

Impact of funding cuts on persons with disabilities

*“Many of the gains that were achieved in the last five years will be lost”
“... relegating persons with disabilities to the periphery”*

Results of Disability Reference Group survey, June 2025

In June 2025, in response to funding cuts and policy changes, particularly affecting diversity, equity and inclusion- related work, the Disability Reference Group (DRG) conducted a survey of members to understand initial impacts of the cuts on disability inclusion efforts in humanitarian action.

An overwhelming 75% of respondents stated that their work on disability inclusion was already being impacted by funding cuts and policy shifts; and the majority of respondents anticipated that this would result in more limited access by persons with disabilities to basic- often lifesaving- assistance. Nearly all respondents (95%) stated that activities to remove barriers to access to humanitarian assistance have been impacted, and more than half are already experiencing cuts in staffing for disability inclusion.

“The triad of limited resources-limited technical capacity-exclusion of persons/children with disabilities from mainstream planning”.

Survey results point to considerable concerns for the capacity of organizations to reach persons with disabilities with life saving humanitarian assistance. It is expected that these concerns will become even more pronounced as staffing cuts come into effect and as organizations of persons with disabilities (OPDs) lose the support required to engage as key actors at local and country level.

In total, 30 responses were received. 37% of these were from OPDs, 40% from humanitarian actors with a disability inclusion focus and 20% from humanitarian actors with a general mandate.

Impact on people

When asked to identify the expected impacts of these cuts on persons with disabilities affected by humanitarian emergencies, respondents indicated the following:

- More limited access to humanitarian assistance: 67% of respondents
- Increased risk of violence, exploitation and abuse: 57% of respondents
- Increased likelihood of engaging in negative coping mechanisms: 57% of respondents
- Negative impact on mobility and limits to autonomy and independence: 50% of respondents
- Heightened exclusion from education for children with disabilities: 53% of respondents
- Heightened risk to health and wellbeing: 47% of respondents
- Higher care and support work for household members leading to lower household income: 30% of respondents

Impact on organizations

Reduced capacity

More than half (51%) of respondents indicated that their organization is planning to cut human resources that work on advancing inclusion of persons with disabilities. This number is likely to grow, as the survey was undertaken during discussions on the humanitarian reset and during the process of organizational restructures. Once these reductions in staffing take effect, it can be expected that impact on activities (as outlined below) will become even more pronounced.

Further detail provided by respondents indicated that staffing cuts are occurring at **all levels and across sectors**:

“More than 500 staff workers have been already dismissed including disability specialists in various field (physical rehabilitation workers, education workers, IHA workers, ...)”

“Staffing cuts of DI advisors - about 40% in total.”

“Reduced LOE [acronym as written] of senior advisor for inclusion of persons with disabilities; Cut country level staff dedicated to inclusion of persons with disabilities.”

Respondents expressed concern over the impact of these cuts on **capacity of organizations** to continue efforts to deliver disability inclusive humanitarian action, including for data analysis and capacity building:

“The Disability Inclusion Programme Specialist was one of the first people to be cut because the position was considered for nationalization. Unfortunately, there was no set plan for skills transfer and currently there is no incumbent. This means that if a humanitarian crisis occur now, disability will not be placed at the centre of the agenda.”

“Key global positions leading support for country programs to conduct gender and intersectional analysis were cut. The short-term effect is that some analysis will not be conducted as planned, potentially leading to the exclusion of marginalized groups including people with disabilities.”

“Cuts and cancellations have forced staffing reductions, narrowing of scope and limitations on leadership development and collaboration. This has also impacted our access to government entities to support disability leadership, accessibility and inclusion.”

“Our organization has seen an approximate 50% reduction of global capacities to support inclusive programming. This will have a direct impact on capacity to support disability inclusion.”

Some respondents identified potential risks with disability inclusion work being **absorbed into broader agendas**, particularly in terms of addressing the specific requirements of persons with disabilities:

“This has resulted in reduced focus on disability inclusion, as previously specialized staff are now working on broader inclusion efforts. This can be both beneficial in addressing inclusion through an intersectional lens but also risks gaps in specialized approaches/needs. This is also both a risk and an opportunity for OPDs (i.e. OPD partnerships could be a way of bringing in the specialized lens, or OPDs could be further sidelined with a less focus on Disability Inclusion).”

“While not 100% certain yet from early stages of staffing cuts, disability and/or inclusion related program officers are being cut at all levels - leaving generalists to carry forward specialized work.”

Shifts in communication

Almost one-quarter (24%) of respondents stated that their organization has changed the way it communicates about disability inclusion as a result of policy shifts and funding cuts. This points to a worrying trend that may become more pronounced as organizations face increasing pressure over funding cuts and lose dedicated staffing capacity on disability inclusion, with a risk that disability inclusion further loses visibility and becomes an increasingly forgotten issue.

Explanations provided by respondents included:

“We’ve had to change our language in internal and external documents. We’ll continue to collect disaggregated data for internal learning but will not share externally nor with donor.”

“There is fear of further retaliation and additional impacts on disability rights.”

Impact on activities

An overwhelming 75% of respondents indicated that their work on disability inclusion was already impacted by the funding cuts and policy shifts. It can be expected that these impacts will become more widespread and significant as further pressure is placed on existing limited funding and staffing cuts are implemented.

The following types of programming were indicated by respondents as having been impacted:

- Measures to remove barriers to accessing humanitarian assistance (such as capacity development and accessibility measures): 95% of respondents
- Direct delivery of assistance to address basic needs (such as food, shelter, WASH, protection, nutrition): 77% of respondents
- Collection of data on disability: 71%
- Addressing specific requirements of persons with disabilities (such as assistive technology, cash top ups): 71%
- Activities to support participation and empowerment of OPDs: 70% of respondents

A number of respondents indicated that funding cuts are particularly impacting on disability inclusion as this work is perceived as not being **lifesaving**. This is despite this work being essential for ensuring that those most impacted by emergencies have access to life saving assistance.

“Disability will be mainstreamed across programmes with not specific focal person despite previous experience that this approach led to tokenistic approach to disability inclusion (mainly ticking the box). In addition, disability inclusion is said to be non-life saving intervention hence the deprioritization of this agenda.”

Multiple respondents emphasized the impact on **data collection activities**, an important basis for inclusive programming as data is key to identifying those groups (such as persons with disabilities) facing the highest severity of needs, as well as gaps in access to assistance:

“This [data collection] is not prioritized because its non-life threatening. It also entails capacity building of frontline workers who usually have a high turn-over in humanitarian settings, which unfortunately is not being prioritized.”

“MSNA carried out in the X region of X, by X [details removed for anonymity] drew to a halt for lack of steady funds to continue with the activity.”

“Collection, analysis, and use of disaggregated data was not yet systematic. Reduced capacities in this area of work will slow those efforts.”

Many respondents also highlighted the impact of funding cuts on **participation and leadership of OPDs**, thus undermining progress made on localization commitments:

“Closure and phase out of OPDs' operations that were actively engaging in various ongoing response.”

“Even though the funding cuts have affected the inclusion of persons with disabilities in humanitarian interventions, there has been very little effort made towards empowering organizations of persons with disabilities to carry out projects and activities in this light. There remain very few funding opportunities tailor-made for OPDs.”

There was also a risk identified that funding cuts may result in an increase in people acquiring disabilities, due to a reduction in **early identification and intervention**:

“Reduction in disability focused staff thereby relegating persons with disabilities to the periphery. Many of the gains that were achieved in the last five years will be lost. This will result in increased incidence of disability since temporary impairments will not be addressed early enough before they become permanent. The concept of early identification and intervention will be difficult to implement because of the triad of limited resources-limited technical capacity-exclusion of persons/children with disabilities from mainstream planning.”

Other respondents gave specific examples of the types of interventions being impacted, such as **assistive technology and accessible information**, both enablers of access to life saving assistance:

“Access to assistive technology and targeted interventions for people and children with disabilities not on the priority list.”

“Access to Information Services: Cuts to projects reduce access to timely and accurate information, often the greatest barrier to inclusion. This will likely disproportionately impact those who are already isolated and/or without a community or protection network such as people with disabilities.”

These impacts are expected to be particularly pronounced for **small (often local and national) organizations**, who were already facing challenges:

“Due to no funding and my organization only managed from little income activities we will limit and cut down the number of beneficiaries.”

Way forward for the DRG

DRG members shared important perspectives on strategies for the DRG as a collective, and for individual members, to take in this challenging context.

One theme emerging from the responses was the role of the DRG as a space for **unified, collective action**:

“Work on projects as a group to attract donors”

“... We must be globally united, with a firm commitment to our own inclusion of ALL disability led organizations as vital to our collective success. This must include local, national, regional and global organizations. Exclusion, competition and divisiveness are toxic and only contribute to our further collective marginalization, leaving the people most affected behind. Until we all act jointly, (ALL OPDs, NGOs and UN entities), recognizing the role of all disability-led organizations without artificial barriers to membership, we will continually fail to mobilize all of our collective strength. The DRG must play a pivotal role in this, so we put an end to the performative inclusion of some disability-led organizations and marginalization of others. DRG can be a very effective unifier, and this is needed more than ever.”

The importance of **empowering OPDs** was clearly highlighted, in line with a guiding principle of the DRG:

“Empower and Work with OPDs on the ground to better ensure the meaningful participation and inclusion of persons with disabilities.”

A number of respondents flagged the important **role of donors** in continuing to leverage their influence to advance disability inclusion:

“Advocate jointly for increased funding towards governments that are still engaged in funding humanitarian action.”

“Funders to reconsider from onset being aware and cognizant of disability inclusive call for proposals and shortlisting so that we can equally be moving.”

A number of responses also pointed to the potential for the DRG to develop a **joint plan of action** for addressing the current threats to disability inclusion, including actions that the DRG can take as a collective and those that are recommended priorities for individual members:

“Consolidate on change and shifts in attitudes that have already improved accessibility, participation, and leadership with disability inclusion, so if there is any backsliding because of less people to support, we don't backslide to zero but rather maintain positive changes with in the new environment and then build again as the environment evolves.”

“Advocate for Dedicated and Protected Funding for Disability Inclusion, -Strengthen the Institutionalization of Disability Inclusion Across Sectors, -Promote the Recruitment and Retention of Persons with Disabilities in Key Roles, -Capacity Strengthening, -Ensure Continued Participation of OPDs in Decision-Making Forums.”

“1. continue lobbying for disability inclusion technical expertise which will ensure that the agenda remains in focus 2. Ensure disability specialists are included in technical hubs 3. Strengthen its role as technical referent group for different countries 4. Develop and share position papers on the impact of these cuts on children and persons with disabilities.”

“Develop a theory of change with a clear focus on short term priorities while equally and essentially approach these priorities strategically to ensure they contribute to longer term impact Integration of a comprehensive and intersectional inclusion framework throughout the programming and approaches (that means for the interagency space, more interconnectedness within the inclusion groups).”