



**Mainstreaming Disability Inclusion  
in JICA Projects**

**Sector-Specific Guidance Note**

**Improving Nutrition**

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**Sections [1,2,3](#) provide an overview for those seeking to understand the basics, while Section [4](#) offers specific steps for mainstreaming disability inclusion.**

### Main Target Areas Covered by this Guidance Note

In line with the Japan International Cooperation Agency (JICA) Global Agenda for Improving Nutrition, this Guidance Note focuses on the following areas.

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| 1. Improving Nutrition through the Life-course                 | <ul style="list-style-type: none"><li>• Nutrition improvement through Primary Health Care (PHC)<ol style="list-style-type: none"><li>1) Maternal and child nutrition</li><li>2) Noncommunicable diseases (NCDs) prevention</li></ol></li><li>• Promotion of <i>shokuiku</i> (food and nutrition education) and school meals for pre- and school-age children</li></ul> |
| 2. Initiative for Food and Nutrition Security in Africa (IFNA) | <ul style="list-style-type: none"><li>• Advocacy</li><li>• Capacity development</li><li>• Field implementation, particularly promoting the Nutrient Focused Food Access Improvement Approach (NFA) in the agricultural sector for adequate supply of agricultural products and food necessary for proper nutritional intake</li></ul>                                  |

For maternal and child nutrition and NCDs prevention under nutrition improvement through PHC, please also refer to the Guidance Note for the Health Sector.

# 1. Basic Understanding of Persons with Disabilities and Nutrition Improvement

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This section explains the fundamental concepts essential for promoting disability inclusion in nutrition improvement.

## (1) Interaction Between Nutrition and Disability

- Nutrition and disability interact throughout the life cycle. Malnutrition can lead to the development or worsening of impairments, while existing impairments may adversely affect nutritional intake, absorption, and utilization. This relationship persists from pregnancy and infancy through childhood, adolescence, adulthood, and into old age [1]. For example, maternal malnutrition may increase the risk of infants developing impairments. The cumulative effects of malnutrition in adults and older people can lead to diet-related NCDs and associated complications [2].
- Additionally, impairments such as difficulties in swallowing and malabsorption create a triple burden on nutritional status: increased nutrient requirements, increased nutrient losses, and decreased nutrient intake. Furthermore, social and environmental barriers including inadequate access to appropriate nutrition guidance and assistance, difficulty obtaining food and health services, and experiences of discrimination and prejudice, further increase the risk of malnutrition. Together, these factors place persons with disabilities at heightened risk of a vicious cycle characterized by worsening nutritional status and increased health risks [1]. A comprehensive approach that understands these complex interactions is essential for improving nutrition among persons with disabilities.

## (2) Need for Multi-sectoral Approaches

- Food and nutrition issues among persons with disabilities are complex and multifaceted, arising from the interrelation of multiple structural factors. Consequently, addressing these nutritional challenges requires multi-sectoral approaches that promote collaboration across multiple sectors.
- To address these complex challenges, collaboration with the following sectors is required:
  - Health sector (maternal and child nutrition improvement, establishment of healthy eating habits, etc.)
  - Education sector (implementation of disability-inclusive school meals and nutrition education)

- ▶ Agriculture and food sector (promoting agricultural participation of persons with disabilities and production of nutritionally superior agricultural products)
  - ▶ Water and sanitation sector (establishment of accessible sanitation facilities and prevention of infectious diseases)
  - ▶ Transportation sector (ensuring accessible transportation to food procurement facilities, etc.)
  - ▶ Urban and regional development sector (making nutrition-related service facilities barrier-free, developing inclusive urban environments that facilitate food access, etc.)
  - ▶ Social security sector (establishing disability-responsive cash transfer and food assistance programs)
- Such multi-sectoral approaches make it possible to address fundamental challenges that cannot be effectively resolved by any single sector alone and to build comprehensive support systems for improving nutrition among persons with disabilities. By leveraging the expertise and resources of each sector and delivering coordinated, person-centered solutions, sustainable and effective improvements in nutrition status can be achieved.

## **2. Significance of Disability Inclusion in Nutrition Improvement**

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### **(1) Contribution to the Achievement of the Sustainable Development Goals (SDGs)**

- Disability inclusion within the nutrition improvement sector plays a critical role in achieving the Sustainable Development Goals (SDGs). In particular, it directly contributes to the attainment of Goal 2: End hunger, achieve food security and improved nutrition, and Goal 3: Ensure healthy lives and promote well-being for all at all ages, by ensuring that persons with disabilities are equitably included in nutrition and health interventions.
- Specifically, under Goal 2 (Zero Hunger), Target 2.1 seeks to ensure that all people, particularly the poor and those in vulnerable situations, have access to safe, nutritious, and sufficient food throughout the year, while Target 2.2 aims to end all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons. Persons with disabilities face a disproportionately higher risk of malnutrition than persons without disabilities due to persistent social barriers, including limited access to nutrition services and

experiences of discrimination. Consequently, disability inclusion in nutrition improvement initiatives is essential in achieving these targets and upholding the SDG principle of "leaving no one behind".

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|-------------------|---|
| <b>Target 2.1</b> | By 2030, end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to safe, nutritious, and sufficient food all year round. |
| <b>Target 2.2</b> | By 2030, end all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.  |

## (2) Implementation of the Convention on the Rights of Persons with Disabilities (CRPD) [3]

- The Convention on the Rights of Persons with Disabilities (CRPD) underscores the critical role of nutrition-related systems and initiatives in enabling persons with disabilities to enjoy adequate nutrition across the life course and to access quality nutrition services.
- In particular, Article 25 (Health) affirms the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination, encompassing a holistic understanding of health that includes the improvement of nutritional status.
- In addition, Article 28 (Adequate Standard of Living and Social Protection) recognizes the right of persons with disabilities to an adequate standard of living, including access to sufficient and appropriate food, and guarantees equal access to nutrition programs and food assistance. Article 9 (Accessibility) further requires that all facilities and services, including food distribution points, be accessible, while Article 11 (Situations of Risk and Humanitarian Emergencies) mandates special consideration and support for the nutritional needs of persons with disabilities during disasters and emergencies.
- Together, the CRPD provides a comprehensive rights-based framework for nutrition improvement for persons with disabilities, centered on the rights to health (Article 25) and an adequate standard of living (Article 28), with related provisions reinforcing these obligations. Accordingly, States Parties are required to undertake sustained and coordinated efforts to ensure equitable access to, and the quality of, nutrition improvement initiatives for persons with disabilities.

### (3) Contribution to JICA Global Agenda

- The JICA Global Agenda for Improving Nutrition seeks to address the increasingly serious global challenge of malnutrition by improving chronic undernutrition among children and other vulnerable people in developing countries. Promoting disability inclusion within nutrition improvement initiatives is a critical component of achieving this objective.
- Since persons with disabilities face a higher risk of malnutrition than persons without disabilities, enhancing their access to nutrition services is essential to ensuring “inclusiveness” in nutrition improvement efforts. By systematically integrating a disability perspective into JICA’s nutrition initiatives, including Nutrition Improvement through the Life Course and Initiative for Food and Nutrition Security in Africa (IFNA), these programs can more effectively uphold the principle of truly leaving no one behind in nutrition improvement.
- The following contributions are expected in the "Nutrition Improvement through the Life Course".

**Maternal and Child Nutrition Improvement:** By providing inclusive nutrition services to pregnant women and infants with disabilities, maternal and child nutrition programs can truly uphold the principle of leaving no one behind. Integrating disability-sensitive nutrition guidance into antenatal care, along with the promotion of appropriate breastfeeding and complementary feeding within the maternal and child continuum of care, enables inclusive nutrition improvement during the critical first 1,000 days of life.

**Prevention and Management of NCDs:** By ensuring the accessibility of health facilities, adapting nutrition counseling methods to diverse disabilities, and promoting healthy eating practices at the community level, nutrition initiatives can help build systems in which all people, including persons with disabilities, can access NCD prevention and management services throughout the life course.

**Promoting *Shokuiku* (Food and Nutrition Education) and School Meals:** Promoting the participation of children with disabilities in school meal programs ensures inclusiveness in both education and nutrition. Enhancing access through the provision of disability-appropriate tableware and utensils, addressing individual nutritional needs, deploying meal assistance personnel, and encouraging participation in food and nutrition education activities, such as learning about local production for local consumption and dietary diversity, enables all children, regardless of disability, to acquire healthy eating knowledge and habits and supports the creation of an inclusive nutritional environment.

- The following contributions are expected in the "Initiative for Food and Nutrition Security in Africa (IFNA)".

**Advocacy:** Through policy dialogue at regional economic community and national levels, disability perspectives can be systematically incorporated into agriculture and nutrition policies. This includes promoting the inclusion of persons with disabilities in national strategies and proposing budget allocation to ensure accessibility.

**Capacity Development:** Through regional training grounded in multi-sectoral collaboration and the Nutrient Focused Food Access Improvement (NFA) Approach, the capacity of government officials in agriculture and nutrition sectors can be strengthened to design disability-inclusive project plans. This includes supporting the development of intervention strategies based on the nutritional needs of vulnerable populations, including persons with disabilities, through the use of digital tools such as the NFA App.

**Field Implementation:** Dietary diversity and nutritional status in households with persons with disabilities can be improved through accessible agricultural training and support for cultivation of nutrient-rich crops. Additionally, promoting the use of nutrient-dense foods that can be produced locally through cooking demonstrations and nutrition education targeting persons with disabilities and their families further enhances sustainable nutrition outcomes.

- Through these combined efforts, disability inclusion in nutrition improvement contributes to the realization of the principle of "Nutrition for All" as outlined in JICA's Nutrition Declaration.

### 3. Challenges in the Nutrition Improvement Sector from a Disability Perspective

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#### (1) Food and Nutrition Insecurity Faced by Persons with Disabilities

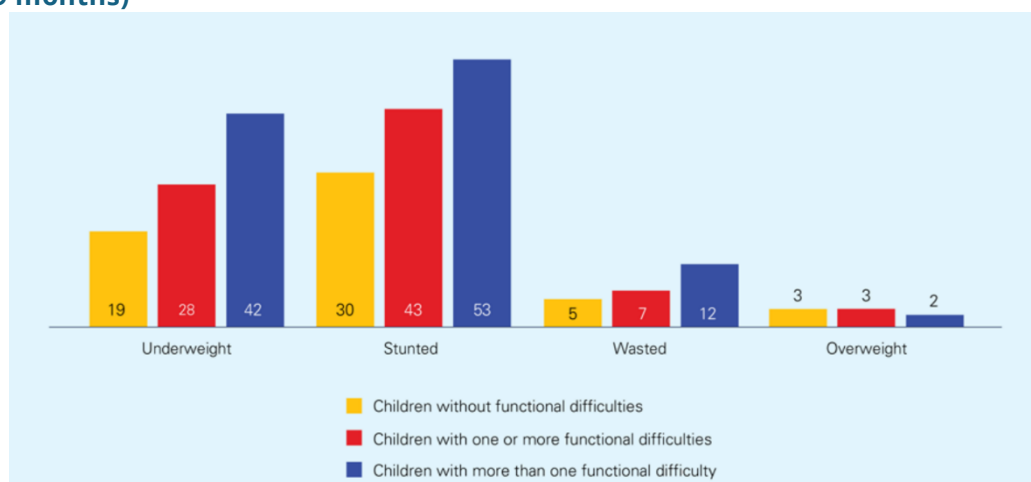
- Persons with disabilities experience substantial inequalities in food and nutrition security. Across 14 African and Asian countries, an average of 55% of persons with disabilities live in food-insecure households (households that did not always have food), compared with 44% of persons without disabilities. Evidence from the Central African Republic illustrates the severity of this disparity: 30% of households that include persons with disabilities spend more than 75% of household income on food, significantly higher than the 21% observed among households without persons with disabilities. Moreover, household with persons with disabilities (24%) are more likely to adopt crisis coping strategies in response to food shortages, such as selling housing, land, or last remaining female livestock, compared with 17% for households without persons with disabilities [4].
- These disparities in food access are rooted in multiple, intersecting structural and economic factors. Persons with disabilities often face high unemployment rates and low wages, limiting household income. At the same time, disability-related expenses, such as costs for assistive devices such as wheelchairs, transportation costs for taxis, medical care, place additional financial strain on households, frequently resulting in food and nutrition expenditures being deprioritized. Structural barriers further exacerbate food insecurity, including limited transportation to food distribution points, difficulties navigating distribution systems, and inadequate access to information. In the context of school meal programs, low school enrollment rates among children with disabilities further reduce their opportunity to benefit from nutrition interventions [5].
- Significant physical and communication barriers also impede access to food purchasing and distribution environments. As of 2022, approximately 20% of food banks globally were inaccessible to wheelchair users. Accessibility challenges were also evident in commercial food outlets: 12% of supermarkets in developed countries and 32% in developing countries were difficult to access, while restaurants showed even higher levels of inaccessibility, with 58% in developed countries and 54% in developing countries. Beyond physical barriers such as stairs and narrow entrances, many facilities lack communication accommodations, including sign language interpretation and accessible information formats for persons with visual impairments [4].

- In agricultural production, persons with disabilities face additional constraints, including limited access to land, productive resources, financial services, and agricultural technologies and knowledge. These barriers restrict their capacity to participate meaningfully in food production and to contribute to food security [5]. During the coronavirus disease 2019 (COVID-19) pandemic, these inequalities were further intensified, with particularly severe impacts observed in developing countries [4].

## (2) Malnutrition among Children with Disabilities and Its Causes

- As shown in the figure below, children with disabilities are more likely to experience nutrition and growth-related problems, including underweight, stunting, and wasting. The risk is particularly high among children with multiple functional impairments.
- By place of residence, children with disabilities living in the poorest and rural households have the highest risk of underweight and stunting (underweight 37% and stunting 54%). This is significantly higher compared with children with disabilities living in the poorest and urban households (underweight 28% and stunting 40%) and children without disabilities living in the poorest and rural households (underweight 28% and stunting 43%) [6].

**Figure: Prevalence of Underweight, Stunting, Wasting, and Overweight in Children (24-59 months)**



Source: Adopted from [6]

- The main causes of malnutrition in children with disabilities are outlined in the table below. These factors often interact, placing children with disabilities at a higher risk of malnutrition compared with their peers without disabilities. In addition, in certain countries and regions, prejudice and discrimination persist, with

children with disabilities sometimes being perceived as "cursed" or ominous. As a result of such social stigma, these children may be denied meals and essential care by their families and communities [6].

- While nutrition is a basic requirement for the survival for all children, it becomes a critical, life-threatening issue particularly for children with disabilities. Therefore, establishing comprehensive support systems to improve nutrition and prevent malnutrition and health deterioration is an urgent priority.

**Table: Main Causes of Malnutrition in Children with Disabilities**

Barriers	Examples
Physical Factors	<ul style="list-style-type: none"> <li>• Physical conditions that make it difficult to ingest food, such as mouth or hand dysfunction due to disability</li> <li>• May result in selective eating due to sensory hypersensitivity or fixations associated with developmental disabilities</li> <li>• May become more susceptible to illness or unable to absorb nutrients properly</li> </ul>
Lack of Caregiver Knowledge and Skills	<ul style="list-style-type: none"> <li>• Lack of knowledge about feeding support methods and nutrition for children requiring special consideration</li> <li>• Insufficient proper meal assistance skills for children with feeding difficulties</li> </ul>
Social and Cultural Factors	<ul style="list-style-type: none"> <li>• Children with disabilities excluded from mealtimes or subjected to discriminatory treatment due to prejudice and discrimination</li> <li>• Indifference and prejudice within families and communities (e.g., mothers pressured to refrain from breastfeeding, disparities in meals with siblings)</li> </ul>
Food Shortage Within Households	<ul style="list-style-type: none"> <li>• Particularly among low-income households, access to food is difficult regardless of disability</li> <li>• Households with children with disabilities have a higher proportion of food insecurity due to reasons such as additional costs for medical expenses for children</li> </ul>
Institutional Factors	<ul style="list-style-type: none"> <li>• In child welfare facilities, etc., children with disabilities tend to be deprioritized due to staff shortages and other reasons</li> <li>• Lack of access to school meal programs (due to low school enrollment rates)</li> </ul>
Emergencies and Humanitarian Crises	<ul style="list-style-type: none"> <li>• Persons with disabilities tend to be excluded from emergency support (nutrition, education, health)</li> <li>• Life risks increase due to lack of special consideration</li> </ul>

Source: Developed based on [6], [7], etc.

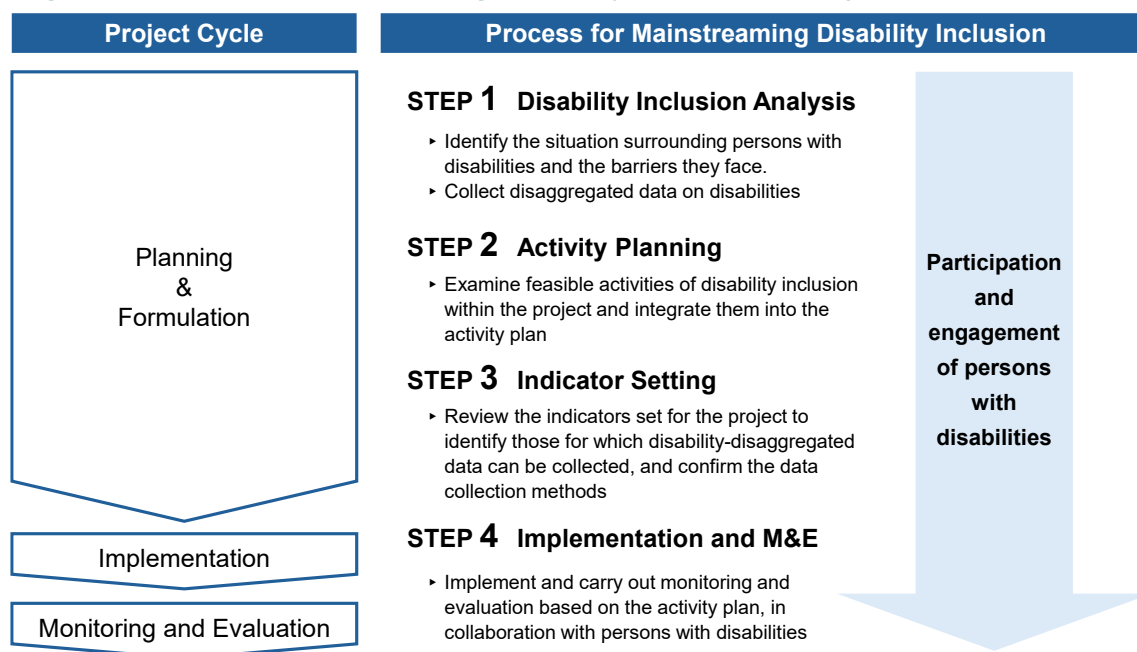
### (3) Disability and Noncommunicable Diseases (NCDs)

- The relationship between persons with disabilities and NCDs such as cancer, cardiovascular diseases, chronic respiratory diseases, and diabetes is bidirectional [8]. NCDs are a major cause of disability globally. According to systematic reviews in high-income countries, the proportion of people with NCDs who experience difficulty in performing basic activities of daily living such as eating, bathing, and dressing ranges from 21.1-64.1% for cardiovascular disease patients, 7.4-49.8% for chronic respiratory disease patients, and 12.2-54.5% for patients with diabetes [9]. Similar trends are suggested in low- and middle-income countries, although data is limited. Conversely, persons with disabilities are more vulnerable to NCDs. Limited physical activity, high obesity rates, and difficulty accessing healthcare are risk factors [8].
- The mechanisms through which NCDs lead to disability are diverse, affecting physical, cognitive, and psychological domains. Directly, diabetes can result in complications such as eye diseases, neuropathy, stroke, and myocardial infarction, with 50-80% of affected individuals experiencing mobility impairment and decline in activities of daily living. Indirectly, chronic respiratory diseases may lead to anxiety and depression in addition to functional limitations, while cancer can have broad and multifaceted effects on overall functional status [8].
- For example, stroke can lead to a wide range of physical impairments, including limb weakness, balance difficulties, vision and speech problems, as well as cognitive impairment. Psychological sequelae, such as depression, are also common [8]. Globally, 18-73% of stroke survivors experience cognitive impairment and 15-79% experience aphasia [9]. Similar trends are observed in low- and middle-income countries, for example, over 60% of stroke survivors in Tanzania exhibit moderate to severe functional difficulties [10]. Participation restrictions are also significant. In South Africa, 43% of stroke survivors achieved only minimal reintegration with their families at least six months post-stroke [11]. Social isolation, limitations on religious activities, and reduced work capacity have been reported in Nigeria, South Africa, Tanzania, and Rwanda [12].
- Therefore, the relationship between NCDs and disability is bidirectional. Considering both the high risk of NCDs among persons with disabilities and the impact of NCDs on functional limitations and social participation, a comprehensive approach that addresses this interplay is essential in nutrition improvement.

## 4. How to Mainstream Disability Inclusion in Projects: Steps for Implementation

- Mainstreaming disability inclusion in projects means incorporating and implementing a disability perspective at all stages of project planning, implementation, monitoring, and evaluation. This Guidance Note introduces methods for mainstreaming disability inclusion in the 4 STEPs as shown in the figure below.
- STEPs 1-3 correspond to the project formulation stage of the project cycle, and STEP 4 to the implementation and post-completion stage. While keeping all STEPs through project completion in mind, it is particularly important to work on disability inclusion at **the project formulation stage**.
- At the stage of obtaining the Official Request Letter from the partner government, it is important to consult with counterparts and the JICA local office to ensure that efforts for disability inclusion are included and that there is no risk of excluding persons with disabilities.

**Figure: Process for Mainstreaming Disability Inclusion in Projects**



- The table below shows when each STEP applies within the project cycles for technical cooperation, official development assistance (ODA) loans, and grant aid.

Scheme	Project Cycle	STEP
Technical Cooperation	At the time of preparing the Terms of Reference (TOR) for the data collection survey, detailed or basic planning survey.	STEP 1 (Analysis)
	At the time of drafting Main Point Discussed in the Record of Discussion (R/D) (activities related to disability inclusion), PDM, and Ex-ante Evaluation document.	STEP 2 (Activity Planning) STEP 3 (Indicator Setting)
	At the time of preparing the TOR of the project, implementing the project, and reviewing a monitoring sheet.	STEP 4 (Implementation, Monitoring & Evaluation)
ODA Loans	At the time of preparing the TOR for the data collection survey and preparatory survey, and drafting Project Planning Document (1).	STEP 1 (Analysis)
	At the time of preparing the Minutes of Discussion (M/D), Project Planning Document (2)/(3), appraisal document, and drafting Ex-ante Evaluation document.	STEP 2 (Activity Planning) STEP 3 (Indicator Setting)
	At the time of supervising the project and reviewing Project Status Report.	STEP 4 (Implementation, Monitoring & Evaluation)
Grant Aid	At the time of preparing the TOR for the data collection survey and Preparatory Survey, and drafting Project Planning Document (1).	STEP 1 (Analysis)
	At the time of preparing the Minutes of Discussion (M/D), Project Planning Document (2)/(3), appraisal document, and drafting Ex-ante Evaluation document	STEP 2 (Activity Planning) STEP 3 (Indicator Setting)
	At the time of supervising the project and reviewing Project Status Report.	STEP 4 (Implementation, Monitoring & Evaluation)

## STEP 1 Disability Inclusion Analysis

- During project planning and formulation, conduct a disability inclusion analysis to assess the situation of persons with disabilities within the sector and identify the barriers they face. Additionally, collect disability-disaggregated data regarding target groups.
- Use the disability inclusion analysis to ensure that the project design does not pose any risk of excluding persons with disabilities, or create disadvantages or negative impacts for them. Carefully review and confirm these aspects throughout the planning process.

[JICA Country-Specific Disability-Related Information](#) (currently available in Japanese language only) contains disability-related information for each of the 55 countries where JICA implements projects. If information exists for the target country, it is recommended to check it first.

As an English-language information source, the [World Bank Group's Disability Data Hub](#) provides country-specific data.

### 1) Reflect: The relationship between the project and disability

- Clearly define how disability intersects with the project. Identify the components of the project that have the strongest relevance to persons with disabilities.

### 2) Ask: Consult with persons with disabilities or their representative organizations to understand the barriers they encounter

- Engage and consult with persons with disabilities and/or their representative organizations about the kind of barriers that prevent access to and participation in nutrition programs and services targeted by the project. Make sure to seek input from a wide range of individuals, including persons with diverse types of disabilities and women with disabilities.
- Then, request their participation in STEPs 2-4 described the following sections.  
**It is crucial to involve persons with disabilities at all stages.**

## CHECK

Including methods for engaging organizations of persons with disabilities, the **Guidance Note for Across All Thematic Areas** introduces the following under “Section 4: Specific Approaches for Mainstreaming Disability Inclusion.”

- Methods for Engaging with Persons with Disabilities
- Forms of Participation of Persons with Disabilities
- General Accessibility Measures and Reasonable Accommodations
- Information and Communication Accessibility
- Inclusive Events (Meetings, Seminars, Training, etc.)

- Below are sample questions. Additionally, please refer to Appendix 1 for examples of barriers.

Barriers	Example Questions
Institutional Barriers	<ul style="list-style-type: none"> <li>• What barriers exist in the current nutrition improvement program implementation and service delivery systems that prevent participation of persons with disabilities? (For example, national nutrition policies or strategic plans do not explicitly mention access for persons with disabilities)</li> </ul>
Physical Barriers	<ul style="list-style-type: none"> <li>• What barriers prevent access to health and nutrition-related facilities?</li> <li>• What physical barriers exist within the buildings of health and nutrition-related facilities (hospitals, educational facilities providing meals, etc.)? (For example, no ramps installed, no wheelchair-accessible toilets installed)</li> </ul>
Communication Barriers	<ul style="list-style-type: none"> <li>• What barriers exist when individuals cannot access necessary information about nutrition-related services?</li> </ul>
Attitudinal Barriers	<ul style="list-style-type: none"> <li>• What attitudes and awareness of nutrition-related service providers and stakeholders prevent program participation and service access?</li> </ul>

### 3) Check: Collection of disability-disaggregated data<sup>1</sup>

Data	Information Sources
<ul style="list-style-type: none"> <li>Disability-disaggregated data of target groups in project target areas</li> <li>Data on groups marginalized from nutrition-related services and programs (women with disabilities, specific ethnicities, children with disabilities, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Government statistics</li> <li>Reports from ministries and agencies related to persons with disabilities, etc.</li> <li>Interviews with persons with disabilities and their representative organizations</li> </ul>

### 4) Explore: Situation of persons with disabilities within the sector

Key Information to Identify	Information Sources
<ul style="list-style-type: none"> <li>Existence of content addressing persons with disabilities or disability inclusion perspectives in nutrition-related laws, policies, strategies, action plans, etc.</li> <li>Existence of disability inclusion policies and strategies in nutrition-related sectors (health, education, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Government documents</li> </ul>
<ul style="list-style-type: none"> <li>Descriptions related to Articles 25 and 28 in CRPD Concluding Observations</li> </ul>	<ul style="list-style-type: none"> <li>CRPD Concluding Observations * On the <a href="#">search page</a> of the CRPD (States Parties Reporting), specify the country and the type of document.</li> </ul>
<p><b>Stakeholders: Resources and Partners for Implementation</b></p> <ul style="list-style-type: none"> <li>Ministries and departments responsible for persons with disabilities</li> <li>Organizations of persons with disabilities</li> <li>JICA's experience in disability and development (technical cooperation, JOCV, grassroots projects, etc.)</li> <li>International and bilateral agencies with experience related to mainstreaming disability inclusion in the nutrition sector</li> </ul>	<ul style="list-style-type: none"> <li>JICA Country-Specific Disability-Related Information (currently available in Japanese language only)</li> <li><a href="#">World Bank Group   Disability Data Hub &gt;&gt; Economies</a></li> </ul>

<sup>1</sup> Data disaggregated by disability status and type of functional limitation, comparable to sex- and age-disaggregated data.

## STEP 2 Activity Planning

### (see Appendix 2 for Examples of Good Practices)

- Based on the situation and barriers faced by persons with disabilities in the sector identified through the disability inclusion analysis in STEP 1, consider feasible activities within the project and incorporate them into the activity plan.
- Furthermore, when planning the overall project, ensure that the project's objectives and plans promote the inclusion and participation of persons with disabilities and do not promote their segregation or exclusion.

### Examples of Activities to Promote Disability Inclusion

**Note: Priority and feasible activities should be determined through consultation with stakeholders, including persons with disabilities/organizations of persons with disabilities.**

Barriers	Example Activities
Institutional Barriers	<ul style="list-style-type: none"> <li>• Include the status, needs, and countermeasures for disability and persons with disabilities in national nutrition policies and plans.</li> <li>• Allocate budgets for ensuring accessibility for persons with disabilities and additional costs required for applications and procedures.</li> <li>• Develop disability statistics disaggregated by age, gender, and socioeconomic indicators.</li> <li>• Development of training on disability-inclusive nutrition-related services for nutrition improvement program stakeholders, health care workers, and others (e.g., utilizing existing tools and packages<sup>2</sup>, nutrition assessment and counseling techniques adapted for persons with disabilities, etc.).</li> </ul>
Physical Barriers	<ul style="list-style-type: none"> <li>• Make health and nutrition-related facilities barrier-free (including medical equipment such as weight and height scales).</li> <li>• Ensuring accessibility of agricultural training facilities and cultivation sites.</li> <li>• Expand nutrition-related services at community level (e.g., enabling home-based services for persons with severe disabilities who have difficulty going out, information provision at community level).</li> <li>• Provision of cultivation opportunities near homes through establishment of kitchen gardens and community gardens.</li> </ul>

<sup>2</sup> Examples include Save the Children, Disability-Inclusive IYCF Package Entry Points and Tools; UNICEF, including children with disabilities in humanitarian action: Nutrition; Global Nutrition Cluster, Connecting Inclusive Feeding and Disability Resources to Nutrition Practices in Humanitarian Settings.

Barriers	Example Activities
	<ul style="list-style-type: none"> <li>Expand nutrition-related online services (accessible design according to disability type, support for caregivers/families regarding equipment use, etc.).</li> </ul>
Communication Barriers	<ul style="list-style-type: none"> <li>Provide information in accessible formats (Braille, audio narration, videos with subtitles or sign language interpretation, easy-to-understand expressions using illustrations, etc.).</li> <li>Provide information through diverse means (written materials, websites, radio, information provided through organizations of persons with disabilities, outreach by healthcare workers, etc.).</li> </ul>
Attitudinal Barriers	<ul style="list-style-type: none"> <li>Implement training on human rights and disability for nutrition program stakeholders, healthcare workers, etc. (rights of persons with disabilities, principles of inclusion, methods of non-discriminatory and accessible service provision, etc.).</li> <li>Promoting participation of persons with disabilities and their families in cooking demonstrations and nutrition education.</li> </ul>

Source: Developed based on [13] [14], etc.

### STEP 3 Indicator Setting

- Among the indicators set for the project (indicators for project purpose and outputs), review which indicators can collect disability-disaggregated data and confirm the data collection methods.

#### **Example:**

If “XX or more farmers participate in training” is set as a project output indicator, then set “number/proportion of farmers with disabilities among training participants” as a disability-disaggregated data.

- Also, consider indicators to measure outputs (changes) expected from activities planned in STEP 2, and integrate them into existing indicators or add them. Below are examples of indicators incorporating a disability perspective.

Example Indicators
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| <ul style="list-style-type: none"> <li>- Whether consultation with persons with disabilities was conducted during the development process of policy document (systems, strategies, guidelines, etc.); overview of consultation, if conducted.</li> <li>- Existence/number of policy documents reflecting disability perspectives (e.g., ensuring accessibility for persons with disabilities, budget allocation for additional costs for access, etc.).</li> <li>- Number of nutrition core human resources (policymakers and practitioners promoting nutrition improvement) who have received training on human rights and disability.</li> <li>- Number of training sessions conducted and number of participants on disability-inclusive nutrition education, <i>shokuiku</i>, and school meal provision.</li> </ul> |
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## STEP 4 Implementation and Monitoring & Evaluation

- When implementing and monitoring activities, collaborate with persons with disabilities (and/or organizations of persons with disabilities) to confirm whether the activity content is appropriate, and whether the activities, deliverables, and services being implemented are accessible and user-friendly.
- Also, pay close attention to whether the promotion and implementation of project activities respect the diversity of persons with disabilities and are conducted in a manner that promotes their dignity, rights, and potential.
- During evaluation, assess the achievements of activities from a disability inclusion perspective, their implementation process, and outcomes. Below are sample questions from a disability inclusion perspective.

### Guiding Questions from a Disability Inclusion Perspective

Six Evaluation Criteria	Sample Questions
Relevance	<p><b>Counterpart Country's Development Policies and Needs</b></p> <ul style="list-style-type: none"> <li>• Do disability inclusion activities align with priority issues and contents stated in the counterpart country's disability policy or sector policy?</li> </ul> <p><b>Appropriateness of Project Plan and Approaches</b></p> <ul style="list-style-type: none"> <li>• Was mainstreaming of disability inclusion considered during project formulation?</li> <li>• Was information collected from persons with disabilities and organizations of persons with disabilities during project formulation?</li> <li>• Was participation of persons with disabilities promoted in the project implementation process?</li> <li>• Were methods employed to avoid excluding specific types of disabilities or specific groups of persons with disabilities (e.g., women with disabilities, ethnic minorities, or other minorities)?</li> </ul>

Six Evaluation Criteria	Sample Questions
Coherence	<p><b>Consistency with Japanese Government/JICA Development Cooperation Policies and Coordination with Other JICA Projects</b></p> <ul style="list-style-type: none"> <li>• Were disability inclusion activities consistent with Japanese government and JICA policies?</li> <li>• Was coordination with other JICA projects undertaken to promote disability inclusion activities?</li> </ul> <p><b>Coordination with International Frameworks</b></p> <ul style="list-style-type: none"> <li>• Was the project consistent with the CRPD?</li> <li>• Did disability inclusion activities contribute to achieving global goals such as SDGs?</li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>• To what extent were outcomes achieved for persons with disabilities through disability inclusion activities?</li> <li>• Did disability inclusion activities contribute to achieving project purpose and outputs?</li> </ul>
Impact	<ul style="list-style-type: none"> <li>• Can positive long-term or indirect effects be expected from disability inclusion activities? For example, fostering leadership of persons with disabilities, participation of persons with disabilities in decision-making processes, and institutional reforms.</li> <li>• Have any negative indirect effects emerged because disability inclusion activities were not implemented or because disability inclusion analysis was insufficient? For example, exacerbating discrimination or stigma against persons with disabilities.</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>• Were disability inclusion activities conducted within the planned budget and timeframe?</li> <li>• Was project efficiency being prioritized at the expense of excluding specific groups such as persons with disabilities?</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>• Will persons with disabilities and their representative organizations continue to be involved in the disability inclusion process?</li> <li>• Is continuation of outcomes achieved for persons with disabilities appropriately planned?</li> <li>• Will the services and systems established in the project continue to be expanded and maintained in a manner that ensures equality and participation of persons with disabilities?</li> </ul>

## Appendix 1: Barriers to Access and Participation for Persons with Disabilities in Nutrition Improvement

Persons with disabilities often face multiple barriers when accessing and utilizing nutrition programs. These barriers can be institutional, physical (environmental), communication, or attitudinal barriers, including negative attitudes, discrimination, lack of understanding. Often, these barriers interact, creating complex challenges that vary depending on the context. Consequently, multifaceted approaches that combine different strategies are necessary to effectively address the needs of persons with disabilities. Moreover, responses must be tailored to individual needs to ensure equitable access [15]. The main barriers preventing access to nutrition programs for persons with disabilities, along with examples, are shown below.

### Main Barriers Preventing Access to Nutrition Programs for Persons with Disabilities and Examples

Barriers	Examples
Institutional Barriers	<ul style="list-style-type: none"> <li>Lack of national guidelines on nutrition programs and disability-specific guidance</li> <li>Lack of age-, gender-, and disability-disaggregated statistical data on access to nutrition programs</li> <li>Lack of organizational/institutional-level expertise on nutrition programs from a disability perspective</li> <li>Insufficient systems and awareness-raising mechanisms for early detection and intervention regarding nutritional issues in persons with disabilities</li> </ul>
Physical Barriers	<ul style="list-style-type: none"> <li>Barriers to physical access to health and education facilities and service provision facilities (lack of ramps, wheelchair-accessible facilities, etc.)</li> <li>Concentration of specialized health and nutrition facilities and specialized staff in urban areas</li> </ul>
Communication Barriers	<ul style="list-style-type: none"> <li>Lack of accessibility to information about nutrition programs (inadequate information provision in subtitles, sign language, audio, Braille, plain language, etc.)</li> </ul>
Attitudinal Barriers	<ul style="list-style-type: none"> <li>Insufficient knowledge about meals and nutrition among caregivers and support staff</li> <li>Prejudice, discrimination, and negative attitudes from healthcare workers</li> </ul>

Source: Developed based on [15]

In JICA's nutrition improvement sector initiatives under two clusters of JICA Global Agenda, barriers faced by persons with disabilities are expected to be diverse. Below are examples of barriers related to school meals promotion in the Nutrition Improvement

through the Life Course cluster and barriers anticipated when persons with disabilities participate in the IFNA cluster activities.

### **(1) Nutrition Improvement through the Life Course (School Meals Promotion)**

Barriers to school meal programs for children with disabilities occur in two stages. The first stage concerns the fundamental issue of school attendance. Due to absence of barrier-free facilities, negative attitudes among teachers and other parents, inadequate medical and welfare services, some children with disabilities are not enrolled in school. The second stage involves access to school meals among those who do attend school. Even when children with disabilities are enrolled, they may be unable to fully utilize school meal services due to unmet individual dietary requirements, the absence of meal assistance personnel, and the lack of appropriate tableware and utensils. Consequently, proper access to school meals may be compromised despite school attendance [16]. Specific barriers associated with the second stage including the school meal program are discussed below (please see the Guidance Note for the Education Sector for barriers related to the first stage).

#### **Examples of Barriers in School Meal Programs**

Barriers	Examples
Institutional Barriers	<ul style="list-style-type: none"> <li>• Limited meal choices: Limited range of alternative food provision, difficulty responding to individual nutritional needs and preferences</li> <li>• Insufficient support: Lack of adequate staff numbers or technical skills required for meal assistance</li> <li>• Lack of cooking knowledge: Insufficient knowledge on meal preparation suitable for different disabilities and inadequate food preparation skills</li> </ul>
Physical Barriers	<ul style="list-style-type: none"> <li>• Water and sanitation facilities: Difficulty accessing facilities necessary for general and oral hygiene before and after meals</li> <li>• Eating environment: Lack of appropriate seating, tableware/utensils, time constraints for meals</li> <li>• Need for caregivers: Necessity for family members or caregivers to provide meal assistance at school during lunch time</li> </ul>
Communication Barriers	<ul style="list-style-type: none"> <li>• Information access: Inadequate nutrition information and hygiene guidance in accessible formats such as Braille</li> </ul>
Attitudinal Barriers	<ul style="list-style-type: none"> <li>• School staff refusal: Refusal to provide support citing lack of time or resources</li> <li>• Burden perceived by cooking staff: Perceiving additional responsibilities with limited time and resources as a burden</li> </ul>

Source: Developed based on [16]

## (2) Initiative for Food and Nutrition Security in Africa (IFNA)

In the IFNA, while working to improve nutrition through agriculture, persons with disabilities often encounter multi-layered barriers that limit their participation in agricultural activities. Participation in agricultural production is a key factor for enhancing food and nutrition security; however, persons with disabilities frequently face constraints in accessing land, agricultural inputs and equipment, and in acquiring the necessary skills for farming. Understanding these barriers is essential to designing inclusive agriculture and nutrition improvement projects. The main barriers preventing the participation of persons with disabilities in agriculture are outlined below.

### Examples of Barriers to Agricultural Participation of Persons with Disabilities

Barriers	Examples
Institutional Barriers	<ul style="list-style-type: none"> <li>• Inadequate national policies and guidelines on participation of persons with disabilities in nutrition improvement projects through agriculture</li> <li>• Lack of programs considering needs of persons with disabilities in agriculture and nutrition sectors</li> <li>• Inadequate agricultural training and technical guidance systems for persons with disabilities</li> </ul>
Physical Barriers	<ul style="list-style-type: none"> <li>• Difficulty accessing agricultural training facilities, cultivation sites, etc. (lack of wheelchair-accessible facilities, etc.)</li> <li>• Shortage of disability-specific agricultural tools and machinery</li> </ul>
Communication Barriers	<ul style="list-style-type: none"> <li>• Access to information: Lack of information in accessible formats such as Braille on agricultural techniques, nutrition education, market prices, weather information, etc.</li> </ul>
Attitudinal Barriers	<ul style="list-style-type: none"> <li>• Lack of understanding and prejudice about disability among agricultural stakeholders and community residents</li> <li>• Misconception such as “persons with disabilities are unsuitable for agriculture” and prejudice regarding the quality of agricultural products produced by persons with disabilities</li> <li>• Insufficient communication skills with persons with disabilities among agricultural instructors and extension workers</li> </ul>

Source: Developed based on [17], [18], etc.

## Appendix 2: Examples of Good Practices in Mainstreaming Disability Inclusion in Nutrition Improvement

### (1) World Food Programme (WFP): Disability Inclusion Guidance Note in Afghanistan (Afghanistan Resilience and Food Systems Programme) [19]

The World Food Programme (WFP) is strengthening its efforts to uphold the rights and active participation of persons with disabilities in line with the Sustainable Development Goal (SDG) principle of “leaving no one behind.” Under the WFP Strategic Plan (2022-2026), the organization has set clear disability inclusion objectives: 1) ensuring the meaningful participation and inclusion of persons with disabilities across all programs and projects; 2) promoting disability inclusion in all aspects of organizational operations, including operations, management, and support functions; and 3) positioning WFP as an employer of choice for persons with disabilities by actively involving them in all aspects of WFP operations.

In response to this organizational policy, the WFP Afghanistan Office developed a Disability Inclusion Guidance Note that considers the country's complex humanitarian situation and cultural setting. This guidance note outlines specific measures to ensure meaningful participation of persons with disabilities throughout all stages of the Resilience and Food Systems Programme in Afghanistan, including needs assessment and situation analysis, design, program design and planning, implementation, monitoring, and evaluation. An overview of the guidance is presented below.

#### ■ Organizational-Level Foundations

To effectively deliver support programs to persons with disabilities in most need of support in Afghanistan, WFP Afghanistan Office is working to make the organization itself friendly to persons with disabilities. From ensuring accessibility of offices, transportation and ICT equipment, to eliminating social prejudice about disability, creating economic opportunities, and developing comprehensive policies, physical, social, economic, and policy barriers are being systematically removed. Furthermore, continuous training and capacity development are implemented so that all personnel can understand the needs of persons with disabilities and provide appropriate support.

#### ■ Practical Initiatives at Project Level

- **Needs Assessment/Situation Analysis:** Working closely with local organizations of persons with disabilities to understand barriers faced by persons with disabilities, diverse needs, cultural backgrounds, etc. Systematically collecting disability-, gender-, and age- disaggregated data and utilizing comprehensive assessment tools.
- **Project Design and Planning Stage:** Persons with disabilities and organizations of persons with disabilities participate in the design process to reflect diverse needs and

priorities of persons with disabilities. Setting specific targets considering Afghanistan's severe disability rate of 13.9%, with emphasis on consideration for invisible disabilities such as mental disabilities that are not externally apparent.

- **Implementation:** Prioritizing persons with disabilities in beneficiary selection, with consideration for women with disabilities and households with multiple persons with disabilities. Implementing disability inclusion training for WFP personnel and cooperation partners, ensuring accessible venues, tools, and communication. Developing community awareness workshops including women, persons with disabilities, religious leaders, and community leaders, and incorporating disability inclusion as a mandatory requirement in cooperation partner contracts.
- **Monitoring and Evaluation:** Using the internationally standardized Washington Group Short Set of Questions<sup>3</sup> to identify persons with disabilities and systematically collecting and analyzing disability-disaggregated data. Listening directly to opinions from persons with disabilities and utilizing them to improve programs.

## (2) Food and Agriculture Organization (FAO): Disability-Inclusive Nutrition Improvement and Agricultural Support in the "Building Local Resilience in Syria" Project [20]

The Food and Agriculture Organization (FAO) and UK Aid implemented a comprehensive agriculture and nutrition improvement initiative under the Building Local Resilience in Syria project (April 2022 – March 2025). This project prioritized persons with disabilities alongside women and youth, explicitly advancing disability-inclusive agricultural development. By integrating climate-smart agriculture techniques and gender-responsive interventions, the initiative aimed to enhance productivity as well as food and nutrition security of vulnerable agricultural communities ultimately supporting 54,600 households across Syria.

This project provided better agricultural practices and climate-smart agriculture approaches to over 9,000 agricultural workers through Farmer Field Schools (FFS). A feature of FFS model is the recognition of persons with disabilities not merely as beneficiaries, but as active leaders within local agricultural systems. In practice, a male facilitator with a disability led a group of 25 livestock farmers, providing instruction on homemade feed production and dairy processing techniques. The leadership role contributed to increased local productivity and demonstrated successful model of inclusive and sustainable rural development [21].

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<sup>3</sup> A standardized set of questions for obtaining internationally comparable statistics on disability, consisting of six items: "seeing," "hearing," "mobility," "cognition," "communication," and "self-care."

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