UNICEF INDIA

Equity-based approach for disability-inclusive nutrition programming

October 2024

1. Introduction

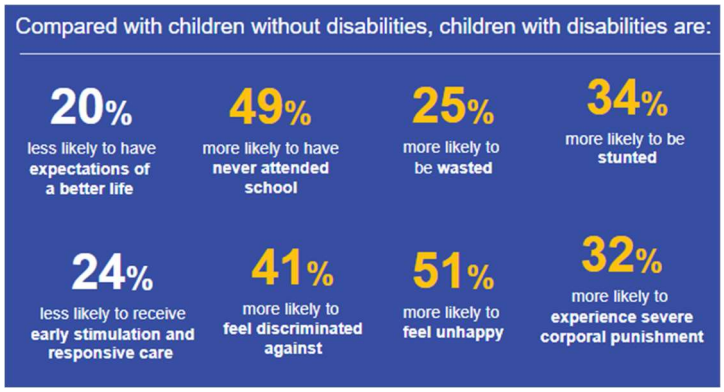
UNICEF defines equity as *"ensuring that all children have an opportunity to survive, develop, and reach their full potential without discrimination, bias, or favouritism"*[1]. This means that every child, regardless of their mental and physical attributes, has a fair chance in life and the right to adequate nutrition. Giving due consideration to this UNICEF principle,

it is imperative to make UNICEF nutrition programming in India inclusive of disabled or "differently abled" children, adolescents, and women.

2. Background and rationale

The *Convention on the Rights of Persons with Disabilities* (CRPD) defines living with a disability as having a long-term physical, mental, intellectual, or sensory impairment that – in interaction with the environment – hinders one's participation in society on an equal basis with others[2].

Globally, nearly 240 million children (one in ten children) are living with some form of disability[3]. In India, according to the Census 2011, 26.8 million people (approximately 2.2 percent of the total population) are "differently abled". Of these, approximately 1.29 million were children aged 0-4 years, 1.95 million children were aged 5-9 years, and about 4.6 million children with disabilities were 10-19 years old. For girls and women, the number of disabled persons stood at 2.5 million adolescent girls (10-19 years) and 3.2 million women (20-39 years)[4].



United Nations Children's Fund, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, UNICEF, New York, 2021.

Evidence from thirty countries suggests that disabled children are more likely to be malnourished than children without disabilities[5]. According to the United Nations and the World Health Organisation, disabled children are more likely to experience malnutrition due to several factors, including physical

[1] Equity | UNICEF European Union
[2] Article 1 - Purpose | Division for Inclusive Social Development (DISD) (un.org)
[3] Children with disabilities | UNICEF
[4] https://www.medpulse.in/Community%20Medicine/html_7_2_3.php#:~:text=and%2049%25%20respectively.-,Majority%20(69%25)%20of%20the%20disabled%20population%20resided%20in%20rural,0.81%20Cr%20in%20urban%20areas)
[5] Are children with disabilities more likely to be malnourished than children without disabilities? Evidence from the Multiple Indicator Cluster Surveys in 30 countries | BMJ Nutrition, Prevention & Health

mobility issues to access food, communication challenges, social isolation and facing barriers to accessing healthcare, including nutritional counselling [6].

According to UNICEF, globally, disabled children are 34 percent more likely to be stunted and 25 percent more likely to be wasted, among children being affected with any form of malnutrition[7].

3. How UNICEF defines disability?

Disability is a complex and evolving concept, involving aspects of body function and structure (impairments), capacity (measured by the ability to carry out basic activities without the benefit of assistance in any form), and performance (measured by the individual's ability to carry out these same basic activities using assistance).

As stated in the CRPD, disability stems from the interaction between certain conditions or impairments and an unaccommodating environment that hinders an individual's full and effective participation in society on an equal basis with others.

The framework of the *International Classification of Functioning, Disability and Health* (ICF) relies on a three-level model to describe the concept of disability. According to the ICF, disability can occur as:

- An impairment in body function or structure (for example, a cataract or opacity of the natural lens of the eye, which prevents the passage of rays of light and impairs or destroys sight)
- A limitation in activity (for example, low vision or inability to see, read or engage in other activities)
- A restriction in participation (for example, exclusion from school or participation in other social, recreational, or other events or roles).

The ICF framework defines disability within a biopsychosocial model, integrating factors pertaining to both the individual and his or her environment. In contrast, the medical model defines disability as a problem resulting from a medical condition. Awareness of the important role of the social context in defining disability led to the development of the social model of disability, which defines disability not merely as a medical condition or diagnosis but rather as a failure of the policy, cultural and physical environments to accommodate differences in function.

Children, adolescents, and women with disabilities are a highly diverse population group. They include those who were born with a genetic condition that affects their physical, mental, or social development; those who sustained a serious injury, nutritional deficiency or infection that contributed to long-term functional difficulties; or those exposed to environmental toxins that resulted in developmental delays. Children, adolescents, and women with disabilities also include those who developed anxiety or depression as a result of stressful life events[8].

Children, adolescents, and women with disabilities often experience limitations in more than one functional domain. This can be due to the same impairment that manifests in a variety of domains or can be separate impairments resulting in multiple difficulties. For example, individuals who are visually impaired may also have difficulties with self-care. Additionally, different domains of difficulty often require different forms of support to help ensure the individual's participation. These different needs

[6] poverty-hunger-disability-brief2019.pdf
[7] Summary: UNICEF Disability Inclusion Policy and Strategy: 2022-2030
[8] United Nations Children's Fund, Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, UNICEF, New York, 2021.

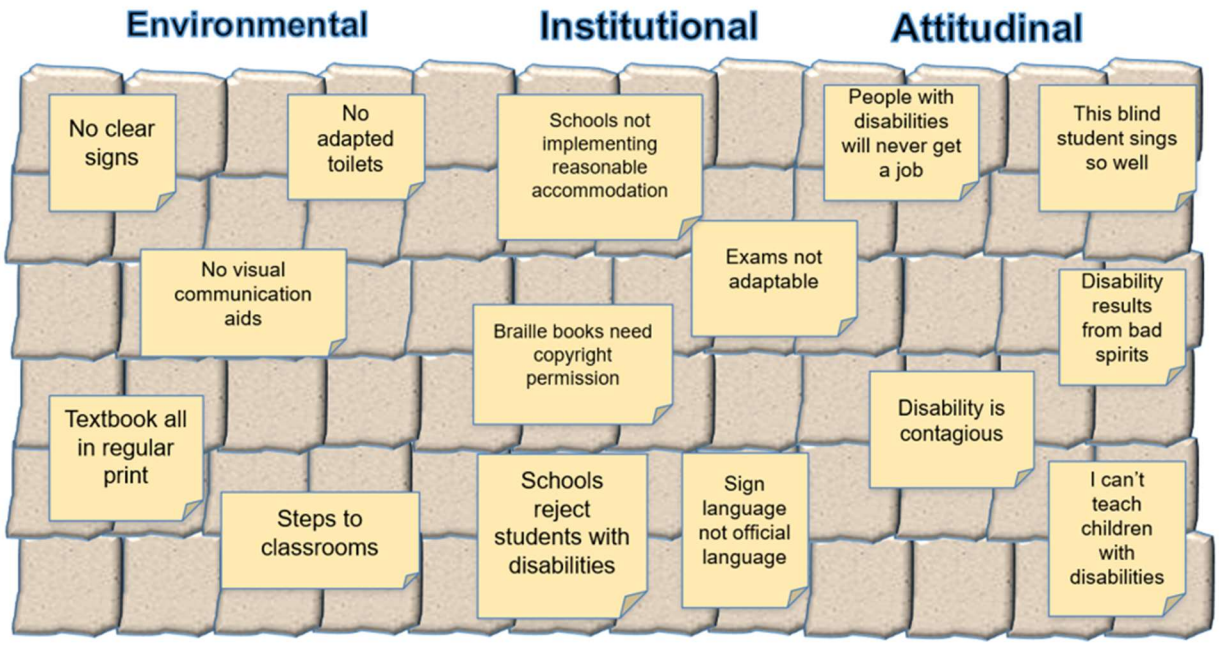
further contribute to the diversity of the population of children with disabilities and call for dedicated responses[8].

Towards an operational definition, for UNICEF, disability is defined as follows:

> ***"Persons with disabilities include those who have 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[9]."***

In action, this definition is operationalised through an understanding of disability that considers the interaction between an impairment (physical/ sensory/ intellectual/ psychosocial) and the barriers that the impairment may pose (physical/ digital/ attitudinal/ institutional). Thus, UNICEFs work in disability inclusion focuses on removing barriers through programmes and operations, and not creating new barriers. **Disability = impairment(s) x barrier(s)[10].**

Examples of barriers to inclusion



UNICEF defines disability as a complex, multi-dimensional phenomenon that reflects the interaction between a person's body and their environment. It recognises that disability can arise from various physical, mental, intellectual, or sensory impairments and emphasises that societal barriers and attitudes can significantly affect the participation of individuals with disabilities in everyday life. The definition underscores the importance of considering both the individual's condition and the context in which they live.

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[9] Convention on the Rights of Persons with Disabilities (CRPD – Article 1)

[10] UNICEF understands the effect of disability (on people with disabilities) as an interaction between the impairment (inability to move, or hear, talk) with the social barriers that amplify the impairment (lack of elevator, translator/ subtitles). When impairments and barriers interact and come into play, the exclusion for a disabled person is not merely additional but rather, multiplied. This means, a person with disability having 2 impairments – when faced with 3 socio-environmental barriers; the degree of exclusion for the person with disability will not be three but rather, five!

4. Types of disability and potential nutrition-related impact on their growth, development, and wellbeing

Types of disability & potential nutrition-related impact on their growth, development, and wellbeing	1 **Physical Disabilities** *Impairments that affect mobility or physical functioning, such as paralysis or limb loss.*	2 **Sensory Disabilities** *Impairments related to the senses, including vision (blindness, low vision) and hearing (deafness, hearing loss)*	3 **Intellectual Disabilities** *Conditions that affect cognitive functioning, learning, and problem-solving abilities, such as Down syndrome or other developmental disorders*	4 **Mental Health Conditions** *Disorders that impact emotional well-being, behaviour, and thinking, including anxiety disorders, depression, and schizophrenia*	5 **Multiple Disabilities** *A combination of two or more types of disabilities, affecting a person in various ways.*
Reduced/ limited access to basic social services (health, nutrition, education, social protection).					
Dependence on caregivers for feeding can affect dietary variety and caloric intake.					
Neglect from the part of the family and/or community (in term of feeding and caring).					
Reduced/ limited access to employment.					
Higher risk of becoming malnourished, including overweight/ obesity and suffer from NCDs[11].					
Depression and mental health affecting eating patterns and change in appetite (anorexia, overeating, etc.).					
Limited mobility may make it challenging to prepare and access healthy foods, potentially leading to nutritional deficiencies or obesity.					
Challenges in understanding nutritional information may lead to poor dietary choices. Some may also have restrictive eating patterns.					
Communication barriers can hinder social interaction and learning about healthy habits.					
Delays in intellectual skills may affect participation in physical activities, impacting overall development and health.					
Delays in motor skills may affect participation in physical activities, impacting overall development and health.					
Difficulty in grasping concepts of nutrition and cooking can hinder independence in food preparation.					
Physical impairment to eat, swallow, digest, etc.					

[11] **Rimmer, J. H., & Rowland, J. L.** (2008). *Health promotion for people with disabilities: Implications for empowering the person and reducing health disparities*. *American Journal of Lifestyle Medicine, 2*(5), 409-420. **Phillips, K. L., & Holland, A. E.** (2011). *Obesity in children and adolescents with disabilities*. *Developmental Medicine & Child Neurology, 53*(12), 1135-1136. **Bandini, L. G., Curtin, C., Hamad, C., Tybor, D. J., & Must, A.** (2005). *Prevalence of overweight in children with developmental disorders in the continuous NHANES from 1999 to 2002*. *Journal of Pediatrics, 146*(6), 738-743. **Rimmer, J. H., Yamaki, K., Lowry, B. M., Wang, E., & Vogel, L. C.** (2010). *Obesity and obesity-related secondary conditions in adolescents with intellectual/developmental disabilities*. *Journal of Intellectual Disability Research, 54*(9), 787-794.

5. Possible actions to make UNICEF India nutrition programming inclusive for disabled children, adolescents, and women throughout the programme cycle

Multiple challenges and roadblocks exist in the journey to operationalise disability inclusion in programming. Children, adolescents, and women with disabilities are often not included in universal nutrition services and programmes even in countries with large nutrition or early childhood development (ECD) programmes, especially in low- and middle-income countries (LMICs), due to lack of support for service providers on the needs of children, adolescents and women with disabilities and stigma.

One review looked at 100 clinical trials of ECD interventions and found that 50 percent of the trials excluded children with disabilities. Food security and nutrition programmes are often not designed in accessible ways and do not reach children, adolescents, and women with disabilities because of cultural stigma, physical barriers, and devaluation of their lives. This is further complicated due to donors prioritising projects that anticipate seeing growth improvements in children, which cannot be predicted easily or is not the right metric for children with disabilities. Additionally, even when children, adolescents, and women with disabilities are included in programming, data collection is usually not disaggregated to look at how outcomes might differ for them. A review of 71 national and international guidelines on malnutrition found that while most mention disability, only three had specific sections providing guidance on disability[12].

UNICEF's mandate and work to be inclusive of people with disability is charted in the **UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022-2030**[13]. This global guidance is aimed to be a roadmap for disability inclusion to be mainstreamed across the organisation at every level. UNICEF's global guidance on **'Essential actions on disability-inclusive nutrition'**[14] outlines essential actions for all Country Offices, Regional Offices, and Headquarter Divisions to ensure disability-inclusive emergency preparedness and response for nutrition.

Towards further unpacking how disability inclusion can be mainstreamed with nutrition programmes and services, the table below offers **possible pathways and actions for some common systemic barriers** that appear in operationalising disability inclusive nutrition programmes.

[12] Klein A, Uyehara M, Cunningham A, Olomi M, Cashin K, et al. (2023) Nutritional care for children with feeding difficulties and disabilities: A scoping review. PLOS Global Public Health

[13] UNICEF Disability Inclusion Policy and Strategy (DIPAS) 2022-2030 | UNICEF

[14] UNICEF Essential actions on disability-inclusive nutrition

SYSTEMIC GAPS AND POSSIBLE PATHWAYS FOR DISABILITY-INCLUSIVE PROGRAMMING[15]		
Area	**Barriers**	**Possible pathways and actions**
Leadership & Governance	• Capacity and knowledge gaps on part of government officials and decision makers. • NGOs/civil society organisations fund and provide services for persons with disabilities instead of governments. • Lack of inclusive policies and programmes.	**Pathways:** Conduct advocacy to raise awareness of the need and opportunities to support children, adolescents, and women with disabilities at all levels (policies/ programmes/ services). Advocacy can include conducting webinars/ presentations in existing forums to raise awareness and disseminate advocacy briefs on information, resources, and programmes available to support children adolescents, and women with disabilities and their families, etc.
		Actions: - Advocate for social services (inclusive and sufficient services) to address lack of support and high levels of stigma at the community level regarding disability. - Advocate for integration of support for children with disabilities within nutrition and IYCF[16] tools, guidance, and programming. - Advocate for disability inclusive national-level policies, and global agendas and strategies through evidence, policy briefs, etc. This call-to-action for policy makers by USAID is a good example. - Advocate for building capacities of decision-makers in government systems for disability consideration and inclusion. - Advocate for voices of disabled people to be included in all national, state, local policies, frameworks, and services that affect them.
Information systems	• Disability-disaggregated data not available in nutrition and health services. • Lack of consolidated documentation on good practices, guidelines, and protocols.	**Pathways:** Build the evidence base on effective interventions to identify and support children, adolescents and women with disabilities and their families, and evaluate the existing tools and approaches to better understand which ones have or could have the greatest impact.
		Actions: - Support the government in collecting gender and disability disaggregated data on children, adolescents, and women, as there are multiple gaps (number of persons affected, how disabilities are defined, how they are under-identified and excluded, etc.). - Support the government to adapt nutrition tools like the Poshan Tracker, RCH portal and national and sub-national surveys to collect and report data disaggregated by disability.

[15] The first 2 columns of this table are adapted from the following article: Klein A, Uyehara M, Cunningham A, Olomi M, Cashin K, et al. (2023) Nutritional care for children with feeding difficulties and disabilities: A scoping review. PLOS Global Public Health

[16] IYCF: Infant & Young Child Feeding

		- Use disability-inclusive indicators and results frameworks. Ensure that programme workplans, results management plans, and monitoring system include disability-specific indicators to monitor progress in addressing the nutritional needs of children, adolescents, and women with disabilities. Examples: Number of girls/ boys with disabilities and severe wasting receiving treatment; Number of women with disabilities receiving skilled breastfeeding counselling; Number of children, adolescents and women with disability suffering from overweight/ obesity and/or NCDs, etc. - Collaborate with organisations working on disabilities and invest in research to understand the impact of disabilities in the nutritional outcomes of children, adolescents, and women (via primary and secondary research). - Publish data on the nutrition status of children, adolescents and women with disabilities and effective interventions. - Collaborate with Government or other partners to identify good practices, programme monitoring & evaluation mechanisms, protocols for the identification of disability, data collection and analysis, etc. in the context of nutrition programmes for children, adolescents, and women with disabilities*. - Document and share knowledge on lessons learned and good practices in the inclusion of disabled children, adolescents, and women in nutrition programmes to promote cross-learning.
Financing	• Lack of budget allocation for disability-specific programming and disability-inclusion in routine services.	**Pathways:** Advocate, inspire, and mobilise finances (through evidence, consultations, etc) for disability inclusive programming internally within UNICEF and across partnerships with Government, civil society, private sector, etc. **Actions:** - In the programme and budget planning stage, plan for leveraging dedicated funds for disability-inclusion in the nutrition programmes at the national and state levels. - Budget allocations can include capacity building on disability inclusion, as well as for creating accessible information, communications, and community activities (e.g., easy-to-read production, audio messages, Braille print or hiring sign language interpreters for community meetings, etc.) and/or accessible structures and services. - Wherever possible, influence government and partners' funds to include budgets for disability inclusion.
Service delivery	• Children, adolescents, and women with disabilities, some of whom may have feeding difficulties, may not have access to/ be included in routine nutrition services. • Missed opportunities for early identification and nutrition intervention and lack of follow-up structures.	**Pathways:** Strengthen systems to improve early identification, timely intervention, and inclusion of children, adolescents, and women with disabilities in nutrition and primary health care services and expand the availability of specialised services for children with indicated needs and their families; Provide direct support to families to address social determinants and family supports that affect nutrition outcomes for children with feeding difficulties and developmental disabilities. **Actions:** - Support the government to identify and establish outreach mechanisms to reach disabled children, adolescents, and women in need of nutrition support.

	• Social behaviour changes communication strategies integrated in service delivery mechanisms are often lacking in disability sensitivities	- Support the government in strengthening identification and referral mechanisms for children with disabilities, including systematised follow-up and support, between disability-inclusive services and programmes in nutrition programmes. - Support the government and work with other development partners to develop and include disability-sensitive nutrition products and services. For example, recipes of complementary foods for children with difficulties swallowing, or eating independently, information on breastfeeding infants with disabilities, providing alternatives to common anthropometric/ malnutrition measurement for children with physical disabilities, etc. - Support the government to set up fast tracks for nutrition supplements, registration, and nutrition services for children with disabilities. - Include children with disabilities as a core focus group while planning for disaster risk reduction and nutrition in emergencies. - Include disability-inclusive SBC in existing SBC nutrition programmes. For example: the UNICEF and USAID-led IYCF centred IEC material includes depictions of children with disabilities and their families during mealtimes. Material like this can be used to promote inclusion in counselling cards and training materials. - Provide direct support to families: Family peer-to-peer support groups, the inclusion of disability-related information in community-level health and nutrition counselling. - Include disability inclusive early stimulation and care practices within existing ECD interventions.
Supply	• Assistive products to support optimum growth and development unavailable in the health system.	**Pathways:** Strengthen systems to assess and identify disability-specific supply needs in particular geographical locations along with analysing areas of service delivery where assistive devices should be leveraged but are yet to be integrated. **Actions:** - Identify what assistive products may be needed at the community level and explore local resources to supply provisions.
Work force	• Limited skills and pre/in-service training opportunities related to feeding difficulties or supporting children, adolescents, and women with disabilities among nutrition and primary health care workers. • Lack of specialised workforce and job pipelines for rehabilitation trainees.	**Pathways:** Capacitate frontline workers on identifying feeding difficulties and supporting children, adolescents, and women with disabilities, along with sensitising and destigmatizing disability amongst service providers and decision makers. **Actions:** - Include capacity strengthening and disability inclusive training for frontline workers and nutrition service providers. It is crucial such trainings address misperceptions and biases among health workers, so they view every child, adolescent, and woman with disability, first and foremost, as a child, adolescent, or woman. It is also crucial to build the confidence of the frontline functionaries to handle children with disability.

	• Stigma and attitudinal barriers among nutrition and health providers.	- Ensure frontline workers are familiar with (and Anganwadi centres follow) the 2023 *Anganwadi Protocol for Divyang Children* released by the Ministry of Women and Child Development and support the operationalisation of this 3-steps protocol. - Support service providers to regularly build the confidence of the families that disabled children can be self-reliant and productive with early and timely interventions.
Cross cutting	**<u>Pathway</u>:** Include disabled voices in decisions that affect disabled people and make them visible (lived realities, vulnerabilities, and successes of disabled children, adolescents, and women).	
	<u>Actions</u>: - Support the government in ensuring policies, schemes, services, etc. aimed at disabled children, adolescents and women take technical and operational inputs from children, adolescents and women living with disabilities. - Support the government in rallying a youth advisory group led by and for disabled people. Regularly take inputs from this group to identify needs/ provisions for disabled children, adolescents, and women, improve programme design and service delivery. - Ensure visual material, SBC collateral, social media material, videos, etc. include disabled children, adolescents, and women – even in areas that are not necessarily disability-specific. - Visible voices and stories of children, adolescents, and women with disabilities to tackle social stigma, norms, practices and further drive the vision that '*disabled children, adolescents and women are, first and foremost, children, adolescents and women'.*	

***** *Department of Social Security and Empowerment of Persons with Disabilities (SSEPD) has data on disability. District Early Intervention Centre's (DEIC) databases with health also maintains database for young children with disabilities.*

6. Diving deeper in specific areas of nutrition-related interventions.

Types of disability & potential nutrition-related impact on their growth, development, and wellbeing	Physical Disabilities	Sensory Disabilities	Intellectual Disabilities	Mental Health Conditions	Multiple Disabilities	Specific areas of nutrition-related interventions

Reduced/ limited access to basic social services (health, nutrition, education, social protection).						- Promote the establishment of disability-friendly basic social services:
						  ○ Disability-friendly buildings (access).
						  ○ Disability-friendly staff & professionals (capacity). E.g. teachers, health professionals, social workers, frontline workers, etc.
						  ○ Specialised services, guidelines & protocols.
						  ○ Disability-specialised equipment and supply.
						  ○ Inclusion of disabled people's voices in designing social services.
						- Improve service providers/ frontline workers sensitivity to ensure community-based events have reasonable accommodations for children, adolescents, and women with disabilities.
						- Integrate within existing spaces for disabled people (schools, care-homes, hospitals, support groups, service delivery centres, etc.) awareness and education on social services/ schemes for disabled people along with remedial/ support services for those facing challenges in accessing a service.

Dependence on caregivers for feeding can affect dietary variety and caloric intake.						- Ensure that disability-inclusion is fully part of/ integrated in the ECD guidelines & protocols. - Ensure adapted/ specific nutrition counselling by frontline workers and health professionals to families/ caretakers of children, adolescents, and women with disability. - Establish community support systems/ groups to identify/outreach children, adolescents, and women with disability and provide specific information, orientation and referral to professionals based on their needs. - Ensure community-based early identification of disabled children, adolescents, and women and clear referral system to professionals. - Promote the establishment of disability-friendly communities.
Neglect from the part of the family and/or community (in term of feeding and caring).						
Depression and mental health affecting eating patterns and change in appetite (anorexia, overeating, etc.).						- Integrate the identification of mental health issues in children with disability and in their parents/caregivers by frontline workers and health professionals and referral system to professionals based in their needs.
Limited mobility may make it challenging to prepare and access healthy foods, potentially leading						- Advocate for self-help, peers-to-peers and/or parents and caregivers support groups to support concerned families.

to nutritional deficiencies or obesity.						- Encourage sectoral meetings (amidst community decision makers, local leadership, Government, etc) and other community engagement initiatives for children and families who needs support to access and prepare healthy food. - Hold consultations with groups of people with disabilities to get a holistic picture on the food-preparation challenges they face and the possible ways they will be effectively and adequately supported.
Challenges in understanding nutritional information may lead to poor dietary choices. Some may also have restrictive eating patterns.						- Ensure SBC communication materials are disability-inclusive (access). For example: Having braille versions of key posters or video subtitles in regional languages. - Advocate with the Government for ensuring disability sensitive communication in social service delivery. - Advocate with the government for a digital disability-inclusive nutritional information in a variety of forms so the information may be accessed regardless of disability. - Establish community support systems/ groups to identify/outreach children, adolescents, and women with disability and provide specific information, orientation and referral to professionals based on their needs.
Communication barriers can hinder social interaction and learning about healthy habits.						
Difficulty in grasping concepts of nutrition and cooking can hinder independence in food preparation.						
Delays in motor and/or intellectual skills may affect participation in physical activities, impacting overall development and health.						- Advocate with local Youth and Sports organisations/ associations and schools to identify ways to create physical activities opportunities for children with disability. - Converge with education to identify how sports and physical activity in schools can be disability-inclusive
Physical impairment to eat, swallow, digest, etc.						- Develop specific feeding guidelines/ protocols for children, adolescents, and women with physical eating impairments, including but not restricted to the management of severe wasting. - Advocate with Government to allocate budget for provide feeding support supply in nutrition schemes/ interventions. - Ensure referral to appropriate care and support. For example, corrective surgery for cleft palate, etc.
Reduced/ limited access to employment.						- Advocate for disability-Inclusive social protection schemes. - Advocate for professional training opportunities designed for/ targeted at adolescents and women with disability.

For more information on identifying feeding difficulties, managing feeding difficulties, identifying disabilities, supporting children with disabilities and their families, and promoting disability inclusion; visit the 'feeding and disability resource bank' by UNICEF

7. Disability-inclusive activities integrated in the Nutrition Rolling Work Plans 2025-2027 (*to be finalised when all RWPs will be completed)*

State/ Delhi	2025	2026	2027
Andhra Pradesh			
Assam			
Bihar			
Chhattisgarh			
Delhi			
Gujarat			
Jharkhand			
Karnataka			
Madhya Pradesh			
Maharashtra			
Odisha			
Rajasthan			
Telangana			
Uttar Pradesh			
West Bengal			


Redefining Equity
Equality
Assuming everyone benefits and needs the same supports
Equity
Everyone gets the supports they need
Justice
All experience life without support or accommodations as the barrier has been removed, universal access.

8. Resource bank

#	Resource & link	About the resource	Notes
1	**UNICEF Disability toolkit: Addressing stigma and discrimination toward children and youth with disabilities through SBC**	Provides insights, tools and resources to understand barriers to disability-inclusion. The toolkit offers practical support for designing, implementing, monitoring and evaluating SBC interventions that include children with disabilities and their families and empower them to be included in their communities. **Contains 7 modules (direct links below):** • Module 0: Foundation • Module 1: Inclusive evidence generation • Module 2: Empowering children and youth with disabilities and their families • Module 3: Understanding and engaging communities • Module 4: Building disability-inclusive services • Module 5: Strengthening partnerships for advocacy • Module 6: SBC for disability inclusion in humanitarian action • Module 7: Monitoring, Evaluating and Measuring	SBC focused
2	**UNICEF and USAID led 'Feeding and disability resource bank'**	Includes manuals, job aids, training curricula, and assessment tools as well as research articles that provide programmatic tools. All selected resources are easy to read and understand, free to access, not subject to copyright restrictions, and relevant to one of the following five thematic sections of the Resource bank: • Identifying Feeding Difficulties • Managing Feeding Difficulties • Identifying Disabilities • Supporting Children with Disabilities and Their Families • Promoting Disability Inclusion	Specifically focuses on feeding related disabilities
3	**(UNICEF INTERNAL) PD-Disability SharePoint page**	This is the SharePoint homepage managed by the UNICEF global disability-inclusion team. Contains latest releases, a repository of newsletters along with a consolidated cross-sectoral document library offering resources on disability across various programming areas.	