportunities are accessible to persons with disabilities. | Encourage farming cooperatives that include persons with disabilities (e.g. use inclusive tender processes and remove internal barriers within WFP processes. | In collaboration with health experts, farmers and parents of children with specific impairments (e.g. cerebral palsy, autism), facilitate discussions on nutrition for children with specific dietary and feeding needs to select the most appropriate food supplements for school-based feeding programmes. |

### 3.3.4. Disability inclusive monitoring, data collection and evidence generation

Disaggregated quantitative and qualitative data and evidence are key requirements for better disability inclusion along the entire programme cycle. Without disaggregated data (for example, by gender, disability and age, among other contextual factors) collected during the programme analysis stage, it is extremely difficult to design approaches, plan inclusively and then implement activities that do not exclude persons with disabilities and their families. Reliable population-level data disaggregated by disability are still relatively difficult to obtain. However, where data are available, as we have seen above, figures show that persons with disabilities tend to live in greater poverty and are at higher risk of malnutrition.[23]

Collecting disability data is usually based on self-reporting and focuses on an individual's functioning. Many countries and national legislation define 'disability' more narrowly than the CRPD and may include a limited set of impairments. As a result, disability prevalence is often significantly undercounted, leaving insufficient funds allocated to support households that include persons with disabilities. Household survey data using Washington Group Questions or International Classification of Functioning methodologies provide disability data based

on internationally respected data collection tools. As a lead partner in the School Meals Coalition (SMC)'s Data and Monitoring Initiative (see Section 1.2), WFP has a unique opportunity to promote the collection of disability disaggregated data (together with UNICEF) using the Washington Group Question Sets among current members of the SMC and any future country members or organizations.

Persons with disabilities (including children and young persons) and OPDs can play an invaluable role in qualitative data collection, sharing their experiences or capturing the experiences of the disability community regarding access to and quality of school-based feeding programmes. Very little evidence of what works currently exists in terms of school-based feeding that is inclusive of disability, which is a challenge that needs to be addressed by all actors. Working with persons with disabilities (as well as their families to develop and implement a revised research agenda that includes a focus on disability inclusion would have an impact far beyond WFP-supported programmes. It is important that any such research agenda reflects the fact that persons with disabilities are not a homogenous group. In some settings, it will be necessary to build capacity in collecting disability disaggregated data and/or including persons with disabilities in data collection.

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23 See UN Department of Economic and Social Affairs: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/poverty-hunger-disability-brief2019.pdf

**Table 5: Indicative entry points for inclusive monitoring, data collection, and evidence generation**

| 'Compliance' Address rights of persons with disabilities; 'do no harm'. | 'Empowerment' Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation' Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| Work with governments and UN agencies to strengthen the collection and use of disability disaggregated data regarding school-based feeding programmes (in line with CRPD Article 31 and the UNDIS Accountability Framework). | Map and track the coverage of schools benefitting from disability inclusive school-based feeding programmes, to aid household-level decision making and local-level referral networks. | Set clear expectations and indicators that evaluations of school-based feeding programmes assess the relevance, effectiveness, sustainability and impact on children with disabilities and their families (in line with UNDIS Accountability Framework). |

### 3.3.5. Accessible infrastructure, information and communication

Physical access to school buildings, including hygiene and sanitation facilities and any other outdoor on-site facilities, is critical. Accessibility is not limited to the physical access of school infrastructure; it also extends to transportation to and from schools and the arrangements and equipment for food distribution and eating. It is also not solely physical accessibility that is critical; accessibility of information and communication about nutrition and hygiene is also important. Nutrition information is often not provided in formats or through channels that are accessible to persons with some disabilities. Posters may not be in large print; braille versions of pamphlets may be unavailable; radio broadcasts may be inaccessible to some people with hearing impairments; and people with cognitive impairments may find complex messaging inaccessible.

Accessibility and reasonable accommodation measures need to be planned for and included in any budget to promote disability inclusion (e.g. for consultation of persons with disabilities during programme design and accessibility audits during programme implementation, see Section 3.3.8). It is also important for school-based feeding programmes to proactively assess their accessibility and to develop accessibility plans focused on removing barriers to inclusion (e.g. whether procurement processes are accessible in multiple formats to encourage suppliers that include persons with disabilities; whether nutritional information and details of school-based feeding programmes are available in accessible formats and shared through channels used by persons with disabilities; and whether inclusive eating utensils such as spoons with thicker handles are available). Both UNICEF's Accessibility Toolkit and Accessibility GO! A Guide to Action offer comprehensive guides on accessible infrastructure, information and communication that can be used to inform WFP's activities. WFP has developed guidance

regarding communication accessible materials with accompanying templates. WFP's Management Services Division also has a set of minimum accessibility standards for WFP buildings and a team of engineers that can provide technical assistance regarding the accessibility of any construction- and/or building-related activities.

Accessible communication is also relevant for Social and Behaviour Change Communications (SBCC), which WFP has prioritized to help change nutrition-related behaviours within WFP-supported programmes. A guidance manual on SBCC, developed in 2019 by WFP nutrition staff, introduces a systematic approach to developing culturally appropriate SBCC activities with the aim of improving nutrition outcomes. The key aspects (as outlined in the introduction of the guidance manual) include activities at an interpersonal level, with media, and via communication mobilization; research, specific audience segments and targeted messages resonate with a disability inclusive approach that can be easily integrated into these elements.

Persons with disabilities and their families should be explicitly included as audience segments that can benefit from targeted messages, representation in media, inclusion in community mobilization, and interventions at the interpersonal level. At the same time, any SBCC can greatly benefit from the involvement of persons with disabilities: participating in the formative research and contributing to the messaging and community mobilization. Within SBCC, messaging should also deliberately and explicitly challenge the stereotyping of persons with disabilities to promote non-discrimination and help change negative perceptions of disability and persons with disabilities. WFP's Disability Inclusion and CAM: A Guide to Disability-Inclusive and Accessibility Communications, Advocacy and Marketing provides clear and helpful guidelines on appropriate language and how to argue against stereotypical language, which can be used to inform WFP activities.

### Table 6: Indicative entry points for accessible infrastructure, information and communication

| 'Compliance'<br>Address rights of persons with disabilities; 'do no harm'. | 'Empowerment'<br>Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation'<br>Address unequal power relationships; seek legal, institutional and societal-level change. |
| --- | --- | --- |
| Routinely conduct accessibility audits of school-based feeding programmes to identify and then mitigate barriers experienced by persons with disabilities. | Ensure existing feedback mechanisms are inclusive and accessible for persons with disabilities (or their families) to report barriers impacting the accessibility of school-based feeding programmes (e.g. use accessible communication formats and channels). | With country governments, undertake national-level social and behaviour change campaigns to strengthen understanding and attitudes towards disability in general, and nutritional outcomes for persons with disabilities in particular. |

### 3.3.6. Inclusive feeding practices

Up to 80 percent of children with disabilities (compared to 40 percent of children without disabilities) experience feeding difficulties.[24] Children with some impairments commonly experience heartburn and acid reflux. Swallowing difficulties are common in children with psychosocial impairments (e.g., cerebral palsy). Children on the autism spectrum may experience sensory issues around certain foods, meaning they are more comfortable with a restricted diet. The impact of feeding difficulties on children with disabilities can be significant. They can be more likely to be moderately to severely underweight, as well as suffering from stunting and wasting, being malnourished or having deficient Vitamin D levels.[25] Different strategies exist to mitigate feeding difficulties among children with disabilities. Children with some impairments may need more time to finish a meal and/ or specific feeding positions to prevent choking or gagging and to improve swallowing.[26] Some persons with disabilities may also need special diets or increased calorie intake to maintain a healthy weight.[27] For school-based feeding programmes, there is no single meal plan or approach that equally caters for all children. It is important that nutritional intake and the information provided is tailored to children with disabilities in all their diversity.

Without focusing on inclusive feeding practices, school-based feeding programmes may perpetuate feeding difficulties and reinforce perceptions that children with disabilities have poor appetites and thirst, in turn restricting their nutritional intake. Individuals directly delivering school-based feeding programmes have a critical role to play in terms of adopting inclusive feeding practices and identifying children who require additional support in developing feeding skills. It is important also to strengthen awareness and understanding of inclusive feeding practices and the nutritional needs of persons with disabilities among parents and caregivers. Parents (and caregivers) can identify feeding problems and continue to support children with feeding difficulties at home.

There is currently limited evidence about the types of interventions that best support inclusive feeding practices (e.g., support services at community level and/or mental health support for caregivers). Small but significant evidence exists that caregiver training programmes can improve parental feeding practices. A 2017 evaluation of a training programme for caregivers of children with cerebral palsy in Ghana (aged 18 months to 12 years old), found that the 11-month intervention led to improvements in mealtime experiences (self-reported by caregivers), with some improved nutritional content, and improvements in the feeding position of the child at mealtimes. However, levels of malnutrition remained high at both baseline and endline, reflecting persistent challenges (e.g., regarding feeding positions, attitudes and behaviours among family members without primary responsibility for care and the caregivers' time available for food preparation and feeding).[28]

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24 USAID. 2023. Resources generated at Virtual Convening on Improving Nutrition among Children with Feeding Difficulties and Children with Disabilities, April 2023.
25 Aisha, K., Yousafzai, S.F. & Wirz, S. 2003. Feeding difficulties in disabled children leads to malnutrition: experience in an Indian slum. British Journal of Nutrition 90: 1097–1106.
26 Ibid.
27 Groce, N., Challenger, E. & Kerac, M. 2013. Stronger Together: Nutrition-Disability Links and Synergies. Briefing Note for the Nutrition Working Group: Global Partnership for Children with Disabilities. New York: UNICEF.
28 Zuurmond, M. et al. 2017. Evaluating the impact of a community-based parent training programme for children with cerebral palsy in Ghana. ICED; London School of Hygiene and Tropical Medicine.

### Table 7: Indicative entry points for inclusive feeding practices

| 'Compliance' Address rights of persons with disabilities; 'do no harm'. | 'Empowerment' Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation' Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| Incorporate into school-based feeding programmes training on inclusive feeding practices, to ensure school-based feeding programmes do not perpetuate feeding difficulties. | Develop feeding skills of persons with disabilities and build understanding among them and their families of nutrition and inclusive feeding practices. | Add individualised feeding strategies to Individual Education Plans (where school-based feeding programmes exist), to embed targets and strategies around nutrition and feeding (including to aid learning). |

### 3.3.7. Budgeting for disability inclusive school-based feeding

Budgeting for disability inclusion in school-based feeding programmes that promotes inclusion and equality requires all spending to foster accessibility and non-discrimination. For example, reasonable accommodations are budgeted for to ensure equal access to school-based feeding programmes and procurement processes are accessible and encourage disability inclusion. Earmarking of programme funds or public spending may be considered, supported by clear plans and technical assistance. For more explanation of 'CRPD-compliant' budgeting, see the paper by the Center for Inclusive Policy, Clarification needed: Inclusive, Disability Responsive, or CRPD compliant budgeting?

Budgeting for disability inclusion in a way that aligns with the CRPD presents a tension in terms of the school settings and institutions that funding should support. The CRPD is quite clear that governments should refrain from actions that are inconsistent with the CRPD (Article 4.1) and that governments must take actions for the progressive realization of the CRPD (Article 4.2). Funding school-based feeding programmes in institutions that contradict disability rights (e.g., where there may be neglect, or forced treatment and/or coercion) is counter to the CRPD. In order not to exclude children with disabilities who are outside public education from school-based feeding programmes,

it may be necessary to fund school-based feeding programmes in 'special schools' and residential institutions, where governments are transitioning towards inclusive education systems in mainstream settings.

Without school-based feeding programme funds or public spending that explicitly considers and plans for disability inclusion, it is unlikely that school-based feeding programmes will effectively include persons with disabilities. Appropriate resourcing is needed throughout the programme cycle: to meaningfully engage (see Section 3.1) persons with disabilities in any analysis of barriers and subsequent programme design; to provide targeted modifications to school-based feeding programmes that facilitate equal access for persons with disabilities; and to ensure persons with disabilities are able to provide feedback or contribute to any evaluation of school-based feeding programmes.

Disability inclusive budgets for school-based feeding programmes do not necessarily mean additional expense. The focus is more on funding activities that are accessible (see Section 3.3.6) and rights based (e.g., cash transfers directly to families instead of meals provided at school). Critically, it is also important to track programme funds or public spending on disability inclusion within school-based feeding programmes to ensure it is positively impacting persons with disabilities and contributes to evidence of what works (see Section 3.3.5).

**Table 8: Indicative entry points for CRPD-compliant budgeting**

| 'Compliance'<br>Address rights of persons with disabilities; 'do no harm'. | 'Empowerment'<br>Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation'<br>Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| Ensure WFP's school-based feeding programme funds only go to special schools and institutions when there are simultaneous efforts to influence the government to transition to inclusive education systems and where governments have demonstrated a willingness to shift away from segregated facilities. | Build the capacity of and work with OPDs to monitor public spending on school-based feeding programmes, to strengthen positive impact of public spending on persons with disabilities. | Work with country governments to earmark a proportion of public spending on school-based feeding programmes for persons with disabilities (e.g. for reasonable accommodation(s), responding to accessibility audits and/or adding individualized feeding strategies to Individual Education Plans). |

### 3.3.8. Referral networks in support of school-based feeding programmes

School-based feeding programmes can have a greater impact on children with disabilities if supported by strong referral networks to existing services and programmes that support child development and health. Schools that benefit from school-based feeding programmes are likely to benefit from other school-based programmes too (e.g., programmes focused on eye health). Coordination between all school-based programmes within a single school (or across several schools in the local area) provides greater support and further encourages school enrolment and ongoing attendance.

School-based feeding programmes also provide important opportunities to direct children at risk of, who are suspected to be, or who are experiencing developmental delays or disabilities to early identification and early intervention services. The latter are intended to provide family centred support that helps to strengthen family competencies and parenting skills to facilitate children's

development and build resilience. School-based feeding programmes can direct families that include children with disabilities toward services designed to help them obtain adequate social protection, including disability registration (especially where registration and ID cards are prerequisites for educational subsidies and/or support services).

Referrals relevant to school-based feeding programmes also extend to referrals from actors outside the school to the school-based programme. Community workers will identify out-of-school children with disabilities to be enrolled in the school. Health service providers may identify feeding difficulties among some children that school-based feeding programmes are unaware of. Early intervention services may also identify children who need to be enrolled in school-based feeding programmes to prevent malnutrition or wasting. By receiving information and referrals from key external actors, school-based feeding programmes can both extend their reach and strengthen their impact.

**Table 9: Indicative entry points for referral networks**

| 'Compliance'<br>Address rights of persons with disabilities; 'do no harm'. | 'Empowerment'<br>Build assets, capabilities and opportunities for persons with disabilities. | 'Transformation'<br>Address unequal power relationships; seek legal, institutional and societal-level change. |
|---|---|---|
| At programme analysis stage (and regular intervals during programme implementation), map existing services relevant to children and young persons with disabilities (and their families) to ensure school-based feeding programmes can make referrals that benefit their development and health. | Coordinate information sharing with other agencies and organizations to make accurate, consistent and accessible information on relevant services available to OPDs, persons with disabilities and their families. | Work with OPDs to ensure government-set criteria for social protection and/or key services (including school-based feeding programmes) aligns with the CRPD's definition of disability. |

# 4. Conclusions and way forward

This practice guide has laid out key linkages between school feeding and disability inclusion, focusing on common barriers facing persons with disabilities in terms of both public education where school-based feeding programmes are provided and to school-based feeding programmes themselves. It has also identified what disability inclusion could look like across WFP-supported programmes, by providing measures that can be taken to strengthen disability inclusion at every stage of the programme cycle and in key aspects related to the policy goals in WFP's SABER-SF framework.

This paper presents key principles and ideas that WFP staff at field and country office level can apply directly or be inspired by to ensure children and young persons with disabilities are included in school feeding. The entry points provided in this paper are not designed to serve as a prescriptive manual. The starting point for disability inclusion will depend on individual capacity and available resources. Likewise, priorities for disability inclusion in every WFP-supported programme are not addressed in this paper; how to strengthen disability inclusion in each WFP-supported programme will depend on a thorough analysis and understanding of the local context.

The breadth of entry points provided in this paper underscore that action to strengthen disability inclusion is possible, regardless of capacity or resources. WFP staff are well positioned to champion disability inclusion in school-based feeding programmes and to evidence what works. With ongoing commitment to disability inclusion and internal systems and structures supportive of inclusion, this paper will help WFP staff to realize positive change and have a lasting impact on children and young persons with disabilities.

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# Annex 2

For more information on consulting with organizations of persons with disabilities (OPDs), see WFP's [Guidance Note](#).

OPDs are representative membership-based non-governmental organizations led, directed and governed by persons with disabilities, who constitute the majority of their membership at all levels of the organization.[29] OPDs may represent impairment-specific groups or have a cross-disability focus. They may represent a particular group of persons with disabilities with intersecting identity factors; for example, young persons with disabilities, or indigenous persons with disabilities. OPDs may be organized by family members/relatives of people with specific disabilities and/or children with disabilities. Their primary aim is empowerment and growth of self-advocacy of persons with disabilities.

OPDs play a critical role in representing the viewpoints and lived experiences of persons with disabilities and constitute an important link and intermediary between policymakers/duty bearers and persons with disabilities. Article 4.3 of the CRPD calls on state parties to engage with persons with disabilities through their representative organizations, highlighting the human rights involved in participation.

In practice, this means:
- Consulting OPDs on the barriers to and solutions for service provisions. Consultation must be meaningful; that is, building a dynamic and equitable relationship based on genuine interest to learn from and act upon the inputs and concerns of persons with disabilities, not just extracting information. UNDIS dedicates a specific indicator to the consultation of persons with disabilities.
- Establishing informal or formal partnerships with OPDs; for example, ongoing working relationships or formal agreements around allocated responsibilities and resource commitments.

Before you take these steps, it is crucial to:
- Check if selected OPDs are representative of diverse persons with disabilities related to, for example, gender, impairment type, location and other identity factors that might intersect with disability and account for situations and experiences of simultaneous and compounding discrimination. If not, additional relevant OPDs should be considered. Where such OPDs are not established, individual activists or groups of persons with disabilities and intersecting experiences should be identified and included in meaningful consultations.
- Organize consultations under the principle of 'do no harm', taking every precaution to ensure persons with disabilities are not at risk or adversely affected by their participation in consultation processes or partnerships. This includes maintaining confidentiality, anticipating and managing power dynamics, and preparing for the availability of support services and resources, including for issues of emotional distress or the risk of backlash and/or violence.

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29 UN Disability Inclusion Strategy, Guidelines Consulting Persons with Disabilities.

| Recommended Activities | | |
|---|---|---|
| **Programme Analysis** | • | Invite diverse persons with disabilities and OPDs to be involved in identifying barriers and solutions to accessing schools and feeding programmes (OPDs could particularly focus on institutional barriers, while persons with disabilities could focus on environmental and attitudinal barriers). |
| **Programme Design** | •<br>• | Involve OPDs in service mapping (see Section 3.3.9), drawing on their knowledge of disability specific services (ensuring a gender and age perspective).<br>Seek input from OPDs and persons with disabilities to assist in training on basic rehabilitation approaches that can help with eating/feeding. |
| **Programme planning and programme implementation & monitoring** | •<br>• | Involve OPDs and persons with disabilities in the planning, design and implementation of data collection processes for the planning, monitoring and evaluation of activities.<br>Ensure, at minimum, gender and age disaggregation along with disability; where possible, expand gender to include non-binary option(s), and include relevant contextual disaggregation (e.g. indigeneity/ethnicity, refugee/migrant status). |

Important considerations for action:
- Search for and contact OPDs in your local area with a view to establishing partnerships. If none exist, identify disability activists. Where possible, help facilitate setting up inclusive community groups.
- Allocate budgets to cover travel and participation expenses along with attendance time for persons with disabilities (and/or their family members/caregivers) and OPDs to be actively involved in consultations. Make sure to address gender- and age-specific factors that may influence opportunities to travel and participate (e.g. domestic responsibilities, freedom of movement, assistance, distance).
- Ensure persons with disabilities (and caregivers) and OPDs are paid and acknowledged appropriately for their time and expertise.
- Encourage employment of persons with disabilities in school-based feeding programmes (e.g. as cooks and assistants).
- Encourage representation of persons with disabilities (including through OPDs) in bodies responsible for school meals (e.g. School Management Committees, Village Education Development Committees and/or Disability Coordination Committees).
- Improve representation and visibility of persons with disabilities with different intersecting identities in publications and information material.

# Annex 3

The Washington Group Question sets were developed to produce internationally comparable disability statistics using a rights-based framework. The original short set questions were designed specifically for use in a census or large-scale survey to enable population data to be disaggregated by disability status, for the purpose of measuring participation in all areas of society. By 2023, more than 78 countries had implemented the Washington Group Short Set Questions in their censuses. The Washington Group Question sets have also been endorsed by the United Nations Department of Economic and Social Affairs (UNDESA) as the main means with which to disaggregate data on Sustainable Development Goals by disability status, as well as by multiple UN agencies, international development bodies and civil society organizations (including OPDs).[30]

The Washington Group Question sets focus on levels of difficulties; the word 'disability' does not appear in the Washington Group Questions to avoid previous variations in how disability is defined and to avoid stigma that may lead to underreporting. The Washington Group Short Set Questions ask if people have difficulty completing basic universal activities in six core domains: walking; seeing; hearing; cognition; self-care; and communication. The six core domains are expanded in the extended and enhanced Washington Group Question sets (adding domains such as upper limb difficulties and affective difficulties, e.g. with anxiety and depression). If utilized, the extended and enhanced Washington Group Question sets provide a more detailed reflection of disability prevalence rates.

The Washington Group Question sets are not designed to diagnose impairments; they are a statistical tool that will enable population data to be disaggregated by disability. If implemented using the recommended protocols, the Washington Group Question sets will allow comparison of data across populations and over time.

More resources regarding the Washington Group Question sets are available from the Washington Group Secretariat,[31] including how and when to use the different data sets, how to analyse and use the data collected and how to connect with others who have successfully used the surveys. Table I summarizes key details regarding the Washington Group Question sets that are most relevant to WFP.

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30 UN Economic and Social Commission for West Asia (ESCWA). 2018. Regional Guide to Improve Disability Data Collection and Analysis in the Arab Countries. Available at: https://e-inclusion.unescwa.org/sites/default/files/resources/regional-guidebook-disability-data-arab-countries-english.pdf
31 Available at: https://www.washingtongroup-disability.com

| Data collection module | Target population | Recommended use | Tool | Notes |
|---|---|---|---|---|
| WG Short Set Questions (WG-SS) | Adults (over 18 years).<br><br>Can be used with people as young as 12, but there will be limitations in terms of data accuracy. | Use for programme level analysis (from context through to attendance and evaluations) where population data are being collected; it can be added to existing data collection tools to provide an overall prevalence rate. | Six questions covering difficulties functioning across six domains. | The most basic of all the tools, this will provide a simple but effective way to assess any set of programme out-comes by disability status. It is less effective for use with young people, and it does not capture the full spectrum of potential functional difficulties. |
| WG Short Set – Enhanced (WG-SS Enhanced) | Adults (over 18 years).<br><br>Can be used with people as young as 12, but there will be limitations in terms of data accuracy. | Useful in popula-tion-level data collection where there is a specific focus on ensuring persons with disabilities are included; it can be added to any existing data collection tools, such as those used to monitor school attendance and is effective at any point during the pro-gramme cycle. | 12 questions covering difficulties functioning across eight domains. Will capture additional difficulties not in the WG-SS. | Another relatively simple tool, it will provide disaggregat-ed data related to programme out-comes for a broader range of persons with disabilities. |
| WG Extended Set of Questions (WG-ES) | Adults (over 18 years). | Useful in popula-tion-level data collection where there is a specific focus on ensuring persons with disabilities are included; it can be added to any existing data collection tools and is effective at any point during the programme cycle. | 35 questions covering additional functional domains. Provides greater granularity as well as questions on assistive devices and personal assistance. | This is a more complex tool that requires well-trained enumerators. This is best utilized in contexts where there is a specific focus on working with persons with disabilities. |
| Child Functioning Modules | Children (aged 2 to 17).<br>Two sets of question-naires: one for children aged 2 to 4 and one for children aged 5 to 17. | Useful in popula-tion-level data collection where there is a specific focus on ensuring children and young persons with disabilities are included; it can be added to any existing data collection tools and is effective at any point during the programme cycle. | 24 questions across 14 domains. Its focus on children and young people means it provides a more accurate representa-tion of disability among children and young people. | This is the most appropriate tool for work that focuses on children and young people.<br>It would work well in the context of school-based feeding programmes where it can be used to measure levels of participation and access.<br>It requires training of enumerators. |