Summary Report – Information Session on Humanitarian Reset for Organizations of Persons with Disabilities

Table of Contents

I. BACKGROUND 1
II. WHAT IS THE HUMANITARIAN RESET 2
III. LOCAL ACTORS AND THE RESET 4
IV. COUNTRY PERSPECTIVES FROM OPDS AND OCHA 5
UKRAINE (NATIONAL ASSEMBLY OF PERSONS WITH DISABILITIES) 5
PALESTINE (PGUPD; PALESTINIAN DISABILITY COALITION) 6
BURKINA FASO (OCHA) 7
YEMEN (OCHA) 8
V. COMMON THREADS AND RECOMMENDATIONS 9
VI. ADDITIONAL RESOURCES: 10

ANNEX: QUESTIONS – OPD ENGAGEMENT IN HUMANITARIAN RESET 11

I. Background

In 2025, the Emergency Relief Coordinator announced a reform known as the Humanitarian Reset. It seeks to restructure the humanitarian system – making it faster, more accountable, and more impactful – by placing people and local leadership at its center. It aims to streamline coordination structures, sharpen priorities, and reinforce the leadership of local actors to improve the system's overall effectiveness and responsiveness.[1]

[1] Humanitarian Reset - Frequently Asked Questions | IASC

As operational changes take shape - such as fewer and more focused country strategies, simplified planning processes, consolidation of clusters, and shifts in resource allocation - there is a growing urgency to ensure inclusion remains a core principle. While there is intention to engage local and national organizations, often, organizations representing marginalized populations, such as Organizations of Persons with Disabilities (OPDs), are left out of discussions and decisions. To engage meaningfully in the Reset, OPDs must be informed, equipped, and supported to participate effectively.

As a first step in this direction, the Disability Reference Group (DRG) together with UN Inter-Agency Standing Committee (IASC), convened an information session for its membership on 25 February 2026. By communicating the ongoing changes clearly and accessibly, the intention of this session was to offer a pathway for OPDs to share feedback, raise insights, flag anticipated risks, and influence how the system evolves to become more inclusive, resilient, and community-centered.

This summary report synthesizes discussions from the DRG-hosted webinar on the Humanitarian Reset. It examines how the Reset's four pillars—Define, Deliver, Devolve, Defend. - intersect with disability inclusion, drawing on concrete country experiences (Ukraine, Palestine, Burkina Faso, Yemen) and the extended Q&A.

II. What is the Humanitarian Reset

The Humanitarian Reset is happening at a time when it is becoming harder for humanitarian organizations to reach people in need. Attacks on humanitarian principles, reduced funding, political pressure, and higher operational risks are limiting the ability to provide timely support. These challenges especially affect people who face multiple forms of discrimination, including persons with disabilities, older people, and women and girls.

As needs continue to grow, the humanitarian system has become more complex. In 2025, despite constraints, an estimated 98 million people were reached, around 65% of

those targeted. While 2026 planning "hyper-prioritizes" 87 million amid much higher overall need.[2]

As a result of recent funding cuts, there is a call to hyper-prioritize people in need. It refers to a rigorous, data-driven analysis to determine the number of people facing the most severe and life-threatening needs who require immediate assistance.

Hyper-prioritization is part of a Global Humanitarian Overview (GHO)[3] , which is an annual assessment of global humanitarian needs and how to respond to them. Data for GHO is collected as a part of the Humanitarian Programme Cycle (HPC). [4] Country-level HPC data is disaggregated by sex, age, disability, location and displacement status wherever possible.

Intersectoral severity, as defined in the Joint and Intersectoral Analysis Framework (JIAF)[5] represents the degree of humanitarian needs and protection risks that populations face, ranked on five tiers.

Intersectoral severity 5 is the highest level of concern indicating catastrophic humanitarian conditions and severity 4 indicating extreme humanitarian conditions. In the GHO 2026 people living in areas classified as intersectoral severity 3 or above are "people in need" of humanitarian assistance. People living in severity levels 4 and 5, together with those suddenly affected by acute shocks, make up the "most urgent" or hyper-prioritized groups in the GHO 2026.

In light of hyper-prioritization, the Reset aims to anchor system in what is most important: protecting principled humanitarian action, supporting meaningful localization, and ensuring responses are faster, fairer, and more accountable. A key goal

[2] 87 million lives campaign | OCHA; Global Humanitarian Overview 2026 | Humanitarian Action

[3] Trends in crises and needs: a world at breaking point | Global Humanitarian Overview 2026 | Humanitarian Action

[4] About the HPC - HPC Collective Learning - OCHA Knowledge Base

[5] JIAF Manuals and Tool - HPC Collective Learning - OCHA Knowledge Base

is to make sure people in the most vulnerable situations - including persons with disabilities - are consistently included and reached.

A real shift of resources to local and national actors, including OPDs, is essential to ensure no one is left behind. OPDs are encouraged to actively engage with OCHA country offices, Humanitarian Coordinators (HC), and Humanitarian Country Teams (HCT) as the four-pillar Reset - Define, Deliver, Devolve, and Defend - is implemented at the country level.[3]

(Source: IASC Secretariat presentation).

III. Local and National Actors and the Reset

Local and national actors (LNAs), provide lived-experience expertise across the program cycle – they offer relevant insight to needs identification, prioritization, monitoring, and advocacy. While 93% of HCTs now engage LNAs, leadership and participation of local actors, in general, remains low: local actors comprise around 11% of HCT members and around 19% of clusters[4] are co-led by local actors.

While strong normative commitments to disability inclusion exist (e.g. IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Actions) concrete actions are inconsistent, revealing a persistent gap between policy intent and practice. In practice this means that humanitarian coordination mechanisms may not be accessible – physically, communicatively or attitudinally, to persons with disabilities – creating unfavorable circumstances for true leadership or participation.

Pooled funds[5] reportedly supported approximately 5 million persons with disabilities in 2024 (19% of all assisted), and OPDs are sitting on Country Based Pooled Funds (CBPF)

[3] IASC Guidance for Humanitarian Country Teams, 2009 | IASC; 8 Things You Should Know About Humanitarian Country Teams - ICVA

[4] Cluster Coordination | Topics | ReliefWeb; IASC Reference Module for Cluster Coordination at Country Level, revised July 2015 | IASC

[5] Country-Based Pooled Funds | OCHA

advisory boards in multiple contexts (e.g., Afghanistan, DRC, Myanmar, Nigeria, Sudan, Venezuela), but coverage and influence are uneven.

In the context of the Reset, the principle of Devolve calls for increased mutual accountability between UN and HGO representatives to the HC and local communities, context-specific coordination models built around the needs, priorities and capacities of communities, greater funding to local/frontline responders – of at least 70% of pooled funds reaching local actors, and finally more equitable partnerships and leaderships of local and national actors including within the streamlined clusters.

OPDs are integral to this given their proximity to communities facing intersecting risks (gender, age, disability). However, concerns around standardization of practices around operational engagement with OPDs remains unclear – for example, around accessibility of communications, eligibility criteria for funding, etc.

(Source: IASC Secretariat presentation and webinar discussion).

IV. Country perspectives from OPDs and OCHA

During this section of the webinar, OPD representatives from Ukraine and Palestine shared their experiences supporting their communities during conflict. Following this, OCHA representatives from Burkina Faso and Yemen presented their engagement with

OPDs during emergency planning and response, highlighting barriers and enablers that shape the extent to which humanitarian action is inclusive.

Ukraine (National Assembly of Persons with Disabilities)

The National Assembly of Persons with Disabilities, an umbrella OPD representing more than 100 organizations, has operated across most regions of Ukraine since 2014, with approximately 60% of its current portfolio dedicated to humanitarian work.

Its activities include community-level screenings using sex-, age-, and disability-disaggregated data; municipal-level training; provision of assistive devices; multipurpose cash support; and rapid minor repairs to essential facilities.

OPD representatives highlighted a complex risk environment marked by repeated air raids, inaccessible shelters, emergency alerts that are unusable for Deaf persons, loss of legal documentation during displacement, and severe MHPSS gaps for persons with psychosocial disabilities. They also noted a major data challenge - while official figures identify just over two million persons with disabilities nationally, the real number is likely significantly higher due to outdated registries and barriers to self-registration.

Many of the bottlenecks affecting inclusion - such as inaccessible infrastructure and incomplete disability data - are structural and require coordinated state–OPD–cluster commitments during 2026 planning processes.

(Source: Ukraine intervention).

Palestine (PGUPD; Palestinian Disability Coalition)

OPDs in Palestine reported that persons with disabilities face a disproportionate impact from displacement, arrests, loss of assistive devices, and destruction of essential infrastructure. Shelters, evacuation routes, and temporary living spaces are widely inaccessible.

Survey data shared during the webinar indicated that 52% of persons with disabilities cannot access necessary medical services, while 42% encounter barriers to evacuation linked to disability or lack of assistive devices.

OPDs emphasized persistent governance gaps: although they are often consulted, they are rarely integrated as decision-makers, and their involvement typically remains ad hoc and advisory.

To shift toward a more inclusive system, speakers underscored the need to transition from relief-oriented approaches to rights-based programming, establish or strengthen disability-focused workstreams under the Protection Cluster, and embed OPDs fully into cluster and HCT structures as well as into funding cycles. They also highlighted the need for a unified and consistent understanding of disability across humanitarian interventions. This includes ensuring that assessments are grounded in an accurate appreciation of the diverse needs of persons with disabilities and that coordination is established with organizations working in this field. Such coordination should guarantee representation of OPDs within relevant structures, facilitate exchanges of experience, and promote shared learning.

(Source: Palestine interventions).

Burkina Faso (OCHA)

In Burkina Faso, a Gender & Inclusion in Humanitarian Action Working Group serves as the main coordination entry point for disability inclusion. Recent deliverables include a disability-inclusive gender analysis designed to inform the 2026 Humanitarian Response Plan (HRP), an HCT Accountability Framework (2025–2027) that contains three disability-specific indicators on consultation, participation, and funding, and a notable increase in cluster reporting of disability-disaggregated data—from 23% in 2023 to 61% in 2025.

Despite this progress, a major constraint remains - resources for OPDs have not kept pace with the evidence, data, and coordination momentum being generated. OPDs and local actors are engaged and active, but the funding required to sustain their participation and expand inclusion is insufficient.

A central message from the presentation was the need to institutionalize disability inclusion within global guidance and standards. While the country team has benefited from recent global documents that placed greater emphasis on gender and inclusion, speakers stressed that all future guidance under the Humanitarian Reset must embed

disability and gender as core obligations. When global frameworks do not carry these elements, it becomes significantly harder to push for them at field level.

They also emphasized the importance of sustained leadership and donor engagement - both at country level and globally - to ensure that inclusion commitments translate into operational reality.

(Source: Burkina Faso presentation).

Yemen (OCHA)

Yemen has estimated five million persons with disabilities, with approximately 3.3 million included in the HRP caseload. In 2025, the response made measurable progress, including improvements to data collection tools, conducting OPD-focused focus group discussions and trainings, strengthening inter-cluster coordination on disability inclusion, and implementing awareness campaigns.

Priorities for 2026 include the integration of disability indicators across planning and reporting processes, expansion of accessible services and assistive technologies, establishment of systematic OPD consultations and partnerships, and adoption of inclusive budgeting practices.

The presentation highlighted the need for humanitarian partners to strengthen disability-disaggregated data collection, provide targeted capacity-building support, and promote inclusive employment and awareness-raising initiatives for persons with disabilities.

For cluster coordinators and OCHA, recommendations included ensuring meaningful representation of OPDs across all coordination mechanisms so they can participate directly in decision-making processes, integrating disability indicators into cluster planning and reporting, maintaining a centralized disability data-tracking system to measure progress over time, and conducting regular consultations with OPDs.

Finally, recommendations to donors emphasized prioritizing OPDs within funding portfolios and partnerships, increasing operational and institutional support, and

investing in assistive technologies and accessibility measures to close persistent service gaps.

(Source: Yemen presentation).

V. Common threads and recommendations

Across all presentations, cross-cutting themes emerged that highlight both the opportunities and the persistent barriers facing disability-inclusive humanitarian action under the Humanitarian Reset.

A) An **implementation gap** persists between global commitments and country-level practice. Despite strong policy intent, participation figures remain low—approximately 11% within Humanitarian Country Teams (HCTs) and around 19% within clusters. OPDs continue to experience ad hoc rather than systematic consultation. Structural barriers such as complex eligibility criteria, compliance burdens, inaccessible formats, and language obstacles limit their ability to engage

meaningfully. These gaps suggest that global norms alone are insufficient without dedicated support mechanisms and power-sharing arrangements.

B) **Financing architecture** remains uneven and constraints OPD participation. The Emergency Relief Coordinator's ambition for 70% of Country-Based Pooled Funds (CBPFs) to go to local actors offers a significant opportunity, yet OPD access to these funds is inconsistent. In many settings, OPDs participate only through

sub-grants or engage in an advisory role without corresponding budget allocations. Without direct, predictable financing, OPDs struggle to sustain engagement, build staff capacity, or contribute to coordination processes at the scale required.

C) **Data and targeting approaches are improving but remain fragmented**. Countries such as Burkina Faso and Yemen have made notable progress in disability-disaggregated reporting and inclusive analysis, while other contexts face major data blind spots. In Ukraine, incomplete registries mean that official disability figures understate reality, complicating response planning. In Palestine, the collapse of services has further eroded reliable data - weakening needs assessments and targeting. These disparities undermine evidence-based decision-making and can lead to under-prioritization of persons with disabilities in response plans.

D) **Inclusive humanitarian action requires a mindset shift, not just technical adjustments.** Tokenistic inclusion - where OPDs are consulted but do not hold decision-making power - risks reinforcing existing inequities and creating harm. Localization efforts that expand the role of national actors without explicitly including OPDs risk entrenching the exclusion of persons with disabilities within the very structures designed to improve local leadership.

E) **Institutionalization is a decisive factor for sustained progress**. Where HCT-level accountability instruments exist - such as inclusion indicators, dashboards, and monitoring frameworks - OPD participation tends to advance more quickly and is more resilient to changes. Embedding disability inclusion into formal guidance, planning tools, and accountability systems ensures that progress does not depend solely on individual champions but becomes part of humanitarian planning and response infrastructure.

VI. Additional resources:

1. CBPF Guidance Note - Strengthening Disability Inclusion (April 2024) | OCHA
2. IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019 | IASC
3. UN Security Council Resolution 2475: unscr.com/en/resolutions/doc/2475/
4. The 2026 Global Humanitarian Overview: a collective push to protect millions of lives | Global Humanitarian Overview 2026 | Humanitarian Action

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Annex: Questions – OPD engagement in Humanitarian Reset

On 25 February 2026, representatives of Organizations of Persons with Disabilities (OPDs) met with representatives of the UN Inter-Agency Standing Committee (IASC) and UN Office for Coordination of Humanitarian Affairs (OCHA). This online call was organized and run by the Disability Reference Group (DRG) and the IASC.

The questions below were asked by participants before, during and after the session. The answers have been provided by representatives of the UN agencies.

Q1. Are there direct funding opportunities and capacity strengthening for local Organizations of Persons with Disabilities (OPDs), particularly grassroots organizations working in marginalized and refugee-host communities?

- Country-Based Pooled Funds (CBPFs) offer direct funding to local and national OPDs, including community based and emerging groups, as part of their localization and disability inclusion commitments.
- CBPFs map and engage community-based OPDs to ensure that grassroots organizations, including those working in marginalized areas, are supported and involved.
- Local OPDs are encouraged and supported to take part in humanitarian decision-making, ensuring their perspectives drive allocation strategies and programming.
- CBPFs prioritize disability inclusive programming and fund targeted or integrated projects that address barriers faced by persons with disabilities in crisis settings, including refugee hosting areas.
- We promote stronger OPD involvement in funding governance by encouraging their participation on Advisory Boards or, when that is not possible, ensuring their perspectives are brought in through consultations or disability inclusion experts. Advisory Boards are also encouraged to review disability related outcomes and feedback from OPDs, keeping partnership and resource sharing on the agenda.

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Q2. Why do States face challenges in effectively implementing Resolution 2475? And why not consider adopting a specific resolution dedicated to the nexus between Disability, Peace, and Security?

- States often struggle to implement Resolution 2475 due to limited resources, weak institutional capacity, and insecurity—challenges that are even more acute in conflict-affected contexts like the DRC. Even when national strategies exist, implementing them during active conflict, displacement, and instability is extremely difficult.
- There are encouraging examples from Yemen, where consistent engagement with national leadership and local governance structures has led to more systematic inclusion of persons with disabilities in planning and decision-making—showing that progress is possible even in crisis settings.
- In Yemen engagement with Ministry of Social Affairs and Labour (MOSAL) strengthened inclusion by anchoring disability considerations within national systems rather than treating them as parallel humanitarian initiatives. It enhanced policy dialogue, improved alignment with national frameworks, and reinforced government ownership of inclusion commitments. This engagement also created space for more structured coordination and paved the way for longer-term institutional integration of disability inclusion beyond emergency response cycles.

Q3. How will humanitarian systems bypass intermediaries to ensure devolution of authority directly translates into real resources and genuine decision-making power for local organizations of persons with disabilities?

- Devolving power is a key tenet of the Humanitarian Reset, and some progress has been made over the past year.
- The measure of success will be tangible improvements on the ground: more decisions made locally, more resources reaching communities directly, and better outcomes achieved with the funding already available.
- 55% of OCHA-managed pooled funds now go to local and national actors — with a target of 70%.

- HCs/HCTs have been advised to ensure that local and national actors are part of humanitarian coordination structures at country level, including clusters and advisory boards. It would be important for Organizations of Persons with Disabilities to reach out to OCHA offices and HCTs in countries to learn more and advocate for their systematic inclusion in decision-making spaces.

Q4. We have accountability standards, there are international and national documents with clear mechanisms of responsibility. But unfortunately, changes are coming very slowly. How can you influence a UN agency or cluster, an international organization that does not fully understand disability issues and therefore does not formulate policies correctly?

If OPDs are involved early, their perspectives shape the response and there are multiple ways to engage the process:

- Use national level cluster accountability mechanisms
    - Request that clusters leads report on how disability inclusion is reflected in assessments, strategies, and partner activities. If gaps persist, raise the issue at the Inter-Cluster Coordination Group (ICCG).
- Advocate for formal representation
    - Request observer or member roles for OPDs within clusters, thematic working groups, and advisory bodies (e.g., humanitarian fund boards). Ask for written justification if seats are denied.
- Use reporting and monitoring channels
    - Document accessibility gaps and share them with cluster leads, OCHA's feedback mechanism, or donors. Request inclusion of these gaps in official monitoring processes.
- Partner with organizations that already practice inclusion
    - Collaborate with INGOs that follow inclusion standards to access technical support, strengthen capacity, and increase OPDs' visibility as credible humanitarian actors.

- Reference to established obligations
    - Use CRPD Article 11, the IASC Disability Inclusion Guidelines, and the UN Disability Inclusion Strategy (UNDIS) when advocating for changes—these frameworks carry institutional weight.
- Push for early involvement in the planning cycle
- Request participation in needs assessments, strategy workshops, and Early engagement shapes the entire response.

Q5. Given that our country [DRC] has been in crisis for a long time, why doesn't the Peacebuilding Fund (PBF) take into account people with disabilities? These indicators of the social inclusion of people with disabilities are not being reviewed and considered.

- The UN has acknowledged this gap. The Special Rapporteur on the rights of persons with disabilities has stressed that current peacebuilding architecture is not yet sufficiently receptive to the voices of persons with disabilities, and that much stronger efforts are needed to make peacebuilding—including PBF-supported work—truly inclusive.
- The reason disability is not fully reflected in PBF indicators is not because the issue is unimportant, but because the global peacebuilding system is still catching up. Your question highlights exactly why disability-inclusive indicators, data collection, and meaningful OPD engagement must become standard practice in long-term crisis settings like the DRC.
- Through the humanitarian reset, there is a growing opportunity to shift power and decision-making closer to affected communities by meaningfully engaging local actors. For this to be effective, it is essential that Organizations of Persons with Disabilities (OPDs) participate actively in Humanitarian Country Teams (HCTs). Their direct engagement ensures that humanitarian strategies reflect the realities and priorities of persons with disabilities, strengthens accountability, and helps embed inclusion across all stages of the response.

Q6. Are you [IASC Secretariat] tracking engagement of OPDs [with] Humanitarian Country Teams (HCTs)? is that reported on as part of the UN Disability Inclusion Strategy?

- The UN Disability Inclusion Strategy (UNDIS) includes indicators on the participation of entities in inter-agency coordination mechanisms and systematic consultations with and active involvement of Organizations of Persons with Disabilities. Although the engagement of OPDs in HCTs was not strictly tracked by the IASC Secretariat for UNDIS in the past, the above indicators could serve as the place to do so. This can be discussed with the OCHA UNDIS Focal Point.

Q7. In IDP sites in Ethiopia, many persons with disabilities live without access to essential services such as food distribution points, WASH facilities, assistive devices, and protection services. Yet disability-disaggregated data is often missing from reports.

- Ethiopia has not been part of the Global Humanitarian Overview (GHO) in 2025 and 2026 due to operational considerations. However, the analysis of needs and response planning in the HNO 2024 — the latest publicly available document — clearly reflected the needs of persons with disabilities, which informed response planning in that year's HRP. Data disaggregation by disability was available.

Q8. If no formal mechanisms currently exist for OPD participation in funding decisions, what guidance can be provided to help local OPDs overcome these structural and bureaucratic barriers and meaningfully participate in humanitarian funding and decision-making processes?

- Local OPDs can strengthen their participation in humanitarian funding and decision-making by engaging in national and sub-national cluster meetings, where they can contribute as technical experts on disability inclusion. This helps ensure their perspectives shape planning from the start.

- Country-Based Pooled Funds (CBPFs) have published "Guidance note Strengthening Disability Inclusion (April 2024, OCHA).
- OPDs can engage HCTs and advocate for more accessible funding practices by clearly communicating the challenges they face—such as complex due-diligence requirements or limited organizational resources.
- CBPF Guidance notes that disability inclusion should be built into allocation strategies, risk assessments, and project selection criteria, giving OPDs opportunities to shape priorities and highlight barriers directly linked to their participation. OPDs can make use of specific CBPF practices that support their involvement. The Guidance emphasizes consulting OPDs during strategic planning, including disability considerations in project review, and adopting accessible feedback and two-way communication systems so persons with disabilities—and their representative organizations
- CBPFs already include some tools that support OPD involvement. These include consultations during strategic planning, disability-focused criteria in project reviews, and accessible feedback channels co-designed with OPDs. These approaches help ensure OPDs have a meaningful voice throughout the funding cycle and can influence both priorities and implementation.

Q9. How does the current reporting format explicitly require partners to collect and report data on persons with disabilities?

- The IASC HPC Steering Group (HPC SG) issued a statement in April 2024 on the limitations of mandatory population data disaggregation.
- With the aim of achieving impartial programming, and considering its commitment to data disaggregation together with the constraints of field realities, the members of the HPC Steering Group consider that disaggregated population data should be collected, analysed and reported with quality assurance, whenever the humanitarian community sees that the following criteria are met:
    - the disaggregation is relevant to the actions it aims to inform.
    - the disaggregation is feasible and commensurate with the available resources and timeline, proportional to the data's expected use, and respects ethical standards.

  - there is a clear intention to use the disaggregated data for operational purposes and not just for reporting.
- Where disaggregating data is not immediately feasible, measures should be undertaken to make it possible, while prioritizing the safety and dignity of affected people and the principle of 'do no harm'. Additionally, as disaggregated data is not the only way to determine the diverse needs and capacities of different groups of people impacted by crises, information may also be gathered through process indicators and qualitative data.
- The HPC SG asks donors to work with humanitarian actors to set the focus on improving the quality of the humanitarian response, rather than on mandatory disaggregated data reporting.

Q10. In Burkina Faso, tools are shared with clusters for collecting data disaggregated by age, gender, and disability. Clusters are also required to report in a disaggregated manner. However, in our experience, continuous monitoring is necessary.

- With the functioning of the gender equality and inclusion working group, we provide training and coaching to gender and inclusion focal points to support clusters in systematically integrating gender and inclusion, including the collection of disaggregated data.
- We are also working on monitoring and advocacy at the inter-cluster level with OCHA's IMs. For example, with this work, we have increased the percentage of disaggregated data from 46.2% (2023) to 76.9% (2025) for age/sex and from 23.1% (2023) to 61.5% (2025) for disability.
- Nevertheless, given the challenges relating to humanitarian access, budgetary constraints, and reporting within short timeframes, we are continuing to strengthen our advocacy to achieve 100% cluster disaggregation of data and avoid setbacks.

Q11. How is OCHA is ensuring OPD engagement in its funding opportunities and respecting CRPD article 11 as well?

- OCHA ensures OPD engagement in its funding opportunities, and supports implementation of CRPD Article 11, by embedding disability inclusion as a mandatory

standard across all Country-Based Pooled Fund (CBPF) processes. The Global Guidelines require disability expertise on Advisory Boards, integrate disability inclusion in Allocation Strategies and project-review scorecards, and mandate consultation with persons with disabilities at project level. OCHA also commits to increasing the involvement of OPDs across all funding stages—including participation in review committees, targeted capacity-building, accessible information, and eligible sub-granting pathways. These measures align with the CRPD and the IASC Guidelines on Disability Inclusion, ensuring that persons with disabilities are fully included and protected in humanitarian funding cycles.

Source: Country-based Pooled Funds Global Guidelines [EN/AR/ES/FR] | OCHA

Q12. Across the global disability community, there are deep concerns about furthering the exclusion of true leadership of people with disabilities and disability-led organizations in the reset. This is glaring in the absence of specific language about disability in the reset. By naming only women and girls, but not people with disabilities is devastating. This is further complicated by the focus on localization - it is clear that the long history of highly inaccurate biases against the capacity of disability led organizations (DPO/OPD) is keeping humanitarian assistance away from the local disability leaders and our critical contributions.

- Women and girls make up a large part of the population, so their inclusion should be considered differently from that of minority groups. But there has been a measurable progress on gender parity within this leadership cadre, which moved from 25% women in August 2025 to 44% in January 2026. This progress shows that meaningful change is possible when we set clear ambitions. It also underscores the need — and the opportunity within the humanitarian reset— to apply the same intentionality to include other underrepresented groups in HCTs with different intersecting factors, including disability.
    - Experience from OCHA Burkina Faso shows that treating gender, disability, and age as interconnected factors can meaningfully broaden participation in

humanitarian decision-making. This progress has been driven by practical measures such as:

  - strengthening the Gender and Inclusion Working Group to support all clusters
  - building the capacity of gender and inclusion focal points
  - ensuring OPDs are engaged in planning and analysis, including through a joint Gender Analysis with women-led organizations and women-led OPD
- Disability has been integrated into assessments, OPDs are increasingly involved in consultations and cluster/HCT processes, and an HCT accountability framework now anchors gender, AAP, PSEA, and inclusion commitments. Improved data disaggregation—rising sharply for age/sex and disability—supports evidence-based advocacy.
- These combined efforts, along with inclusive consultations feeding into the HNRP 2026, illustrate how an intersectional approach can lead to more representative and meaningful participation across the population.

Q13. Thank you for talking about entry points for OPDs to engage with OCHA and humanitarian leadership at national level. At the same time, I have a clarifying question: you mentioned allocation consultation. Through what mechanisms (tools, platforms) do you see that such consultations can be conducted? Does it provide separate recommendations for countries on how best to engage the OCHA? And can these recommendations be reviewed and used in Ukraine?

- Allocation consultations for Country-Based Pooled Funds (CBPFs) take place through several structured channels outlined in the Global Guidelines. These include discussions with Advisory Boards, Review Committees, and Sector of cluster coordination groups, as well as exchanges through the CBPF-NGO Dialogue Platform. Digital tools (such as the Grant Management System, the UN Partner Portal, the CBPF DataHub, and Allocation Dashboards) help partners submit proposals, track reviews, and access information.

- OCHA's Humanitarian Financing Units lead the consultation process with clusters and technical experts when developing Allocation Strategies, which are then reviewed by the Advisory Board and approved by the Humanitarian Coordinator.
- The Guidelines do not give country-specific instructions for how organizations should engage with OCHA. Instead, they set out global standards, and each country adapts these through its own Operational Manual.
- The Guidelines also make disability inclusion a core requirement throughout the allocation process. Advisory Boards must include disability expertise, and CBPFs are encouraged to involve Organizations of Persons with Disabilities (OPDs) at every stage—from consultations and proposal reviews to project design.
- OPDs can receive support such as accessible information, targeted capacity-building, or participation through sub-granting arrangements. Their involvement helps ensure that priorities and funding decisions reflect the rights, needs, and perspectives of persons with disabilities.

Q14. I believe it is extremely important to understand the practical modalities of engagement. While consultations may be formally envisioned, there is always a risk that they remain declarative rather than effectively implemented. Having clarity on concrete mechanisms would help us share this information with other organizations and support more structured and meaningful communication at the national level.

- Thank you for raising the importance of moving beyond formal consultations (on Disability Inclusion) toward practical implementation. Experience from multiple humanitarian contexts shows that without clearly defined mechanisms, consultations risk remaining declarative rather than translating into operational change.
- To ensure meaningful impact, it is essential to clarify the concrete modalities of engagement. This includes establishing clear governance arrangements (such as designated inter-agency focal points and defined reporting lines), formalized and resourced participation of Organizations of Persons with Disabilities, integration of disability-disaggregated data into assessments and monitoring, and the inclusion of accessibility and reasonable accommodation standards within project design and funding review processes.

- Embedding these elements within the Humanitarian Programme Cycle, particularly in needs analysis, prioritization, response planning, and monitoring frameworks, helps shift disability inclusion from a standalone commitment to a measurable and accountable operational requirement. Clear articulation of these mechanisms would also support more structured communication with partners and strengthen collective implementation at the national level.