

DRG Review

Funding Cuts and Policy Shifts: Impacts on Disability Inclusive Humanitarian Action

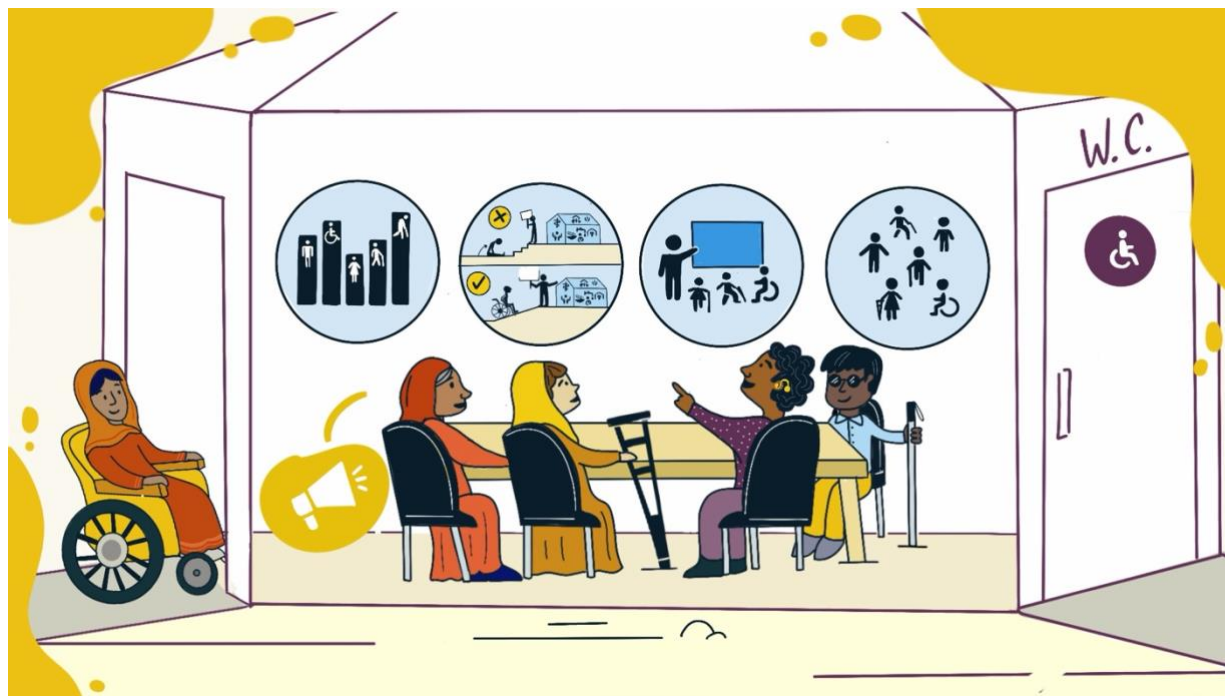


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The [Disability Reference Group](#) (DRG) is committed to facilitating long-term cooperation among organizations of persons with disabilities, NGOs and UN entities at country, regional and global level. Our focus is on promoting disability-inclusive humanitarian responses, supporting the dissemination and implementation of essential guidance materials, and enhancing the quality and accountability of humanitarian action to be truly inclusive of persons with disabilities. The DRG is co-chaired by the International Disability Alliance (IDA), Humanity & Inclusion (HI) and UNICEF.

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Executive Summary

About this assessment. Between July and August 2026, the Disability Reference Group (DRG) assessed how the 2025 humanitarian funding cuts and the Humanitarian Reset are affecting disability-inclusive humanitarian action. The assessment combined three sources: a survey of DRG members (81 responses in English, French, Spanish and Arabic, 41% of them from OPDs); two focus group discussions with OPD representatives from country, regional and global networks; and six key informant interviews with UN and NGO staff at global and country level. These were complemented by a review of recent assessments by other actors.

Headline findings

Three overarching conclusions emerge from the assessment:

- **Funding cuts are disproportionately affecting disability-inclusive humanitarian action.** 88% of survey respondents report that their disability-inclusion work has been affected, up from 75% in June 2025. Because disability inclusion was rarely ring-fenced, it is among the first things to be absorbed or dropped when broader programmes are cut. Respondents expect the effects on persons with disabilities to be felt across several dimensions at once, most commonly through more limited access to humanitarian assistance (88%) and increased violence, exploitation and abuse (75%).
- **OPDs are experiencing deeper and more immediate impacts than larger humanitarian actors.** 97% of OPDs and all local/national NGOs report being affected, compared with around three-quarters of UN entities and INGOs. OPDs describe office closures, continued reliance on unpaid volunteers, reduced ability to take part in coordination, and funding that remains structurally out of reach. This reflects a localization paradox: OPDs and local actors are expected to take on greater responsibility under the Humanitarian Reset at the very moment their funding is shrinking and compliance demands are growing.
- **Without deliberate safeguards, aspects of the Humanitarian Reset risk unintentionally accelerating exclusion.** Hyper-prioritization around narrowly defined “life-saving” assistance is pushing out rehabilitation, assistive technology and other specialized support, and narrowing eligibility criteria. Simplified and scaled back data collection risks making persons with disabilities less visible, and streamlined coordination leaves largely unfunded disability inclusion working groups exposed.

Two further patterns stand out across all three data sources:

- **Dedicated disability expertise is being eroded.** 36% of survey respondents report actual or planned cuts to staff working on disability inclusion. The dominant pattern is the absorption of specialist roles into broader protection, gender or inclusion portfolios, which can mask the real scale of capacity lost.
- **Disability inclusion is maintained where there are dedicated mechanisms in place.** Where there is dedicated funding, earmarked budget lines, dedicated technical expertise, leadership commitment and accountability mechanisms, disability inclusion has been maintained, and in at least one case strengthened, despite overall cuts. Earmarked funding emerges as one of the strongest protective factors.

Priority recommendations

- **Donors:** protect dedicated, flexible, multi-year funding for disability inclusion, including earmarked budget lines and funding streams that OPDs can access directly, with simplified eligibility and reporting requirements.
- **Humanitarian leadership:** build disability-inclusion safeguards into Humanitarian Reset processes, so that prioritization, eligibility and targeting decisions are checked for their effect on persons with

disabilities, and recognize rehabilitation, assistive technology and accessible communication as life-saving where they enable access to assistance.

- **UN agencies and NGOs:** protect disability-inclusion expertise and focal points during restructuring, and maintain the collection and reporting of disability-disaggregated data.
- **All actors:** resolve the localization paradox by matching any shift of responsibility to OPDs with core funding, fair shares of consortium resources and meaningful seats in coordination and decision making processes.
- **DRG:** advocate with one collective voice to donors and humanitarian leadership, support country-level disability inclusion coordination, and monitor whether disability inclusion remains visible in streamlined planning documents.

The full set of consolidated recommendations is presented in section 6.

1. Introduction and Background

International development and humanitarian funding are facing the sharpest cuts ever, with bilateral humanitarian aid falling by 35.8% in 2025 (OECD, 2026). These cuts are occurring at a time of rising humanitarian need, with 239 million persons expected to be in need of humanitarian assistance as at December 2025 (OCHA, 2025), including an estimated over 38 million persons with disabilities¹. However, disability inclusion only receives 0.1% of allocable ODA (Humanity & Inclusion, 2026)².

In the context of these funding cuts, the Humanitarian Reset was launched in March 2025. A series of reforms aimed at delivering faster, fairer and more accountable humanitarian action with the resources available, the Humanitarian Reset makes humanitarian action lighter, simpler and brings decision making and resources closer to people affected by crisis³.

This report presents the findings of a [Disability Reference Group \(DRG\)](#) initiative to understand the impact of 2025 humanitarian funding cuts and the Humanitarian Reset on disability-inclusive humanitarian action and on DRG members, including OPDs, NGOs and UN entities. It updates and expands on an earlier survey conducted by the DRG in June 2025, through a new survey complemented by focus group discussions with OPDs and key informant interviews with UN entities and NGOs. Section 2 presents the survey results, section 3 the focus group discussions with OPDs, and section 4 the key informant interviews with UN entities and NGOs. Section 5 draws together the main conclusions, including the factors that protect disability inclusion, and section 6 sets out consolidated recommendations by actor.

Although closely interconnected, the funding cuts and the Humanitarian Reset affect disability inclusion through different pathways. Where the evidence allows, this report distinguishes between:

- **impacts resulting primarily from reduced funding**, such as programme and service closures, staffing cuts, the loss of specialized positions and reduced outreach; and
- **impacts resulting primarily from policy reforms under the Reset**, such as hyper-prioritization around life-saving assistance, simplification of tools and targeting, the localization agenda, and the streamlining of coordination structures and planning documents.

¹ Based on 16% of the total number of persons in need

² A fuller overview of these cuts, specifically cuts to funding for disability inclusion, is provided in the 2026 report by Humanity & Inclusion- *Evidence from Organizations of Persons with Disabilities on the Human and Organizational Impact of cuts to International Aid* Available at <https://www.hi-us.org/en/global-survey-reveals-severe-impact-of-foreign-aid-cuts-on-persons-with-disabilities>

³ For an overview of the Humanitarian Reset see <https://interagencystandingcommittee.org/humanitarian-reset>

In practice the two often reinforce each other; for example, coordination structures for disability inclusion are harder to sustain once dedicated funding has been cut. Because the survey asked about the combined effect of funding cuts and the Reset, survey results cannot be attributed to one or the other, however findings from the focus group discussions and key informant interviews indicate the likely driver where possible.

These findings will be circulated widely among humanitarian actors, including OPDs, UN entities, NGOs and donors, to inform efforts to maintain quality and accountability of humanitarian action in the context of a shifting humanitarian landscape. The findings will also guide the strategic direction of the DRG, taken together with the parallel [stocktake](#) of implementation of the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, and an internal reflection exercise on DRG positioning in the current humanitarian climate.

This assessment was conducted at the same time as a report was being prepared by the Special Rapporteur on the Rights of Persons with Disabilities, Ms. Heba Hagrass, on inclusive humanitarian assistance and safeguards for the rights of persons with disabilities in the context of current humanitarian reform processes. The findings of this assessment are consistent with the key messages of that report, including that the Humanitarian Reset presents both a risk and an opportunity to disability inclusion, and that deliberate safeguards are required to ensure that the recent gains that have been made on disability inclusive humanitarian action are not lost. The Special Rapporteur concludes that disability inclusion must be treated not as an optional consideration but as a core component of principled, effective and rights-based humanitarian action⁴.

1.1 What is already known?

While the significant funding cuts of 2025 and the set of policy reforms introduced under the Humanitarian Reset are less than two years old, multiple assessments have already been conducted on their impacts for humanitarian organizations and for affected people. A limited number of these address impacts on persons with disabilities specifically. The relevant findings from these assessments are briefly summarized here as background to the DRG's own assessment.

A general finding from these assessments is that the cuts in USAID funding for disability inclusion (not the only, but the most substantial cuts faced by the sector) were made at a key moment of momentum for disability inclusion and have not been replaced by another donor.

Hyper-prioritization and the focus on life-saving disadvantage disability inclusion

Sharper prioritization favours activities that are more easily framed as immediate and visibly lifesaving (GPC, 2026) and assessments show that this is resulting in activities linked to disability inclusion being disproportionately impacted by cuts. An assessment by the Global Protection Cluster on the impact of funding cuts on protection-related work of partners found that the activities most affected by funding cuts are those centred on engagement with affected populations and individualized support, including reduced ability to reach persons with disabilities and other groups facing the greatest barriers to access (GPC, 2026). Further, a narrowing of service packages was found to be particularly pronounced in disability and age inclusion programming, where the removal of specialized components such as assistive devices and mobile outreach directly excludes persons with disabilities. In Palestine, for example, 80% of rehabilitation services for persons with disabilities have reportedly disappeared (GPC, 2026).

⁴ The report of the Special Rapporteur, on inclusive humanitarian assistance and safeguards for the rights of persons with disabilities in the context of current humanitarian reform processes is available at <https://www.ohchr.org/en/documents/thematic-reports/a81270-report-special-rapporteur-rights-persons-disabilities-heba>

WFP, through the Disability Inclusion Helpdesk (run by CBM Global's Inclusion Advisory Group (IAG)) conducted an analysis in 2026 of the impact of funding cuts on protection, gender and inclusion in WFP operations. This analysis also found that cuts are increasingly falling on activities beyond basic food delivery — prevention and protection services in particular — which disproportionately affects persons with disabilities and others reliant on integrated, preventative support. Overall, the analysis found that persons with disabilities and women and girls experience reductions in assistance earlier and more deeply and face higher risks of harm as support is withdrawn.

While not directly linked to a focus on life saving assistance or prioritization, a related push for more simplification has also been found to negatively impact disability inclusion. The WFP/IAG Disability Inclusion Helpdesk analysis found that increased reliance on simplified targeting tools and modelling frameworks (such as IPC severity thresholds), rather than multidimensional vulnerability analysis, have implications for populations whose needs are less visible in quantitative data and limits the capacity to account for intersecting risks related to gender, age, disability and displacement (WFP/IAG Disability Inclusion Helpdesk, 2026).

Direct impacts on persons with disabilities and their households

Regarding impacts on affected people themselves, Inclusive Development Partners (2026) documented the impacts specifically of the dismantling of USAID. It found immediate impacts on persons with disabilities, such as loss of rehabilitation services, loss of access to health care and children dropping out of school. Households report being forced to pay out of pocket for assistive devices, education support and other supports that had previously been covered by USAID-funded programmes. In most cases, USAID-funded programs for disability inclusion were terminated before sustainability and transitions components could be implemented (Inclusive Development Partners, 2026). The WFP assessment found that reduced field presence, including fewer distribution sites, increases the physical barriers to accessing assistance (WFP/IAG Disability Inclusion Helpdesk, 2026).

Between 2025 and 2026, World Vision International (WVI) conducted a multi-country study to better understand the impacts of funding cuts and specifically to examine the role of self-reliance in shaping wellbeing. The study found that having a household member with a disability is among the strongest risk factors undermining self-reliance.

In 2026, Ground Truth Solutions (GTS) published a report of what communities are telling them about the impacts of funding cuts and hyper-prioritization and how aligned the decisions made by the UN system are with the priorities of communities. This report highlights that in Sudan communities identify that persons with disabilities (alongside older persons, children who have lost parents, and single mothers) are most often left out of aid targeting. In Chad, only 51% of persons with disabilities believe that aid and services go to people who need them most, a much lower rate than the general population.

Distinct impacts on OPDs

Several sources point to a distinct set of impacts on OPD's institutional capacity and role. A 2026 survey of OPDs by Humanity & Inclusion (HI) provides the most detailed picture of organizational-level disruption:

- 79% had faced severe or very severe funding cuts affecting their operational ability over the preceding 18 months
- 61% had reduced the geographic scope or range of their activities as an emergency coping strategy
- 72% had cancelled or suspended at least one programme or service, with economic inclusion and livelihoods activities facing the most disruption

- 43% described their capacity to sustain their mission as weak or very weak, with 14% at risk of permanent closure if trends continue

These results are not disaggregated between development and humanitarian action, but OPDs operating specifically in humanitarian contexts reported particularly severe impacts (HI, 2026).

Inclusive Development Partners, in its assessment found that OPDs have been forced to shift focus from rights-based advocacy to organizational survival, in large part because many had relied on USAID funding to cover core institutional costs, such as staffing, communications and administration. In this way, the loss of funding undermined the capacity of OPDs to participate and engage as genuine partners in development and humanitarian action (Inclusive Development Partners, 2026). The funding cuts also impacted OPDs in terms of disrupting the relationships with government officials and others that had previously been built through USAID-funded projects, thus weakening engagement in policy processes (Inclusive Development Partners, 2026).

Within the smaller number of OPDs it surveyed directly, the GPC (2026) found reduction in services to be the most frequently reported impact (57%), with OPDs' capacity to support provision of service packages such as assistive devices significantly reduced.

Loss of dedicated staffing and technical expertise, and the erosion of coordination structures

Several sources converge on loss of staffing capacity as a significant impact. Finland, in its informal analysis, found that nearly all partners reported a reduction in technical expertise (staffing) on disability inclusion, and that there is a clear trend toward merging or absorbing disability inclusion functions into broader workstreams. Feedback from partners indicates that earmarked funding has been important in retaining what expertise remains. The GPC assessment found that reductions in specialized and advisory roles in age and disability inclusion are making it harder for protection responses to adapt assistance to marginalized groups facing overlapping risks (GPC, 2026).

The informal analysis by Finland also highlighted a specific risk to coordination. Disability inclusion working groups and similar structures are almost entirely unfunded and rely on voluntary allocation of staff time, placing them under still more pressure in the current environment. This risk is compounded by the push toward simplified coordination and more context-specific decision-making by Resident/Humanitarian Coordinators, which may result in such working groups being deprioritized altogether.

Erosion of data and visibility

Multiple sources identify a reduction in collection and/or reporting of data and resulting invisibility as an impact of these shifts. The WFP/IAG Disability Inclusion Helpdesk (2026) found that weakened operational capacity, particularly for monitoring, accountability and community engagement, results in disability-related vulnerabilities being under-captured, further increasing the risk of exclusion and invisibility.

The informal analysis conducted by Finland notes that most agencies, with the exception of UNICEF, lack a system-wide mechanism to track the totality of their funding for disability inclusion, which, while predating the funding cuts, makes it very difficult to see the real impact they are having on programming in terms of funding.

Political scrutiny of DEI and policy impacts

Linked to funding cuts, Inclusive Development Partners identified US scrutiny of Diversity, Equity and Inclusion (DEI) as one driver of impact, operating through organizations' anticipatory fear of further funding cuts. This scrutiny was found to have led some organizations to remove disability-related elements of programming,

including sign language interpretation, accessible materials, disability-disaggregated data collection and targeted outreach; or to stop documenting and reporting on disability-inclusive programming (Inclusive Development Partners, 2026).

In a related point, Inclusive Development Partners (2026) identified that impacts went beyond funding cuts, also disrupting efforts underway within organizations to align programming with the new (and subsequently terminated) USAID disability policy, and thus undermining efforts to strengthen mainstreaming.

1.1.1 References

Global Protection Cluster (GPC) (2026) *Protection Capacities Under Pressure- evidence from consultations with protection partners across 22 operations*.

Global Protection Cluster (GPC) (n.d.) Protection and the Humanitarian Reset. Available at <https://globalprotectioncluster.org/areas-focus/protection-and-humanitarian-reset>

Ground Truth Solutions (GTS) (2026) *Whose Priorities Count? A make or break moment for global solidarity in crises*

Humanity & Inclusion (HI) (2026) *Evidence from Organizations of Persons with Disabilities on the Human and Organizational Impact of cuts to International Aid*. Factsheet 2026

Inclusive Development Partners (2026) *When Programmes End Overnight: The impact of the dismantling of USAID on persons with disabilities*

OCHA (2025) *Global Humanitarian Overview 2026*. Available at <https://www.unocha.org/publications/report/world/global-humanitarian-overview-2026-enaesfr>

OECD (2026) *A Historic Decline in Foreign Aid: Preliminary 2025 ODA Data* <https://www.oecd.org/en/data/insights/data-explainers/2026/04/a-historic-decline-in-foreign-aid-preliminary-2025-oda-data.html>

WFP/IAG Disability Inclusion Helpdesk (2026) *Analysis of funding cuts on GPI- synthesis report* (internal document)

World Vision International (WVI) (2026) *In the Shadow of Hunger*. The power of self-reliance to Protect Children and Restore Hope.

2. Survey Results

2.1 Survey methodology

The DRG launched a survey on impacts of funding cuts and policy shifts in mid-July 2026 and closed it in early August 2026. The survey was distributed among DRG members in four languages- English, French and Spanish versions were administered online through SurveyMonkey; and an Arabic version was distributed as a Word document questionnaire.

All response data is presented at annex 1.

Limitations

The survey findings should be read with the following limitations in mind:

- **Response rate.** The 81 respondents represent 11.5% of DRG membership. While they provide a useful cross-section of organization types, results cannot be treated as representative of the membership as a whole. Percentages should be read as indicating the direction and broad scale of impact rather than as precise estimates.
- **Self-selection bias.** Participation was voluntary, and organizations most affected by funding cuts may have been more motivated to respond. Conversely, some of the hardest-hit organizations, particularly OPDs that have closed or lost staff, may not have had the capacity to respond at all.
- **Small sub-group sizes.** Several regions are represented by only a handful of respondents. Regional breakdowns are therefore shown only for regions with at least five respondents, are illustrative only, and are not used to draw conclusions about regional differences.
- **Combined question on funding cuts and the Reset.** The survey asked about the effect of funding cuts and/or the Humanitarian Reset together, so survey data cannot separate the two drivers.

The focus group discussions and key informant interviews were designed to add depth rather than representativeness and involved a small number of participants. Where findings from all three sources converge, this report treats them with greater confidence.

2.2 Respondent Profile

In total, 81 survey responses were received (representing 11.5% of the DRG membership): 70 in English, 6 in French, 3 in Arabic and 2 in Spanish.

Almost half of respondents are working in the Middle East and East Africa regions, followed by 14% working in Central Africa. Other regions, including southern Africa and Asia are not well represented among survey respondents. The results should therefore be understood with consideration for this limitation.

OPDs made up almost half (41%) of respondents, thus ensuring that survey results sufficiently include the voices of this important group. However, the survey did not ask whether these OPDs represent women, youth, refugees, or specific constituencies.

Over one-third (35%) of respondents have a general mandate to deliver humanitarian assistance, rather than having a disability inclusion mandate.

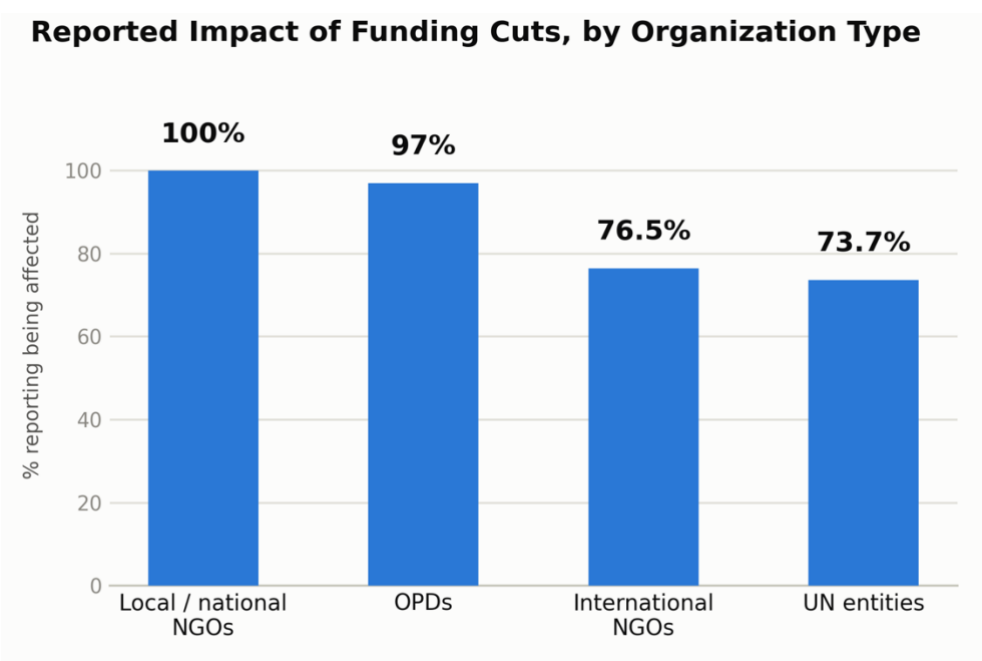
Almost all respondents participate in humanitarian coordination mechanisms, most commonly a disability inclusion or inclusion working group. Just over one-quarter report participating in a Humanitarian Country Team (HCT).

Survey results therefore represent a good cross-section of humanitarian and disability actors, although geographic representation is limited.

2.3. Organizations Impacted by funding cuts and policy shifts

The vast majority (88%) of respondents reported that their work on disability inclusive humanitarian action has been impacted by funding cuts and/or the Humanitarian Reset. This is an increase from June 2025, when 75% of respondents indicated that they had been impacted. This suggests that the funding contraction is being felt broadly across the DRG membership and is becoming more significant. The full effect may be yet to be felt: multi-year funding agreed before 2025, particularly for protracted crises, is expected to run out at the end of 2026 or in early 2027, so further impacts may become visible over the coming year.

The effect is not evenly distributed across organization types. OPDs and local/national NGOs, who have the least diversified funding base and least capacity to absorb shocks, report being affected almost universally (97.0% and 100% respectively). UN entities and international NGOs report being impacted at slightly lower rates- 76.5% of international NGOs and 73.7% of UN entities. This pattern recurs throughout the qualitative comments later in the survey, where OPD respondents describe office closures, reliance on unpaid volunteers, and an inability to access funding streams that remain, in practice, out of reach for smaller OPDs.

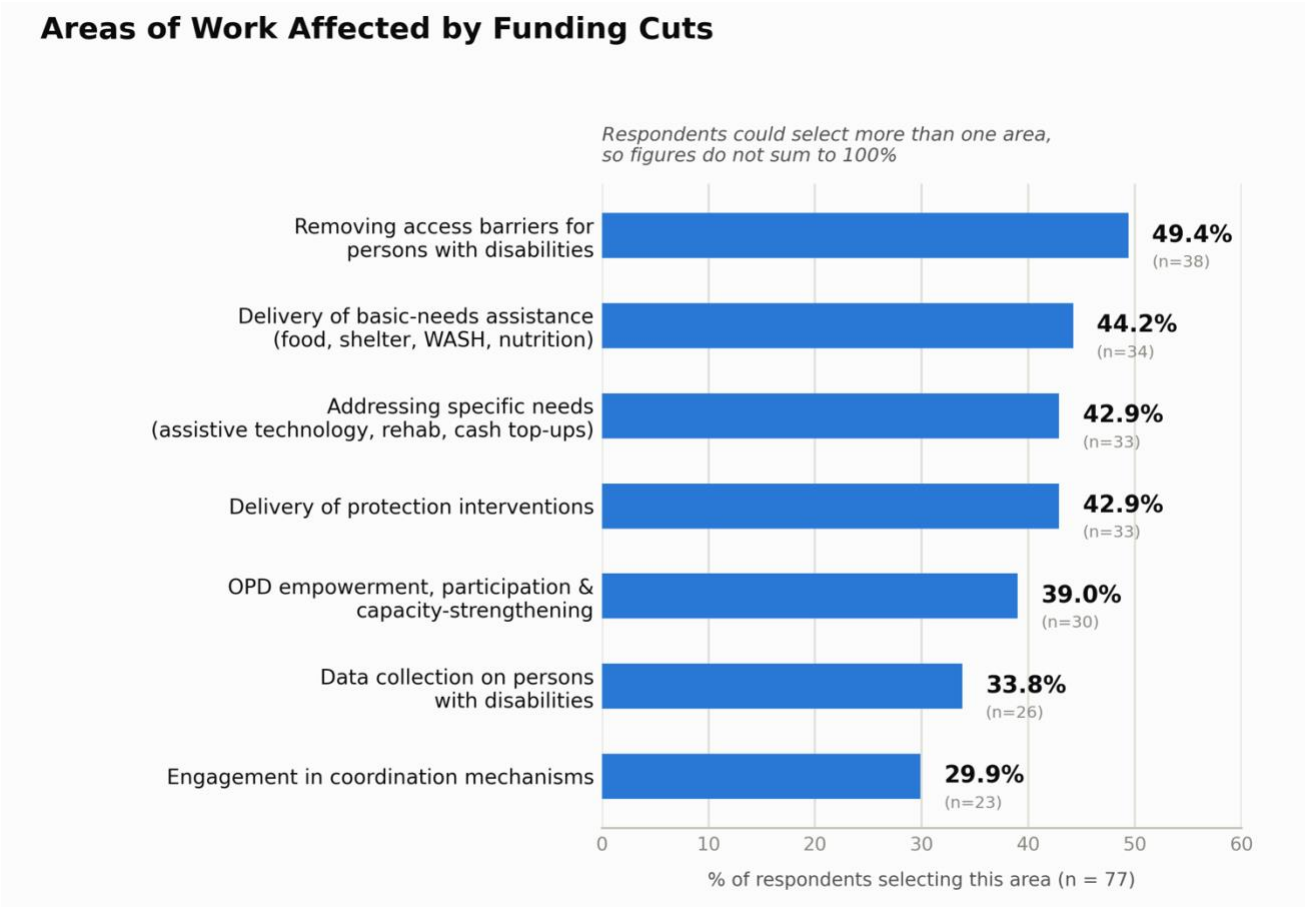


Organizations with a specific disability inclusion mandate also reported being impacted at higher rates than those with a more general mandate (92% compared to 80%), a result that can be expected given the survey’s focus on impacts on disability inclusion. Differences between regions were negligible; however, given small regional sample sizes and technical difficulties in meaningfully disaggregating the survey responses by region, no conclusions are drawn on regional variation (see footnote 7).

2.4 Areas of work affected⁵

⁵ Note that the survey question asking which areas of disability-inclusion work had been affected by funding cuts was, for a period, technically limited to a single selection when it was intended to allow multiple selections. The survey question was corrected early in the survey period. Respondents who answered before the fix and respondents who answered after the fix are therefore recorded in two separate blocks in the underlying data (annex 1)- labelled as Q7 (the corrected, multi-select version, answered later in the survey period) and Q14 (the original, single-select version, answered earlier). To give the fullest and most transparent picture, this report presents these results three ways at annex 2: (a) Q7 only — the 49 respondents (45 English, 4 French) who answered after the fix and could select multiple areas; this is the most statistically reliable measure of relative prevalence across areas; (b) Q14 only — the 25 respondents (23 English, 2 French) who answered before the fix and could select only one area each, so these figures understate the true number of areas affected for this group and should be read as a floor, not a full picture; and (c) Consolidated — all respondents who answered either version, plus the three Arabic word-form respondents (who were asked about each area individually as a Yes/No question, and so are not subject to the single-select limitation at all). The consolidated figures are the best guide to which areas are mentioned by the largest absolute number of respondents and are the basis for the narrative in the body of the report.

Overall, the areas of work affected by funding cuts and policy shifts were fairly evenly distributed. The most commonly affected area was reported to be measures to remove access barriers for persons with disabilities, followed by delivery of humanitarian assistance to meet basic needs, a pattern unchanged since the last survey. This suggests that both mainstream humanitarian assistance (inclusive of persons with disabilities) and targeted, disability-specific interventions are being affected. This also points to a picture in which the most tangible, service-delivery-facing dimensions of inclusion (accessibility measures, basic needs, protection) are hit hardest, while investments that are more structural or 'behind the scenes', such as data collection and coordination engagement, are somewhat, though not much, more resilient.



Differences emerge, however, in how different types of organization report the areas of work most affected. For OPDs, the areas most often reported as affected are actions supporting the empowerment, participation and/or capacity-strengthening of OPDs, and measures to remove access barriers for persons with disabilities. For UN entities, on the other hand, OPD capacity-strengthening is the least commonly reported area of work affected, with data collection and participation in coordination mechanisms for disability inclusion also being reported as affected by few UN respondents. Among NGOs, international and local/national organizations diverge- INGOs most often report the removal of access barriers and data collection as affected, while local/national NGOs focus on the delivery of protection interventions inclusive of persons with disabilities.

As may be expected, respondents with a general mandate to deliver humanitarian assistance reported most commonly that delivery of humanitarian assistance to deliver basic needs was affected, while respondents with a disability specific mandate focused on measures to remove access barriers for persons with disabilities as the area of work being affected.

In total, 42 comments were received on this question.

Pressure on OPDs and local actors. The most consistent theme across these comments is the disproportionate strain that funding cuts place on OPDs and other local actors. Multiple respondents, across OPDs, local/national NGOs and INGOs, and spanning several regions describe OPDs being unable to access direct funding, OPD offices closing outright, and OPDs losing operational stability. Many of these constraints pre-date the 2025 funding cuts and the Reset: OPDs have long faced chronic underfunding and barriers to accessing direct funding (see also section 3.2). What respondents describe is therefore an exacerbation of existing gaps. Several respondents connect this directly to the Humanitarian Reset's localization agenda, arguing that local organizations are being asked to absorb more responsibility and more complex compliance demands at precisely the moment their core funding is shrinking, undermining the localization goal rather than advancing it. This tension, which this report terms the “localization paradox”, recurs across all three data sources (see section 5).

“An important impact not reflected above is the effect on systemic and policy-level disability inclusion work. Funding cuts have not only reduced direct service delivery — they have weakened the capacity of OPDs to participate meaningfully in humanitarian coordination mechanisms, monitor rights violations, and influence recovery planning. This risks reversing hard-won gains in disability-inclusive humanitarian action at precisely the moment when (country X) reconstruction agenda requires the strongest disability inclusion standards”
OPD- Europe

Erosion of dedicated technical capacity. Respondents also described the erosion of dedicated technical capacity for disability inclusion. Several respondents (UN entities and INGOs in particular) describe disability-inclusion positions or functions being folded into broader protection, gender, or general inclusion roles, reducing dedicated technical support, coordination, and monitoring. This is generally framed as a loss, though a few respondents identify that broader inclusion roles can bring a more intersectional lens, but risk diluting specialized disability expertise and sidelining OPD partnerships in the process.

“Cut 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).”
International NGO- global

“...Participation in coordination mechanisms and cooperation with OPDs remain important, but maintaining dedicated focal points and sustained engagement requires staff capacity and predictable funding. These constraints make it more difficult to move from individual accommodations to a consistent organisation-wide approach to disability-inclusive humanitarian action.”
Local/ national NGO- Europe

Specific requirements deprioritized. Interventions that respond to the specific requirements of persons with disabilities (such as physical rehabilitation, assistive technology, disability-focused MHPSS, tailored assistance for smaller groups) are becoming increasingly hard to justify or fund when resources are concentrated on reaching the largest possible number of people with basic assistance. This is perceived by some respondents as being linked to the Humanitarian Reset’s focus on lifesaving assistance, resulting in targeted support for those with the most specific or complex needs often being the first to be squeezed.

“The convergence of global funding cuts and the Humanitarian Reset's hyper-focus on narrow 'life-saving' definitions has created operational bottlenecks for specialized disability interventions. Specifically, physical rehabilitation pathways (such as prosthetic/orthotic fittings), specialized MHPSS, and assistive technology procurement have faced budget rationing or delays. Under the Reset, there is a growing risk that comprehensive victim assistance and functional independence support for landmine/ERW survivors and persons with disabilities are misclassified as 'secondary' or non-urgent, despite being essential for survival, mobility, and basic dignity in conflict-affected zones.”
Local/ national NGO- Middle East

Data collection and visibility. INGOs and UN entities in particular reported constrained data collection and reduced capacity for disaggregation and analysis. This ranges from reduced HR capacity to run in-depth analysis, to one INGO noting it still collects disability disaggregated data in its largest programmes but no longer shares the disaggregated figures in reporting, suggesting the cuts are affecting not just data collection but the visibility of disability data once collected.

Earmarked funding as a protective factor. Cutting across these themes, respondents consistently point to earmarked or dedicated funding as the main mechanism currently protecting disability-inclusion work from cuts. Where earmarked funding exists, work continues or even strengthens; where it doesn't, disability inclusion is often the first thing absorbed into broader, unspecialized functions.

“Funding constraints have affected all aspects of our disability inclusion work. Reduced workforce capacity and the absorption of disability-specific functions into broader teams have limited dedicated technical support, coordination, outreach, and monitoring. ... Disability inclusion initiatives have often been sustained through targeted funding, which has enabled dedicated investments, strengthened partnerships with OPDs, and supported inclusive programming across sectors. In the current funding environment, such contributions have become even more important in maintaining momentum and preventing the loss of progress achieved in recent years.

UN entity- global

Further dimensions of impact. A few further comments round out the picture of impact. One UN entity's country office reported no negative effects at all because headquarters-level earmarked funding allowed it to bring on a specialized disability position and strengthen its inclusion work. This is a useful concrete illustration of earmarked funding as a protective factor and highlights the impact that policy/ strategic decisions can have, even in the face of funding cuts. Other comments show the cuts exacerbating existing gaps: some OPDs noted that they have never had access to funding, so their challenges remain unchanged. Others described a continuation of existing trends in the marginalization of disability inclusion within humanitarian response, noting that obstacles to disability inclusion pre-date funding cuts and policy shifts and are related to long-standing issues of a lack of awareness of inclusion issues.

“Funding cuts have also affected communication and feedback systems that are critical for identifying and responding to barriers faced by persons with disabilities. Several community engagement and inter-agency feedback initiatives are facing sustainability challenges due to declining resources, risking the loss of important gains in accountability, participation, and inclusion.”

UN entity- global

“The funding shortage led to a lack of resources and to the closure or reduction of support for some relief programmes, making it difficult to cover operating costs and provide continuous services such as education programmes, psychosocial support, or assistive devices. Because funding stopped, this affected the learning process for persons with disabilities, as they could no longer reach our education centres — depleting the operating budget for transporting persons with disabilities to education centres and undermining our ability to retain teaching staff to keep the programme running, which negatively affects the education of people with special needs.”

OPD- Middle East

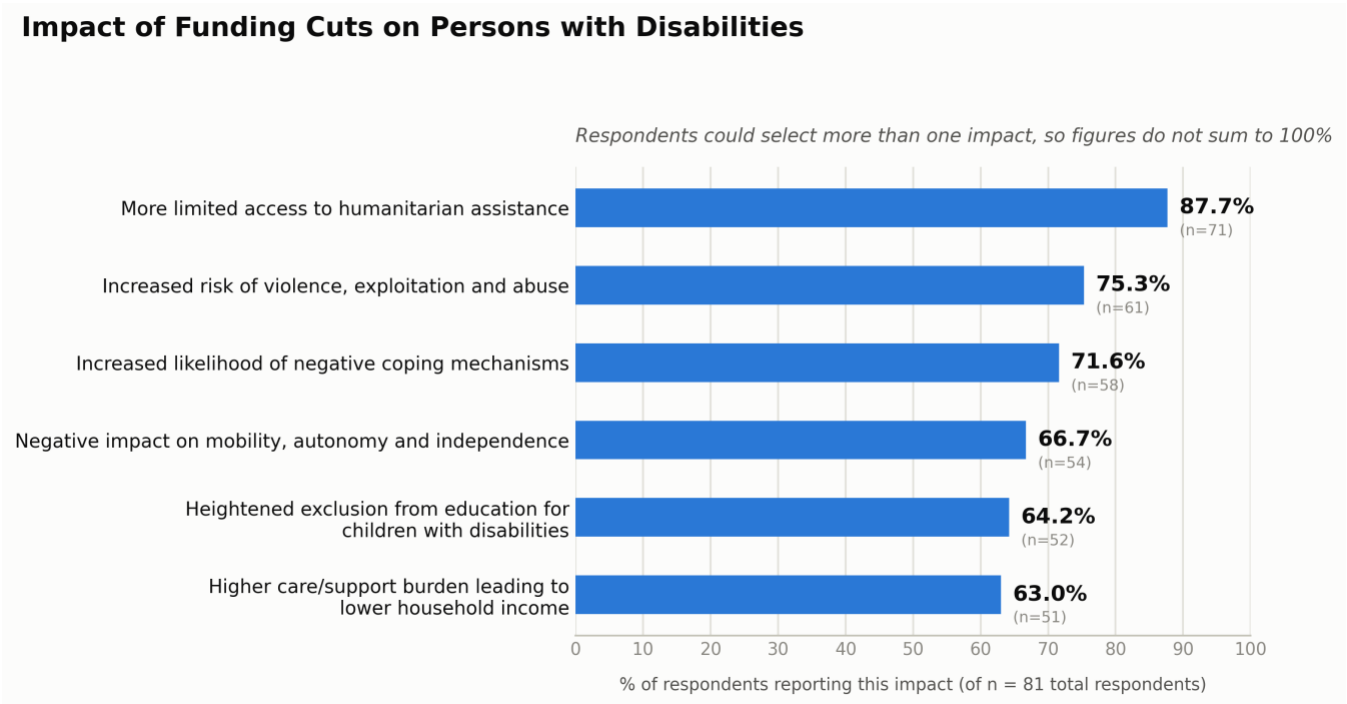
“....people work under real pressure and with extreme high workloads.... project officers in countries and technical advisors (are) overseeing too many projects (which) may lead to less support to smaller local actors, etc. because of management requirements - prioritizing institutional funding over supporting e.g. organisational development and long-term investments in partnerships and structures”

International NGO- global

2.5 Likely impact on persons with disabilities

As in June 2025, the most commonly reported impact on persons with disabilities was more limited access to humanitarian assistance (88% of respondents); followed by increased violence, exploitation and abuse (75%);

increased likelihood of negative coping mechanisms such as reduced food intake or unsafe income-generating activities (71.6%); negative impact on mobility, autonomy and independence (66.7%); heightened exclusion from education for children with disabilities (64.2%); and a higher care and support burden on households, leading to lower household income (63.0%). The fact that all six impact categories are selected by roughly two-thirds or more of respondents, rather than a few categories standing out sharply above the rest, suggests that where funding cuts are felt, they tend to be felt across multiple, compounding dimensions of a person with a disability's life simultaneously, rather than in a single, isolated way.



This pattern was repeated when results are disaggregated by organization type, with OPDs, NGOs and UN entities all agreeing on the most likely expected impact being more limited access to humanitarian assistance. Both OPDs and NGOs converged on increased risk of violence, exploitation and abuse as the second most commonly expected impact, while for respondents from UN entities, an increased likelihood of negative coping mechanisms was the second most commonly identified impact.

In total, 62 comments were received on this question.

Narrowing access to assistance. The most consistent theme across these comments is a narrowing of access to humanitarian assistance, not just to disability-specific services, but to general aid. Several respondents describe persons with disabilities facing barriers to accessing information, transport, facilities and distribution sites, compounded by intensified competition for what assistance remains. Although the survey did not measure this directly, it is likely that persons with more severe functional limitations are among the most affected, as they face higher disability-related requirements and costs and more numerous barriers.

Participation and voice. Respondents also described a shrinking of participation and voice. Several respondents describe fewer meaningful consultations with persons with disabilities, declining collaboration between humanitarian organizations and OPDs, and weakened communication/feedback mechanisms that would otherwise enable persons with disabilities raise concerns and influence programming.

“Funding reductions also affect communication, community engagement and feedback mechanisms that help ensure persons with disabilities can access information, raise concerns, and participate meaningfully in decisions that affect them. This may reduce the visibility of disability-related concerns and weaken opportunities for persons with disabilities and their representative organizations to influence humanitarian programming and service delivery.”

UN entity- global

Data and visibility. Closely linked to this is reduced or at-risk investment in data collection and disaggregation, which respondents link explicitly to the invisibility of persons with disabilities in needs assessments and response planning. Several describe a cycle in which less data leads to persons with disabilities being deprioritized or simply overlooked in aid distribution, which then further reduces the incentive to collect data on them.

Referral pathways and continuity of support. Respondents further highlighted disruption to referral pathways and continuity of support. A handful of respondents point out that disability-inclusive support depends on coordinated access across multiple sectors (health, education, protection, psychosocial support, assistive devices), and that when any one link in that chain is reduced or fragmented, families and individuals are left to navigate multiple systems alone, increasing the risk of not accessing needed services. A number of respondents focused on the impact on children with disabilities specifically, namely exclusion from education when schools, transport, or digital learning tools are inaccessible, developmental and mental health effects from prolonged disruption, and increased exposure to neglect, violence and exploitation when protection and support services are reduced.

“Children with disabilities may face increased exclusion from education when schools, temporary learning spaces, shelters, transport and digital learning tools are not accessible or when individual support is unavailable. Prolonged disruption may negatively affect their development, social inclusion, mental health and future opportunities. Reduced access to protection and support services may also increase exposure to neglect, violence, exploitation and abuse, while making it more difficult for children and caregivers to report concerns or obtain timely assistance. Families are often required to compensate for gaps in services by providing additional care, transportation and support. This may prevent caregivers from working, reduce household income and increase emotional, physical and financial pressure on the entire family. These impacts are often cumulative and may deepen existing inequalities, isolation and dependency unless disability inclusion is systematically integrated into humanitarian planning, funding and service delivery.”

Local/ national NGO- Europe

Wellbeing of advocates. One OPD raised a point not captured elsewhere: that prolonged uncertainty and financial hardship are affecting the mental health and wellbeing of disability rights advocates themselves, and that organizations are struggling to retain qualified staff and sign-language interpreters because funding doesn't cover the real cost of these services.

Accessible communication. Finally, exclusion of Deaf people and others reliant on sign-language services and other accessible communication was raised multiple times.

“... increasing exclusion of refugees with disabilities, particularly Deaf refugees, from humanitarian programmes because accessibility and reasonable accommodation are often reduced or overlooked when funding is cut. Services such as qualified sign language interpretation, accessible information, assistive devices, and disability-inclusive outreach are frequently considered non-essential, preventing many refugees with disabilities from accessing life-saving information, protection services, education, livelihoods, and durable solutions.”

OPD- East Africa

“Funding constraints directly exacerbate physical dependency among mine survivors and persons with disabilities. Without timely access to specialized mobility aids, clinical fittings, and trauma-informed

psychosocial support, beneficiaries experience rapid functional regression and prolonged psychological distress. Reduced mobility severely limits their physical capacity to access general humanitarian distribution sites (such as food, WASH, and emergency aid). Consequently, family caregivers—predominantly women—absorb an overwhelming care burden, which restricts their economic productivity and drives households deeper into poverty and negative coping strategies.”

Local/ national NGO- Middle East

“Recent funding cuts are eroding years of progress in disability-inclusive humanitarian action. Local Organizations of Persons with Disabilities (OPDs) are reducing staff, community outreach, and emergency preparedness due to shrinking resources. In (country X), this particularly affects women and girls with disabilities, who face greater barriers to protection, essential services, and participation. The loss of experienced staff and local capacity also threatens long-term resilience and localization efforts. Sustained, flexible, multi-year funding for OPDs is essential to protect inclusive humanitarian systems and ensure persons with disabilities are not left behind during current and future crises.”

OPD- country X

2.6 Human resources cuts⁶

35.8% of respondents report that their organization has cut, or is planning to cut, human resources working on disability inclusion, while 28.4% report no such cuts; a further 8.6% are unsure (for a quarter of respondents—25.9%, the survey export did not reliably capture a Yes/No answer to this specific question, a data quality issue explained in footnote 5). This could indicate a possible positive trend since June 2025, where over half (51%) of respondents indicated that their organization is planning to cut human resources that work on advancing disability inclusion.

23 comments were received to this question. The dominant pattern seems to be absorption rather than simply elimination—several organizations describe folding a dedicated role or team into broader protection, community engagement, or cross-cutting functions, leaving more generalist role/s cover ground that previously had specialist attention. This pattern is reported by both UN entities and international NGOs. Others describe workforce reductions of 50% or more, or the loss of specialist technical roles (such as physiotherapists, prosthetics and orthotics specialists, MHPSS experts) that are difficult to rebuild once lost. A number of OPD respondents note that they already operate on an entirely volunteer basis and therefore have no further paid staff to cut.

“Yes massively cut, from some 60 staff members prior to 2021 we are down to 1 person in 2026”

Local/ national NGO- Central Asia, South East Asia

“To absorb funding shocks and maintain core field presence, our operational structure has increasingly shifted toward short-term, daily, or on-call technical deployment modalities (e.g., short-term field technicians, daily case assistants) rather than sustained multi-year staff positions. While this preserves immediate field reach, it creates retention challenges for specialized technical capacity (such as P&O specialists, physiotherapists, and MHPSS experts) and impacts the long-term continuity of specialized case management.”

Local/ national NGO- Middle East

“No at all, cause we are implementing some programs on a voluntary basis”

OPD- East Africa

⁶ For the questions on human resources cuts and on changes to communication, a subset of respondents (21 and 16 respectively, in English and French) typed directly into the follow-up comment field without first selecting a Yes/No option in the online form. These cases are shown as “Not indicated” in the quantitative tables at annex 1; The free-text comment itself was captured normally in every case and is reported, so no substantive information has been lost — only the closed-ended tally for that respondent.

Where disability-inclusion capacity has survived, this depends heavily on earmarked or dedicated funding rather than being a systemic guarantee. Where a specialized disability-inclusion position was preserved or reinstated, respondents attribute this specifically to ring-fenced donor or headquarters funding, not core budgets, meaning the presence or absence of this kind of funding, rather than institutional commitment per se, appears to be the deciding factor in whether a role survives.

“Workforce reductions affecting disability inclusion have taken place across our global, regional and field operations. While disability inclusion responsibilities have generally formed part of broader protection and other portfolios rather than dedicated field-level functions, reduced staffing has meant that colleagues are increasingly covering multiple roles and priorities. This has, in some contexts, contributed to the deprioritization of disability inclusion and reduced capacity for technical support, coordination and sustained follow-up on related initiatives. Following the initial discontinuation of one dedicated position, this function has since been reinstated through targeted donor funding, underscoring the important role such funding can play in sustaining disability inclusion capacity.

UN entity- global

Respondents from different regions also noted that remaining disability-inclusion staff (often focal points) are absorbing significant added strain as their portfolios expand to cover work previously spread across more people.

“While our organization remains committed to maintaining disability inclusion across programmes ... any reduction in human resources would have a significant impact on our ability to sustain these efforts. Teams supporting vulnerable populations are already experiencing increased emotional strain as they respond to growing needs with fewer resources. Reducing staffing would further increase the workload of disability focal points, who already balance these responsibilities alongside their core functions. This is likely to result in reduced capacity for coordination, technical support, capacity building, monitoring, and quality assurance, forcing teams to deprioritize or discontinue some disability inclusion activities and ultimately affecting the quality and consistency of support provided to persons with disabilities.”

UN entity- Middle East

2.7 Change in how the organization communicates about disability inclusion⁷

Similar to the results in June 2025, only a small proportion (21% overall) of respondents indicated that their organization has changed the way it communicates about disability inclusion. Somewhat surprisingly, UN entities and INGOs were more likely to report no changes (63% and 71% respectively), compared to OPDs (45.5%) and local national NGOs (50%). There was not a large difference reported between humanitarian actors with a general or a specific disability inclusion mandate.

16 Comments were received to this question. A small number of organizations describe having strengthened or reframed their communications, such as by adopting a stronger rights- and dignity-based framing, often explicitly as a way of protecting the visibility of disability inclusion under funding pressure. This may explain to at least some extent the changes reported by OPDs. Other respondents described disability inclusion being relabelled, generally as broader inclusion, participation or protection, in response to a shifting political funding environment.

⁷ For the questions on human resources cuts and on changes to communication, a subset of respondents (21 and 16 respectively, in English and French) typed directly into the follow-up comment field without first selecting a Yes/No option in the online form. These cases are shown as "Not indicated" in the quantitative tables at annex 1; The free-text comment itself was captured normally in every case and is reported, so no substantive information has been lost — only the closed-ended tally for that respondent.

“We have strategically reframed our communication around a strict 'Dignity First' and functional independence framework (in line with international mine action standards like IMAS 13.10). Rather than portraying inclusion as an optional or add-on humanitarian activity, we actively communicate disability inclusion and physical rehabilitation as non-negotiable protection priorities and essential prerequisites for life-saving aid access. We also emphasize evidence-based outcomes, tracking survivor transformations from medical dependency to economic self-reliance to demonstrate cost-effectiveness to donors.”

Local/ national NGO- Middle East

“The organization continues to promote disability inclusion.... Greater emphasis is being placed on demonstrating the cost-effectiveness and life-saving value of inclusive humanitarian action.”

International NGO- Middle East, North Africa, East Africa

“... As funding becomes more constrained and donors increasingly prioritize interventions that reach larger numbers of beneficiaries, (UN entity) has intensified its advocacy to highlight the additional resources required to ensure that children with disabilities are not left behind and that equitable, rather than purely numerical, approaches guide funding decisions.”

UN entity, Middle East

“It is an ongoing internal discussion, especially when working for UN entities directly funded by US Government”

International NGO

2.8 Recommendations

The two open questions on concrete actions and on the DRG's role drew by far the largest number of substantive responses (67 and 64 respectively) and converge on a consistent set of asks. These are summarized below under two headings: recommendations for the DRG's own action and direction, and recommendations for humanitarian leadership and donors.

Recommendations for the DRG's own action and direction

Collective, unified advocacy. By far the most frequent recommendation across virtually every organization type and region is that the DRG should speak with one voice- to donors, OCHA, the IASC, governments, and other global coordination structures- rather than members advocating individually or fragmenting the message. Several respondents explicitly frame this as the DRG's core comparative advantage.

Evidence generation, documentation, and knowledge-sharing. A large number of respondents want the DRG to systematically document and share evidence of how funding cuts are affecting persons with disabilities, and to circulate good practices and learning among members, positioning the DRG as a hub for evidence-based advocacy.

Coordination, technical guidance, and capacity-building. Many respondents ask the DRG to provide practical, field-ready tools and guidance, facilitate coordination and information-sharing among members to avoid duplication, and support capacity-building, both for humanitarian actors generally and for OPDs specifically. A few suggest formal sub-structures for this, such as an OPD-focused sub-working group or regional/international peer-exchange platforms. One concrete example is that the DRG publish funding-distribution charts on its website, showing sources and how to access them, in multiple languages and accessible formats.

Meaningful OPD representation and rights-based communication. A consistent thread, especially from OPD respondents, asks the DRG to ensure OPDs have genuine leadership and voice in shaping DRG positions, not just token consultation. On communication style specifically, several respondents want messaging framed around

dignity, rights, and want DRG materials produced in accessible formats and additional languages, particularly French.

“The DRG's clear comparative advantage lies in bringing together diverse stakeholders, amplifying the voices of persons with disabilities and their representative organizations, and providing a collective platform for advocacy, learning and exchange. In the current context, continued efforts to document the impacts of funding cuts, share good practices, and promote sustained commitment to disability-inclusive humanitarian action will be particularly important. The DRG can also play an important role in collective advocacy with donors for sustained and dedicated funding for disability inclusion, helping to ensure that recent gains are not lost and that persons with disabilities remain visible in humanitarian responses.”

UN entity- global

“I think DRG can do a lot, it can be our voice to advocate - sometime some aggressive advocacy is needed ... local orgs / OPDs have no capacity to reach out to those making decisions... sometime i think we speak among ourselves (good but not enough) we should go beyond that... just the same approach that created the CRPD ... constantly checking on, advocating , demanding and presenting evidences, testimonies ... i know these are common things but OPDs / notional orgs can't do these at global level ... ”

Local/ national NGO- Central Asia, South-East Asia

“The DRG's most critical role in the current context is to serve as a collective voice that holds the humanitarian system accountable to its own commitments on disability inclusion — particularly when funding pressures create incentives to deprioritize inclusion. Concretely, the DRG should: strengthen its communication with OPDs on the ground to ensure their voices shape DRG positions; produce accessible, evidence-based advocacy materials that donors and coordination bodies can act on; and position disability inclusion not as a standalone issue but as integral to protection, recovery and resilience agenda.”

OPD- Europe

Recommendations for humanitarian leadership and donors

Protecting and redirecting funding. The largest single cluster of asks are for dedicated, flexible, multi-year funding for disability inclusion, protected from being the first thing cut; and ring-fenced or mandatory budget lines/markers for disability across funding streams.

Mainstreaming disability inclusion into core humanitarian tools. Repeated calls are to embed disability inclusion into standard humanitarian architecture rather than treating it as a stand-alone, separately funded activity. Respondents specifically name, for example, the SPHERE standards revision, MSNA/ISNA/MIRA assessments, Humanitarian Needs and Response Plans, protection assessments, and Country Strategic Plans.

Redefining what counts as "lifesaving". Multiple respondents advocated for specific interventions such as rehabilitation, assistive technology, and mental health support to be classified as core, life-saving protection activities, rather than categories that get deprioritized when budgets tighten.

Localization- shifting resources to OPDs directly. A strong and recurring theme, mostly but not only from OPD respondents is direct and flexible funding to OPDs and a shift of implementation responsibility toward OPDs rather than larger intermediary organizations that absorb more resources into overhead and logistics. Multiple comments noted the need to reduced eligibility criteria and ensure simplified compliance requirements so that OPDs can access funding directly.

Data and disaggregation. Comments include recurring calls for wider, more consistent use of the Washington Group Questions to collect and use disability-disaggregated data.

Embedding disability inclusion in coordination structures. Multiple respondents want stronger OPD representation within clusters, Humanitarian Country Teams, and Inter Cluster Coordination Groups (ICCGs), and closer engagement with government-led coordination processes at country level; a number of respondents called for disability inclusion working groups to be activated more systematically; and one respondent specifically proposes a dedicated disability inclusion position within the HCT structure.

Guarding against siloing. Some comments point out that as political pressure grows around specific ‘identity domains’ (disability, gender, sexual orientation), there is a risk these get treated as siloed, separate issues rather than intersecting, compounding vulnerabilities, and a corresponding risk that advocacy softens on intersectionality to avoid donor backlash. Respondents propose that the DRG build stronger networks with gender, localization, AAP and PSEA actors.

In order to not lose the richness of the comments received, a selection is included at Annex 2.

“Helping shape the funding landscape in alternative ways... if we couldn't find the light of the moon, we can use the light of the stars to replace!”
OPD- East Africa

3. Experiences of OPDs- focus group discussions

3.1 Methodology

The two focus group discussions were held in August 2026, bringing together OPD representatives from country, regional and global networks.

As agreed with all participants at the outset, individual contributions are anonymized in this report and are not attributed to named individuals or, in most cases, to specific organizations; they are instead described by role, organization type and region.

The question guide for the focus group discussions is included at annex 3.

3.2 Key findings

In many, but not all examples given by OPDs, challenges pre-date the more recent funding cuts. OPDs described being chronically under-funded and excluded from decision making processes, rather than this being a new development since 2025. However, OPDs did speak consistently about these challenges now being exacerbated.

Across both focus groups, OPD representatives described experiencing funding cuts in multiple, compounding ways- the direct loss or non-renewal of specific projects and grants; a sharp increase in competition for a shrinking pool of general humanitarian funding, in which OPDs consistently described themselves as structurally disadvantaged relative to larger, non-disability-led organizations; and, in several cases, changes to national government policy (taxation, registration requirements) compounding the funding loss with new compliance costs and, in one case, a risk of forced closure. In one discussion, a notable framing shift was identified, in that advocacy focus has shifted from securing continued improvement to simply trying to prevent further

deterioration, a marker of an overall trajectory that several other contributions in both groups corroborate without stating as explicitly.

3.3 Impact on persons with disabilities

Participants in both groups linked funding cuts to tangible, personal costs being pushed onto persons with disabilities and their families, most commonly the cost of accessibility support (sign-language interpretation, transport to meetings and services) that was previously covered by organizational budgets and must now, if it happens at all, be paid for personally.

In both discussions, participants pointed out that the impact of funding cuts is compounded by political shifts, particularly in relation to migration, which is negatively affecting refugees with disabilities, including in development contexts.

3.4 Impact on OPDs' own work, and adaptations

In the face of increased competition for funding, a theme raised in both groups is that OPDs are often included in consortia or coalitions more for compliance purposes than as genuine partners. One participant described OPDs being included in winning coalition bids, but receiving a much smaller proportional share of the resulting funding than other coalition members, with the explicit rationale given being that OPDs are 'not well developed enough' to responsibly manage larger sums.

Participants also stressed that reduced staffing and funding has directly constrained OPDs' ability to participate in advocacy, coordination and consultation spaces that would otherwise provide them a space to have a voice and to participate in planning and decision making in the context of funding cuts.

Some OPDs gave examples of the impact of specific geographic regions being prioritized over others, leaving OPDs in these regions unable to provide the support services they had been providing country-wide. In one specific example, a particular donor's available funding was described as being increasingly channelled through its business-oriented strategy, thus forcing an advocacy-focused OPD network to navigate an entirely new, business-consortium-driven funding landscape for which it was not originally built.

Taken together, these accounts illustrate the localization paradox from the OPD perspective: OPDs are expected to be partners in a more localized response, yet are often included in consortia largely for compliance, receive a disproportionately small share of funding, and are losing the staff capacity needed to take part in the coordination spaces where localization is meant to happen.

One theme that emerged from discussion is that OPDs are adapting to lost funding through establishing informal, self-generated mutual aid and livelihoods mechanisms rather than through any substitute institutional support. For example, community-based micro-savings and micro-lending groups, and small-scale livelihood activities.

3.5 Recommendations

Funding. Issues of funding featured heavily in recommendations made. The most frequently repeated recommendation across both focus groups is for the creation of a specific, ring-fenced funding stream for OPDs and disability inclusion work, rather than requiring OPDs to compete within general humanitarian funding calls where they are structurally disadvantaged. A second strongly recurring recommendation is to simplify and streamline donor bureaucracy, reporting requirements and eligibility criteria so that organizations with limited administrative capacity can realistically access funding directly, rather than only through intermediary or umbrella organizations. One suggestion was made for an economic/financial transparency tool that would make it possible to see clearly how much funding is allocated to disability inclusion relative to overall development and humanitarian spending.

Participation. Another common thread is on participation. Several participants recommended that the DRG and donors support genuinely meaningful (rather than tokenistic) representation of diverse OPD constituencies in humanitarian coordination mechanisms.

Using this report. Finally, participants expressed a strong appetite for this report itself, and the DRG's convening power more broadly, to be used actively and directly with donors. Participants proposed that the DRG use the findings to convene a joint dialogue directly involving donor agencies, international organizations, governments and OPDs together, disseminate findings through media, and ensure the report specifically reaches donor agencies rather than circulating only within DRG membership. A participant speaking on behalf of an OPD partnership network proposed that the report include concrete case studies of specific projects or services that were ended, as distinctively persuasive and usable advocacy material.

4. Experiences of NGOs and UN entities

4.1 Methodology

Six key informant interviews were held in August 2026 with UN and NGO staff at global and country level.

As agreed with all participants at the outset, individual contributions are anonymized in this report and are not attributed to named individuals or specific organizations; they are instead described by organization type.

The question guide for the key informant interviews is included at annex 4.

4.2 Key findings

Every informant reported some form of funding contraction affecting disability-inclusive humanitarian action, whether directly or as a knock-on effect of broader humanitarian funding cuts. Several specifically traced the trigger to the withdrawal of USAID/US government funding in early 2025, though more than one informant stressed that the underlying contraction in humanitarian funding had begun before that and is broader than any single donor.

Several informants recognized that it is often very difficult to isolate cuts specifically targeted at disability inclusion from the broader contraction of humanitarian budgets. Some, for example, cautioned that their organizations could not reliably produce a disability-specific percentage or figure for funding lost, because disability inclusion is not tracked as a distinct budget line in the way that, for example, a country programme or sector is. Some felt that there has not been a deliberate, targeted cut to disability inclusion as such, but that disability-inclusive work is disproportionately impacted when broader programming is cut, because it was rarely ring-fenced to begin with.

In addition to cuts to dedicated positions on disability inclusion, informants frequently described the merging or broadening of previously dedicated disability-inclusion roles into wider portfolios. This was raised by both UN and NGO informants, with dedicated positions being combined with gender, protection, safeguarding or other cross-cutting functions, or absorbed into generalist roles altogether. For example, in one organization, a team shrunk from 12 to 3 people, with the disability inclusion role being expanded to cover multiple cross cutting areas. Several informants noted that such merging of functions can mask the real scale of capacity loss in headcount figures, since a title may persist even as the disability-specific time and expertise behind it shrinks substantially. In one example, a disability inclusion role that had been cut was later reinstated, highlighting that the need for such dedicated capacity is in some cases being recognized in hindsight.

Informants also consistently identified earmarked or dedicated donor funding as currently one of the only reliable protective factors for disability-specific positions and programming. Where earmarked funding exists,

positions and projects were more likely to be preserved or reinstated; where funding was flexible/unearmarked, disability inclusion was more likely to be deprioritized in competition with other demands.

A specific project, run in partnership between an NGO and OPDs in selected countries focused on consultation with adolescent girls with intellectual disabilities and their caregivers and was terminated a year before its planned end date. The organization was able to produce a shortened learning report but was not able to produce planned e-learning modules.

4.3 Impact on organizations' work

"It prioritizes efficiency over inclusion"- Referring to the Humanitarian Reset

UN entity country office

"Simplifying processes can help us respond to reduced capacities — but we need to make sure that 'simpler' doesn't mean losing the targeted actions that support disability inclusion".

UN entity global level

Informants described two distinct sets of pressures: those resulting directly from reduced funding, such as the loss of staff, programmes and data collection capacity; and those resulting from policy choices under the Reset, such as hyper-prioritization, simplified processes and narrower eligibility criteria. The quotations above relate to the latter. The first three themes below are driven mainly by funding cuts, the fourth by both funding cuts and Reset- related changes to coordination mechanisms, and the last mainly by Reset policy.

The clearest and most cross-cutting theme across every key informant interview is a deterioration in the quality, consistency or availability of data on persons with disabilities. This includes gaps in basic disability prevalence data and reliance on outdated census figures; uneven and incomplete application of the Washington Group Questions, driven by capacity and by funding; and concern that agencies are increasingly reluctant to commit to data-collection exercises that they lack the funding to guarantee delivery against, creating a self-reinforcing cycle.

Informants also described the loss of standalone, targeted disability-specific programming in favour of mainstreaming. In one example, an organization no longer writes funding proposals for projects targeting persons with disabilities, only mainstreamed programming with a disability lens layered in. One informant identified a risk that this will create gaps, such as for case management for people with intellectual disabilities.

The risks to participation by OPDs in coordination mechanisms were frequently raised, despite commitment by UN entities and NGOs, due to cuts in funding faced by OPDs. This is exacerbated in lower-capacity contexts, where once a specialist actor withdraws, there may be no one left to pick up coordination of disability inclusion, such as through disability inclusion working groups. By contrast, informants gave more mixed views on partnerships with OPDs. Some reported that partnerships with OPDs had not deteriorated and in some respects had strengthened, while others cautioned that this cannot be assumed to be the trend more broadly, since OPDs often lack the institutional capacity for direct formal partnership with large UN agencies.

Turning to Reset-related policy impacts, a number of informants spoke about hyper-prioritization and a strong focus on life-saving assistance serving to push disability inclusion further to margins, rather than being viewed as core to humanitarian action. For example, one informant spoke about raising disability inclusion issues in a coordination meeting on two separate occasions and receiving the response "yesterday you talked about disability, today also disability?". There was also an example given of rehabilitation services being scaled back as they are relatively expensive against a lifesaving assistance benchmark, resulting in one context in some children with physical impairments receiving services needed, while those with hearing impairments did not. Other informants spoke about hyper-prioritization resulting in a narrowing of eligibility-criteria to receive

Informants further pointed to the effect of cuts on inter-agency work on disability inclusion at both country and global level. Disability inclusion working groups typically have no dedicated funding or mandate and rely on staff time volunteered by member agencies, so they are among the first structures to weaken when agencies cut staff. At global level, the DRG itself depends on the budgets of its co-chair agencies, and informants warned that without flexible funding for its minimal costs, such as accessibility and reasonable accommodation, the group could cease to function (see section 4.6). Linked to this point, disability inclusion has no institutional home or lead agency in the humanitarian architecture. Combined with the absence of ring-fenced funding or a system-wide accountability mechanism, this means that inter-agency work on disability inclusion, including tools, technical support and advocacy, depends on the voluntary commitment of individual agencies.

4.4 Adaptations, mitigations and positive developments

The most common approach described to protect or continue to advance disability inclusion is embedding a disability-inclusion lens into cross-cutting staff training, standard programming tools and monitoring/ reporting, rather than relying on the continued presence of a dedicated specialist. Some informants spoke about creative solutions to protecting some dedicated service delivery to children or adults with disabilities (such as provision of assistive devices), by shifting costs to alternate budget lines and restructuring such services under different programmes.

An often-reported response to loss of internal capacity is increasingly turning to external technical partnerships to backfill lost specialist capacity. Linked to this, a few informants spoke about decentralization and localization efforts resulting in country teams having strengthened partnership with local OPDs and disability-focused organizations, in the face of fewer international staff and partners. This positive trend sits alongside the localization paradox described elsewhere in this report. Informants also cautioned that OPDs often lack the institutional capacity and funding for direct formal partnerships with large agencies (section 4.3). Shifting responsibility towards local actors without accompanying resources therefore risks transferring risk rather than power.

Some informants spoke about a merging of ‘cross cutting’ functions creating strengthened attention to intersectionality, by facilitating an examination of who is at risk and why, with a broader diversity/inclusion lens. However, views among informants as to the relative advantages and risks of this are mixed, with some pointing to the loss of specific capacities and resources needed to address the particular requirements of persons with disabilities and others speaking about the opportunity that a broader intersectional approach provides to embedding disability inclusion in a more comprehensive way.

There was one example given of disability inclusive humanitarian action having been strengthened since 2025, despite funding cuts. Factors identified as contributing to this strengthening include completion of disability-inclusion training by staff, creation of cross-sectoral focal points, a standing senior management meeting agenda item, a dedicated work plan, and the establishment of an interagency Disability Inclusion Working Group under the Resident Coordinator's Office. This example highlights that where decisions are made by leadership to continue prioritizing disability inclusion, overall funding cuts do not necessarily need to result in weakened progress on disability inclusion.

This example, together with the survey findings on earmarked funding (sections 2.4 and 2.6), points to a consistent set of factors that protect disability inclusion under funding pressure: dedicated funding; earmarked budget lines; dedicated technical expertise; leadership commitment; and accountability mechanisms such as standing agenda items, work plans and tracking. These are drawn together as a cross-cutting finding in section 5.

4.5 Impact on persons with disabilities

While most informants could speak to this topic only anecdotally, a recurring theme is that funding cuts to general humanitarian assistance and services are understood to affect persons with disabilities disproportionately, even where no single decision specifically targeted disability inclusion. Persons with

disabilities were perceived to have already been more dependent on the services being cut (such as rehabilitation, assistive devices, accessible transport, tailored education support) and with less capacity to absorb further barriers to access.

One important example was shared of how persons with disabilities can be placed at heightened risk in this context, even where they are not directly impacted by funding cuts. In this example, a woman with a disability in country X remained eligible for assistance after her neighbours had lost access, and she therefore faced a protection risk of resentment, pressure or theft. While in this example the individual was not facing a risk specifically because of her disability, it does serve to highlight that where communities are aware that persons with disabilities remain prioritized for assistance in the face of cuts, they are a particularly visible and identifiable group that is therefore placed in a situation of risk. This highlights again that funding cuts, even where not targeting people with disabilities specifically, have a disproportionate impact on persons with disabilities by creating more pressure on communities broadly.

A number of informants gave examples of cuts in funding impacting the capacity of organizations to continue subsidizing private/ accessible transport for persons with disabilities, resulting in barriers to accessing required services (examples were given of people with disabilities no longer being able to travel to regional centres to access rehabilitation services or assistive devices) and a more generalized isolation and loss of mobility and independence.

4.6 Recommendations

Recommendations for the DRG

Coordination in countries. The most consistently repeated recommendation across all interviews is that the DRG should support, fund or otherwise sustain dedicated technical coordination capacity at country level, such as a Disability Inclusion Working Group, or, where that is not feasible, a smaller ‘technical cell’ embedded within an existing structure such as the protection cluster or the Inter-Cluster Coordination Group. Informants noted that disability-focused working groups typically have no dedicated funding or mandate, unlike some other thematic working groups.

Advocacy to protect funding. A second recurring recommendation is that the DRG should take on more active joint or collective advocacy with donors and humanitarian leadership specifically to protect or restore dedicated funding for disability inclusion. This aligns with consistent observations that disability inclusion work is being protected largely by dedicated, earmarked funding. Other recommendations related to a potential role of the DRG in engaging with country-based pooled funds to explore whether disability-inclusion technical support could be structurally financed through this mechanism. Further on funding, it was suggested that the DRG should consider whether it could register or be hosted as an independent fundraising entity, rather than depending entirely on its co-chair agencies' own budgets, and learning from how comparable reference groups are financed and structured.

Monitoring and evidence generation. A third recurring theme concerns the DRG's role in monitoring and evidence generation- in the face of a reduction in collection of data on disability inclusion, more than one informant suggested the DRG has a distinct role to play in tracking, over time, whether disability inclusion remains visible in shortened, streamlined planning documents such as Humanitarian Needs and Response Plans, and in centrally compiling and sharing evidence, tools and case studies that would otherwise remain siloed within individual agencies. On a related theme, it was proposed that the DRG should act more assertively as a ‘clearinghouse’ for advocacy instruments and for training resources and tools developed by individual member agencies, to enable these to be better shared sector-wide rather than kept at agency level.

"That's it - the DRG is gone." — on what happens if flexible funding for the DRG's own minimal costs (accessibility, reasonable accommodation) runs out.
NGO global level

Recommendations beyond the DRG

Disability inclusion expertise. Across multiple interviews, the most repeated recommendation for the humanitarian system is to protect and, where already lost, reinstate dedicated disability-inclusion expertise and focal-point capacity during any further restructuring.

Access to funding for OPDs. A second recurring theme is the need to reduce the administrative and reporting burden that donor funding places on smaller and disability-led actors specifically, so that funding opportunities are not structurally inaccessible to OPDs.

IASC structures. There was also a recommendation made for disability inclusion to have a formal 'seat' within the IASC-level bodies that guide processes and mechanisms for humanitarian coordination. While the DRG is a Community of Practice of the IASC, it does not currently have links with the Humanitarian Working Group, the HPC Working Group or other influential entities.

5. Conclusions

Taken together, the survey results, focus group discussions and key informant interviews point to three overarching conclusions, and to a set of factors that determine whether recent gains made on disability inclusion withstand the current shifts in the humanitarian landscape.

Overall, the findings suggest that humanitarian response risks becoming less disability inclusive through the combined effect of funding cuts and the Humanitarian Reset. The cuts remove the dedicated staff, services, coordination mechanisms and data on which disability inclusion depends. Reset priorities of hyper-prioritization, simplification and streamlining then make it less likely that these gaps are noticed or filled. Neither driver is aimed at persons with disabilities, but together they compound long-standing marginalization.

Funding cuts are disproportionately affecting disability-inclusive humanitarian action

Almost nine in ten survey respondents report that their disability-inclusion work has been affected, an increase since June 2025. The full picture is likely to emerge only in 2027, as multi-year funding agreed before the cuts comes to an end. Key informants were clear that this is rarely the result of deliberate decisions to cut disability inclusion. Rather, because disability inclusion was seldom ring-fenced, it is disproportionately exposed when broader programmes contract. Specialized services such as rehabilitation, assistive technology and sign-language interpretation, and the outreach, transport and accessible communication that allow persons with disabilities to reach mainstream assistance, are among the first to go. The gains made in disability-inclusive humanitarian action therefore remain fragile: they have depended on project funding and individual champions more than on systems.

OPDs are bearing a disproportionate share of the impact

OPDs report being affected almost universally, and more deeply and immediately than larger actors. Many were chronically underfunded before 2025 and had few reserves to absorb further losses. They now describe office closures, continuing reliance on volunteers, and a shift from advocacy to organizational survival. This is compounded by a localization paradox: the Humanitarian Reset expects local actors, including OPDs, to take on

greater responsibility, yet OPDs face shrinking funding, high compliance requirements, a small share of consortium funding and a diminishing capacity to take part in coordination. Without resources to match responsibility, localization risks shifting burden and risk to OPDs rather than shifting power.

Without deliberate safeguards, aspects of the Humanitarian Reset risk accelerating exclusion

Distinct from the effects of reduced funding, several Reset policy directions carry specific risks for persons with disabilities. Hyper-prioritization around narrowly defined life-saving assistance is leading to specialized disability support being treated as secondary, and to narrower eligibility criteria. Simplified targeting and shortened planning documents risk reducing the visibility of persons with disabilities in data and plans. Streamlined coordination puts disability inclusion working groups, which are already largely unfunded and reliant on voluntary staff time, at risk of disappearing. None of these outcomes is inevitable, but none will be avoided by default: they require deliberate safeguards within Reset processes.

Dedicated expertise and coordination mechanisms are under pressure

The loss of dedicated disability-inclusion expertise stands out across all three data sources. The dominant pattern is the absorption of specialist roles into broader protection, gender or inclusion portfolios rather than outright elimination. Broader roles can bring a useful intersectional lens, but without safeguards they dilute specialist capacity and mask its loss in headcount figures. At the same time, the coordination structures that sustain system-wide attention to disability inclusion are rarely funded and at risk of being disbanded. This extends to inter-agency work at global level, including the DRG itself. It reflects a structural gap: disability inclusion has no institutional home, lead agency or ring-fenced funding in the humanitarian architecture, so inter-agency work on it depends on voluntary commitment.

Opportunities within the current shifts

The findings also point to opportunities. The Reset's commitment to devolve power and resources closer to communities, including the ambition to allocate 70% of OCHA-managed pooled funds to local actors (GPC, n.d.), could benefit OPDs if eligibility and compliance requirements are adapted to their capacity. Some informants reported stronger country-level partnerships with OPDs as international presence decreases. Merged cross-cutting roles can strengthen an intersectional approach where disability expertise is retained, and embedding disability inclusion in standard tools, training and monitoring makes it less dependent on individual specialists. At least one example shows that leadership decisions can strengthen disability inclusion despite overall cuts. Whether these opportunities are realized depends on the protective factors set out below.

What protects disability inclusion

A consistent cross-cutting finding is that disability inclusion has been maintained, and in some cases strengthened, where the following factors are in place:

- **dedicated funding** for disability inclusion;
- **earmarked budget lines**, which respondents and informants identified as one of the strongest protective factors;
- **dedicated technical expertise**, whether in-house or through technical partnerships;
- **leadership commitment**, such as standing senior management agenda items and explicit decisions to continue prioritizing disability inclusion; and
- **accountability mechanisms**, such as work plans, focal point networks, coordination structures and the tracking of disability-inclusion funding and data.

6. Consolidated recommendations

The recommendations below consolidate those made by survey respondents, focus group participants and key informants, organized by the actors best placed to act on them. More detail on the recommendations from each source is presented in sections 2.8, 3.5 and 4.6, and a selection of survey comments in Annex 2. They reflect what participants asked for and are intended as a basis for the DRG to develop its positioning and advocacy messages and to engage in policy and guidance dialogues, rather than as agreed DRG positions.

While the survey responses, focus group discussions and interviews did not generate any recommendations specifically for OPDs, it is recognized that they are central actors in delivery of inclusive, quality and accountable humanitarian response.

Donors

- Provide dedicated, flexible, multi-year funding for disability inclusion to protect it from being the first line cut when budgets tighten.
- Use earmarked budget lines or markers for disability inclusion across humanitarian funding streams, so that spending can be protected and tracked.
- Create or expand funding streams that OPDs can access directly, including core funding, with eligibility, compliance and reporting requirements proportionate to grant size.
- Where funding reaches OPDs through consortia or intermediaries, require a fair share of resources and a genuine partnership role for OPDs.
- Fund the enablers of inclusion, including reasonable accommodation, sign-language interpretation, accessible transport and accessible communication, as core programme costs.

Humanitarian leadership (IASC, OCHA, Humanitarian Coordinators and HCTs)

- Build disability-inclusion safeguards into Humanitarian Reset processes, such as by ensuring a focal point for disability inclusion in Reset- related decision-making processes at country and global level.
- Recognize disability inclusion interventions, such as assistive technology, and accessible information as lifesaving where they enable survival and access to assistance.
- Ensure that shortened Humanitarian Needs and Response Plans and needs assessments (such as MSNA and MIRA) retain disability-disaggregated data and analysis.
- Sustain country-level disability inclusion coordination capacity, whether a working group or a technical cell within an existing structure such as the ICCG, and ensure meaningful OPD representation in clusters, ICCGs and HCTs.
- Give disability inclusion clear institutional ownership within the coordination architecture, so that inter-agency technical work does not depend on voluntary commitment.

UN agencies and NGOs

- Protect dedicated disability-inclusion expertise and focal points during restructuring; where roles are merged, retain explicit disability-inclusion responsibilities and time allocations.
- Embed disability inclusion in standard tools, training, monitoring and reporting so that it does not depend on individual specialists.
- Continue to collect, analyse and report disability-disaggregated data, including within simplified targeting approaches.
- Track funding for disability inclusion internally so that the effects of cuts can be monitored.
- Work with OPDs as genuine partners, including through fair budget shares, coverage of core costs and support for their participation in coordination.

- Put in place the protective factors identified in this report: leadership commitment, dedicated budget lines, dedicated expertise and accountability mechanisms.

DRG

- Advocate collectively, with one voice, to donors, OCHA and the IASC for dedicated and flexible funding and for disability-inclusion safeguards in the Reset, using this report as the basis for a joint dialogue with donors, governments, international organizations and OPDs.
- Monitor over time whether disability inclusion remains visible in streamlined planning documents, and act as a clearinghouse for evidence, case studies, tools and training developed by members, including concrete cases of services and projects that have ended.
- Support sustained country-level coordination capacity.
- Document the effect of cuts on inter-agency coordination and on the DRG's own resourcing and use it to make the case for predictable funding for inter-agency disability inclusion work.
- Ensure genuine OPD leadership in shaping DRG positions, and produce materials in accessible formats and additional languages, particularly French.
- Build alliances with gender, localization, and AAP actors to guard against siloing and to keep an intersectional approach.
- Secure a sustainable basis for the DRG's own work, including flexible funding for accessibility and reasonable accommodation, and explore options for independent fundraising.

Annex 1- Survey data

Responses by language

Response	N	%
English	70	86.4%
French	6	7.4%
Spanish	2	2.5%
Arabic	3	3.7%

Responses by geographic region covered⁸

Respondents could select more than one region; counts do not sum to the total number of respondents (81).

Region	N	%
Middle East	23	28.4%
East Africa	23	28.4%
Central Africa	11	13.6%
Other	10	12.3%
West Africa	7	8.6%
Global	6	7.4%
Southern Africa	5	6.2%
Europe	5	6.2%
South-Eastern Asia	4	4.9%
Central America and the Caribbean	3	3.7%
South America	3	3.7%
North Africa	2	2.5%
Central Asia	2	2.5%
Western Asia	2	2.5%
Oceania/Pacific	1	1.2%
Eastern Asia	0	0.0%
Australia and New Zealand	0	0.0%
North America	0	0.0%

⁸ The question on geographic coverage allowed respondents to select more than one region, so regional counts do not sum to the total number of respondents and a single respondent can appear in more than one regional breakdown. Regional cross-tabulations in this report are shown for every region with at least five respondents; smaller regional subsets exist in the underlying dataset but are not broken out individually given the risk of over-interpreting very small samples (as few as one or two respondents).

Responses by type of organization

Response	N	%
Organization of Persons with Disabilities (OPD)	33	40.7%
Local/ national NGO	10	12.3%
International NGO	17	21%
UN entity	19	23.5%
Other	2	2.5%

Responses by organizational mandate

Response	N	%
Humanitarian actor with a general mandate to deliver humanitarian assistance	28	34.6%
Humanitarian actor with a disability inclusion focus	39	48.1%
Other	14	17.3%

Participation in humanitarian coordination mechanisms

Response	N	%
Yes	75	92.6%
No	3	3.7%
I don't know	2	2.5%

Among the 76 respondents (English and French) who were asked to specify which mechanisms they participate in from a fixed list, engagement was as follows:

Response	N	%
Health Cluster	32	42.1%
Nutrition Cluster	16	21.1%
Food Security Cluster	30	39.5%
Protection Cluster	54	71.1%
Shelter, Land and Site Coordination (SLSC) Cluster	22	28.9%
WASH Cluster	33	43.4%
Education Cluster	39	51.3%
Logistics and Telecommunications Cluster	10	13.2%
Humanitarian Country Team (HCT)	21	27.6%
Disability Inclusion or Inclusion Working Group	55	72.4%
Protection Working Group	35	46.1%

Response	N	%
AAP Working Group	27	35.5%
Gender Working Group or Gender Advisory Group	36	47.4%
Other	11	14.5%

Spanish and Arabic respondents answered this question in a different format (a single free-text/selection field) and are not included in this breakdown; their answers are reflected in the qualitative sections where relevant.

Has your work been affected by the funding cuts and/or Humanitarian Reset?⁹

Response	N	%
Yes	71	87.7%
No	8	9.9%
I don't know	1	1.2%

By type of organization

Group (n)	Yes	No	I don't know
Organization of Persons with Disabilities (OPD) (n=33)	32 (97%)	1 (3%)	0 (0%)
Local/ national NGO (n=10)	10 (100%)	0 (0%)	0 (0%)
International NGO (n=17)	13 (76.5%)	3 (17.6%)	1 (5.9%)
UN entity (n=19)	14 (73.7%)	4 (21.1%)	0 (0%)
Other (n=2)	2 (100%)	0 (0%)	0 (0%)

By organizational mandate

Group (n)	Yes	No	I don't know
Humanitarian actor with a general mandate to deliver humanitarian assistance (n=28)	23 (82.1%)	4 (14.3%)	0 (0%)
Humanitarian actor with a disability inclusion focus (n=39)	36 (92.3%)	2 (5.1%)	1 (2.6%)
Other (n=14)	12 (85.7%)	2 (14.3%)	0 (0%)

By region (regions with n ≥ 5)

Group (n)	Yes	No	I don't know
Global (n=6)	6 (100%)	0 (0%)	0 (0%)
Middle East (n=23)	19 (82.6%)	4 (17.4%)	0 (0%)
East Africa (n=23)	23 (100%)	0 (0%)	0 (0%)
Central Africa (n=11)	10 (90.9%)	1 (9.1%)	0 (0%)
Southern Africa (n=5)	5 (100%)	0 (0%)	0 (0%)

⁹ See footnote 4 for an explanation of how responses to this question are presented.

Group (n)	Yes	No	I don't know
West Africa (n=7)	6 (85.7%)	0 (0%)	1 (14.3%)
Europe (n=5)	5 (100%)	0 (0%)	0 (0%)
Other (n=10)	9 (90%)	1 (10%)	0 (0%)

Areas of work affected- Consolidated (Q7 + Q14 + Arabic word-form respondents)

Base: 77 respondents who reported being affected and answered this question (49 via Q7, 25 via Q14, 3 Arabic word-form).

Response	N	%
Delivery of humanitarian assistance for basic needs (food, shelter, WASH, nutrition) inclusive of persons with disabilities	34	44.2%
Delivery of protection interventions inclusive of persons with disabilities	33	42.9%
Measures to remove access barriers for persons with disabilities	38	49.4%
Actions supporting empowerment, participation and/or capacity-strengthening of OPDs	30	39%
Data collection on persons with disabilities	26	33.8%
Addressing specific needs/requirements of persons with disabilities (assistive technology, rehab, cash top-ups)	33	42.9%
Engagement in coordination mechanisms for disability-inclusive humanitarian action	23	29.9%

Areas of work affected- Q7 only — corrected, multi-select format (most reliable for relative prevalence)

Response	N	%
Delivery of humanitarian assistance for basic needs (food, shelter, WASH, nutrition) inclusive of persons with disabilities	32	65.3%
Delivery of protection interventions inclusive of persons with disabilities	29	59.2%
Measures to remove access barriers for persons with disabilities	35	71.4%
Actions supporting empowerment, participation and/or capacity-strengthening of OPDs	27	55.1%
Data collection on persons with disabilities	21	42.9%
Addressing specific needs/requirements of persons with disabilities (assistive technology, rehab, cash top-ups)	29	59.2%
Engagement in coordination mechanisms for disability-inclusive humanitarian action	20	40.8%

Areas of work affected- Q14 only — original, single-select format (undercounts; one area per respondent at most)

Response	N	%
Delivery of humanitarian assistance for basic needs (food, shelter, WASH, nutrition) inclusive of persons with disabilities	0	0%
Delivery of protection interventions inclusive of persons with disabilities	2	8%
Measures to remove access barriers for persons with disabilities	1	4%
Actions supporting empowerment, participation and/or capacity-strengthening of OPDs	1	4%
Data collection on persons with disabilities	2	8%
Addressing specific needs/requirements of persons with disabilities (assistive technology, rehab, cash top-ups)	1	4%
Engagement in coordination mechanisms for disability-inclusive humanitarian action	0	0%

Areas of work affected- Arabic word-form respondents (item-by-item Yes/No; all 3 respondents affected in all 7 areas except where noted)

Response	N	%
Delivery of humanitarian assistance for basic needs (food, shelter, WASH, nutrition) inclusive of persons with disabilities	2	66.7%
Delivery of protection interventions inclusive of persons with disabilities	2	66.7%
Measures to remove access barriers for persons with disabilities	2	66.7%
Actions supporting empowerment, participation and/or capacity-strengthening of OPDs	2	66.7%
Data collection on persons with disabilities	3	100%
Addressing specific needs/requirements of persons with disabilities (assistive technology, rehab, cash top-ups)	3	100%
Engagement in coordination mechanisms for disability-inclusive humanitarian action	3	100%

Consolidated areas affected, by type of organization

Group (n)	Basic needs	Protection	Access	OPD capacity	Data	Specific needs	Coord.
Organization of Persons with Disabilities (OPD) (n=33)	45.5%	51.5%	54.5%	54.5%	30.3%	42.4%	30.3%
Local/ national NGO (n=10)	50%	60%	40%	40%	40%	50%	40%
International NGO (n=17)	41.2%	29.4%	47.1%	29.4%	47.1%	41.2%	29.4%
UN entity (n=19)	31.6%	21.1%	31.6%	10.5%	15.8%	31.6%	15.8%
Other (n=2)	50%	50%	100%	50%	50%	50%	50%

Consolidated areas affected, by organizational mandate

Group (n)	Basic needs	Protection	Access	OPD capacity	Data	Specific needs	Coord.
Humanitarian actor with a general mandate to deliver humanitarian assistance (n=28)	46.4%	35.7%	25%	25%	25%	32.1%	25%
Humanitarian actor with a disability inclusion focus (n=39)	43.6%	48.7%	61.5%	46.2%	35.9%	48.7%	35.9%
Other (n=14)	28.6%	28.6%	50%	35.7%	35.7%	35.7%	14.3%

Consolidated areas affected, by region (regions with n ≥ 5)

Group (n)	Basic needs	Protection	Access	OPD capacity	Data	Specific needs	Coord.
Global (n=6)	50%	33.3%	33.3%	33.3%	50%	33.3%	50%
Middle East (n=23)	65.2%	52.2%	34.8%	39.1%	30.4%	43.5%	34.8%
East Africa (n=23)	43.5%	43.5%	56.5%	47.8%	26.1%	39.1%	26.1%
Central Africa (n=11)	18.2%	36.4%	54.5%	36.4%	36.4%	36.4%	18.2%
Southern Africa (n=5)	20%	20%	40%	0%	20%	40%	0%
West Africa (n=7)	42.9%	14.3%	28.6%	28.6%	14.3%	14.3%	14.3%
Europe (n=5)	20%	20%	40%	20%	20%	20%	20%
Other (n=10)	30%	10%	60%	40%	50%	60%	40%

Impact on persons with disabilities

Response	N	%
More limited access to humanitarian assistance	71	87.7%
Negative impact on mobility, autonomy and independence	54	66.7%
Increased risk of violence, exploitation and abuse	61	75.3%
Increased likelihood of negative coping mechanisms	58	71.6%
Heightened exclusion from education for children with disabilities	52	64.2%
Higher care/support burden leading to lower household income	51	63%

By type of organization

Group (n)	Limited access	Mobility/autonomy	Violence/exploit.	Negative coping	Education excl.	Care burden
Organization of Persons with Disabilities (OPD) (n=33)	90.9%	69.7%	75.8%	69.7%	66.7%	63.6%
Local/ national NGO (n=10)	100%	80%	90%	70%	80%	80%

Group (n)	Limited access	Mobility/autonomy	Violence/exploit.	Negative coping	Education excl.	Care burden
International NGO (n=17)	88.2%	58.8%	76.5%	70.6%	64.7%	58.8%
UN entity (n=19)	73.7%	57.9%	63.2%	73.7%	47.4%	52.6%
Other (n=2)	100%	100%	100%	100%	100%	100%

By organizational mandate

Group (n)	Limited access	Mobility/autonomy	Violence/exploit.	Negative coping	Education excl.	Care burden
Humanitarian actor with a general mandate to deliver humanitarian assistance (n=28)	82.1%	57.1%	71.4%	75%	53.6%	60.7%
Humanitarian actor with a disability inclusion focus (n=39)	89.7%	69.2%	76.9%	71.8%	71.8%	64.1%
Other (n=14)	92.9%	78.6%	78.6%	64.3%	64.3%	64.3%

By region (regions with n ≥ 5)

Group (n)	Limited access	Mobility/autonomy	Violence/exploit.	Negative coping	Education excl.	Care burden
Global (n=6)	100%	50%	66.7%	50%	66.7%	33.3%
Middle East (n=23)	82.6%	82.6%	78.3%	78.3%	56.5%	60.9%
East Africa (n=23)	91.3%	78.3%	91.3%	73.9%	82.6%	78.3%
Central Africa (n=11)	100%	63.6%	81.8%	81.8%	63.6%	63.6%
Southern Africa (n=5)	80%	60%	60%	100%	60%	80%
West Africa (n=7)	100%	14.3%	100%	85.7%	71.4%	28.6%
Europe (n=5)	100%	40%	60%	60%	40%	80%
Other (n=10)	90%	80%	90%	90%	70%	90%

Human resource cuts¹⁰

Response	N	%
Yes	29	35.8%

¹⁰ For the questions on human resources cuts and on changes to communication, a subset of respondents (21 and 16 respectively, in English and French) typed directly into the follow-up comment field without first selecting a Yes/No option in the online form. These cases are shown as "Not indicated" in the quantitative tables at annex 1; The free-text comment itself was captured normally in every case and is reported, so no substantive information has been lost — only the closed-ended tally for that respondent.

Response	N	%
No	23	28.4%
I don't know	7	8.6%
Not indicated	21	25.9%

By type of organization

Group (n)	Yes	No	I don't know	Not indicated
Organization of Persons with Disabilities (OPD) (n=33)	14 (42.4%)	10 (30.3%)	0 (0%)	9 (27.3%)
Local/ national NGO (n=10)	3 (30%)	1 (10%)	1 (10%)	5 (50%)
International NGO (n=17)	7 (41.2%)	6 (35.3%)	1 (5.9%)	3 (17.6%)
UN entity (n=19)	5 (26.3%)	6 (31.6%)	5 (26.3%)	2 (10.5%)
Other (n=2)	0 (0%)	0 (0%)	0 (0%)	2 (100%)

By organizational mandate

Group (n)	Yes	No	I don't know	Not indicated
Humanitarian actor with a general mandate to deliver humanitarian assistance (n=28)	6 (21.4%)	6 (21.4%)	6 (21.4%)	9 (32.1%)
Humanitarian actor with a disability inclusion focus (n=39)	17 (43.6%)	12 (30.8%)	1 (2.6%)	9 (23.1%)
Other (n=14)	6 (42.9%)	5 (35.7%)	0 (0%)	3 (21.4%)

By region (regions with n ≥ 5)

Group (n)	Yes	No	I don't know	Not indicated
Global (n=6)	3 (50%)	1 (16.7%)	0 (0%)	2 (33.3%)
Middle East (n=23)	9 (39.1%)	6 (26.1%)	3 (13%)	5 (21.7%)
East Africa (n=23)	7 (30.4%)	7 (30.4%)	0 (0%)	9 (39.1%)
Central Africa (n=11)	3 (27.3%)	4 (36.4%)	0 (0%)	4 (36.4%)
Southern Africa (n=5)	1 (20%)	2 (40%)	1 (20%)	1 (20%)
West Africa (n=7)	1 (14.3%)	4 (57.1%)	1 (14.3%)	1 (14.3%)
Europe (n=5)	2 (40%)	1 (20%)	0 (0%)	2 (40%)
Other (n=10)	4 (40%)	3 (30%)	2 (20%)	1 (10%)

Changes in communication¹¹

¹¹ For the questions on human resources cuts and on changes to communication, a subset of respondents (21 and 16 respectively, in English and French) typed directly into the follow-up comment field without first selecting a Yes/No option in the online form. These cases are shown as "Not indicated" in the quantitative tables at annex 1; The free-text comment

Response	N	%
Yes	17	21%
No	44	54.3%
I don't know	2	2.5%
Not indicated	16	19.8%

By type of organization

Group (n)	Yes	No	I don't know	Not indicated
Organization of Persons with Disabilities (OPD) (n=33)	12 (36.4%)	15 (45.5%)	0 (0%)	5 (15.2%)
Local/ national NGO (n=10)	2 (20%)	5 (50%)	1 (10%)	2 (20%)
International NGO (n=17)	1 (5.9%)	12 (70.6%)	0 (0%)	4 (23.5%)
UN entity (n=19)	2 (10.5%)	12 (63.2%)	1 (5.3%)	3 (15.8%)
Other (n=2)	0 (0%)	0 (0%)	0 (0%)	2 (100%)

By organizational mandate

Group (n)	Yes	No	I don't know	Not indicated
Humanitarian actor with a general mandate to deliver humanitarian assistance (n=28)	4 (14.3%)	15 (53.6%)	2 (7.1%)	6 (21.4%)
Humanitarian actor with a disability inclusion focus (n=39)	8 (20.5%)	23 (59%)	0 (0%)	7 (17.9%)
Other (n=14)	5 (35.7%)	6 (42.9%)	0 (0%)	3 (21.4%)

By region (regions with n ≥ 5)

Group (n)	Yes	No	I don't know	Not indicated
Global (n=6)	0 (0%)	5 (83.3%)	0 (0%)	1 (16.7%)
Middle East (n=23)	3 (13%)	14 (60.9%)	1 (4.3%)	5 (21.7%)
East Africa (n=23)	3 (13%)	12 (52.2%)	1 (4.3%)	6 (26.1%)
Central Africa (n=11)	5 (45.5%)	2 (18.2%)	0 (0%)	4 (36.4%)
Southern Africa (n=5)	0 (0%)	4 (80%)	0 (0%)	1 (20%)
West Africa (n=7)	1 (14.3%)	5 (71.4%)	0 (0%)	1 (14.3%)
Europe (n=5)	0 (0%)	4 (80%)	0 (0%)	1 (20%)
Other (n=10)	6 (60%)	2 (20%)	0 (0%)	2 (20%)

itself was captured normally in every case and is reported, so no substantive information has been lost — only the closed-ended tally for that respondent.

Annex 2- Selection of recommendations from the survey

International NGO — Global

“As the sector faces an increased risk of political pressures around specific domains related to inclusion, there is a growing risk that inclusion domains such as disability, gender or sexual orientation will be considered as siloed issues rather than as cross-cutting, overlapping vulnerabilities leading to more or less severe levels of needs at the individual or household level. While siloed approaches are needed for specific categories of needs, including disability-specific needs (assistive devices, etc.), we should not put aside intersectional considerations in our advocacy and analysis efforts due to potential backlash from donors or other strategic stakeholders. Therefore, beyond disability partners, we need to ensure that we are actively collaborating with other partners focusing on other domains of vulnerability and inclusion.”

Local/ national NGO — Middle East

“Redefine 'Life-Saving' Criteria: Advocate directly with the IASC and major donors to explicitly classify physical rehabilitation, assistive technology, and trauma-informed MHPSS as integral components of 'life-saving protection' within the Humanitarian Reset agenda”.

Organization of Persons with Disabilities (OPD)- Country X

“The DRG should collectively advocate with donors for predictable, flexible, and multi-year funding dedicated to disability-inclusive humanitarian action and locally led OPDs. It should document and share evidence of the impacts of funding cuts, strengthen collective advocacy with global humanitarian actors, and promote disability inclusion in all humanitarian financing and policy decisions. The DRG should also facilitate knowledge sharing, capacity strengthening, and partnerships among members while ensuring that organizations led by persons with disabilities have meaningful representation in humanitarian coordination and decision-making at global, national, and local levels.”

Organization of Persons with Disabilities (OPD) — East Africa

“helping shape the funding landscape in alternative ways... if we couldn't find the light of the moon, we can use the light of the stars to replace!”

International NGO — East Africa

“ Together with OPDs, doing effective advocacy based on evidence shows the impact of the aid cut on the lives of persons with disabilities and their care givers (including their families)”

UN entity — Global

“While these efforts are underway, it is important to continue: • Advocating for sustained and flexible funding for disability-inclusive humanitarian action, including resources to remove barriers to access and meaningful participation for persons with disabilities. • Promoting investment in Organizations of Persons with Disabilities (OPDs) as key partners in humanitarian preparedness, response, monitoring, and coordination. • Advocating for the retention of disability inclusion expertise and focal point functions during organizational restructuring and prioritization processes. • Supporting the continued documentation and dissemination of evidence on the impact of funding cuts on persons with disabilities, including promising practices for maintaining inclusion in resource-constrained environments. • Promoting disability-disaggregated data, evidence generation, and accountability mechanisms to ensure persons with disabilities remain visible in humanitarian planning, implementation, monitoring, and resource allocation. ”

International NGO — South America

“The DRG could include charts on its website showing the annual distribution of funds with this focus, presenting the sources of funding and how to access them, in various languages and with accessibility features.”

Organization of Persons with Disabilities (OPD) — East Africa

“The DRG should collectively advocate for disability inclusion to remain a core humanitarian priority, even during funding reductions and the Humanitarian Reset. Accessibility and reasonable accommodation, including qualified

sign language interpretation, accessible information, assistive technologies, and other support services, should be recognized and funded as essential humanitarian services rather than optional costs. ”

UN entity — Middle East

“Strengthen coordination and joint programming between actors working on disability inclusion to optimize the limited available fund.”

International NGO — Global

“With a shrinking information/data ecosystem within the humanitarian sector, more synergies and collaboration are needed among partners collecting data on people living with disabilities. Concrete actions on this topic could include: faster and more active data sharing agreements between organisations and at the collective level; less siloed data collection activities and more coordination between partners through collective platforms, to maximise cost-efficiency, especially in sudden shock contexts where many actors are rushing to do data collection; and stronger advocacy efforts at the collective level, including through humanitarian decision-making processes such as the HPC, to ensure that the needs and experiences of people living with disabilities are not left behind.”

Organization of Persons with Disabilities (OPD) — Global

“- public statement about the need to protect the contribution of small OPDs with expertise on disability inclusion - campaign to help OPDs understand the new country level mechanisms”

UN entity – Country X

“actions may include: 1-Strengthening collective advocacy efforts to ensure that disability, gender, and protection concerns remain visible in decision-making and resource allocation processes. 2-Enhancing coordination and information-sharing among DRG members to identify gaps, avoid duplication, and leverage complementary expertise and resources. 3-Engaging affected communities directly to gather feedback, understand emerging needs, and ensure that proposed solutions are informed by lived experiences. 4-Establishing a monitoring mechanism to regularly track the impacts of the changes and adjust mitigation measures as needed.”

Organization of Persons with Disabilities (OPD) — East Africa

“Continue to support advocacy and capacity building of OPDs who play an important role in mainstreaming disability inclusion in humanitarians ”

Local/ national NGO — Central Asia, South-Eastern Asia

“Some bold advocacy with the UN agencies that are in charge of dispersing funds and other donors to create a marker on disability throughout their funding streams. To avoid excuses such as no capacity, we don't see disabled people on the streets (of course you don't because they can't really move around!), disability is not a national priority... some firm commitments and constant pressures will be needed to ensure the inclusivity of humanitarian (as well as development) funding. ”

International NGO — Global

“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)”

Organization of Persons with Disabilities (OPD) — Europe

“... Collective donor engagement — develop a unified DRG position paper on the cost of exclusion, making the economic and human rights case for sustained investment. OPD support mechanism — explore emergency capacity support for OPDs at risk of closing due to funding gaps, given their irreplaceable role as rights-holders and community connectors. Integration into reconstruction agendas — leverage recovery conferences (such as URC 2026) to ensure disability inclusion is embedded as a condition in reconstruction financing frameworks, not left to humanitarian programming alone.”

[Original in French] UN entity — Central Africa

“Concretely, the DRG should widely disseminate its action plan to Humanitarian Country Teams and ICCGs. As is done for gender, it should propose an inclusion accountability framework setting out roles, responsibilities and

indicators with reference to the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, for example, or another reference document.”

[Original in French] Organization of Persons with Disabilities (OPD) — East Africa, Central Africa

“Advocate for funding for organizations of persons with disabilities; remind OCHA about setting up the working group on disability-inclusive humanitarian action.”

[Original in Spanish] UN entity — South America, Other (Other: Ecuador)

“Protect minimum standards and resources for inclusion and accessibility; incorporate accessibility costs from the design and budgeting stage of interventions onward; maintain specialized technical capacities and focal points; ensure the meaningful participation and strengthening of organizations of persons with disabilities; and strengthen disaggregated data, indicators, monitoring and accountability mechanisms.”

International NGO — Southern Africa

“ The DRG will collaborate with DIWG should serve as a collective platform to advocate for disability inclusion across humanitarian planning, funding, coordination, and response, while strengthening the meaningful representation of OPDs in clusters and other decision-making mechanisms. The DRG should develop and communicate a small set of agreed disability inclusion messages, standards, and recommendations based on the IASC Guidelines, ensuring that partners, donors, government, and clusters receive consistent and practical guidance on disability-inclusive humanitarian action. The DRG should jointly document and share evidence on barriers, good practices, and the impact of humanitarian interventions on persons with disabilities. Communication should increasingly center the voices and leadership of OPDs, using accessible formats and channels to demonstrate what disability inclusion looks like in practice and promote accountability for action.”

International NGO — Global

“Having a stronger engagement with the different structures that define, review and update the global tools used by Humanitarian actors all around the world to identify key tools to be reviewed and updated to ensure minimal standards on Disability Inclusion are met.”

International NGO — Middle East, North Africa, East Africa

“ The DRG should continue serving as a collective advocacy platform to ensure disability inclusion remains central within humanitarian reform efforts. It should amplify evidence from field operations, engage donors and global coordination structures, promote practical guidance and learning, facilitate collaboration between humanitarian actors and OPDs, and advocate for inclusion as an essential component of effective and accountable humanitarian action rather than an optional add-on.”

Local/ national NGO — Middle East

“The DRG should position itself as an active bridge between high-level global policy dialogues (such as the IASC Reset) and frontline field realities. Key recommendations include: - Strategic Communication: Pivot messaging from process-heavy compliance toward high-impact outcome storytelling focused on human dignity, resilience, and rights-based inclusion. - Field-Grounded Advocacy: Serve as a collective bargaining voice for national actors and OPDs, ensuring that donor funding cuts do not disproportionately strip away specialized protection and rehabilitation assets. - Practical Toolkits: Provide field-ready, simplified technical tools that enable frontline humanitarian workers to rapidly mainstream inclusion under tight operational timelines and reduced budgets.”

Local/ national NGO — Middle East

“- use international platforms to advocate for PWD and older people; highlight the persisting protracted humanitarian crisis in Yemen; spread the word of the challenges met by PWD & OPs in every single international and regional events. ”

UN entity — Middle East

“Disseminate the messages that disability inclusion should be integrated throughout the programme cycle despite the cut of funds. It should not be dealt with it as a separate programme that needs a lot of funds. ”

Organization of Persons with Disabilities (OPD) — East Africa

“Capacity building of OPDs”

Organization of Persons with Disabilities (OPD)- Country X

“Keep connected to the OPD representative organisations of persons with disabilities”

Organization of Persons with Disabilities (OPD) – Country X

“The DRG should continue serving as a strong global advocacy platform that amplifies the voices of Organizations of Persons with Disabilities (OPDs), particularly local and national actors. It should communicate using evidence, lived experiences, and practical solutions to demonstrate the value of disability-inclusive humanitarian action. The DRG can strengthen collaboration with donors, UN agencies, and humanitarian networks, promote good practices, and advocate for disability inclusion as a core humanitarian commitment rather than an optional component. Clear, consistent, and solution-oriented communication will help sustain political commitment and investment.”

Local/ national NGO — Middle East

“DRG plays a critical role in advancing disability-inclusive humanitarian action by acting as a central hub for technical expertise, cross-sector coordination, and the enforcement of global accountability standards”

Organization of Persons with Disabilities (OPD) — Middle East

“The DRG should strengthen coordination, promote meaningful engagement of OPDs, support capacity building, share practical guidance and good practices, and advocate for disability inclusion across all humanitarian sectors. Communication should be regular, accessible, transparent, and encourage two-way engagement with humanitarian actors and OPDs.”

International NGO — Middle East, North Africa

“The DRG can play an important role in promoting disability inclusion across the humanitarian response by strengthening coordination, sharing good practices and tools, and ensuring disability inclusion is consistently reflected in assessments, programme design, advocacy, and response planning. The group can also amplify the voices of Organisations of Persons with Disabilities (OPDs), support joint advocacy on key inclusion priorities, and facilitate learning and capacity strengthening among partners.”

UN entity – Europe, Central Asia

“Advocacy on dedicated funding to support disability inclusion”

International NGO — East Africa

“DRG could bring stakeholders together (including mainstream medias) across the globe on board and resonate the impact of the aid cut and influence donors and governments to provide attention to the needs and rights of persons with disabilities”

Organization of Persons with Disabilities (OPD) — Central Africa

“An analysed data of surveys as this and carrying out advocacy to relevant structures. - Suggest the DRG sub working group on OPDs and humanitarian actions. - Organize regional/ International peer exchange among OPDs with experience in humanitarian actions. - ”

Local/ national NGO — Europe

“The DRG can play an important role in ensuring that disability inclusion is treated as a shared responsibility across all areas of humanitarian action, rather than as a separate or specialised issue. Its role could include promoting common standards, practical guidance and accountability mechanisms; supporting coordination between humanitarian actors, organisations of persons with disabilities and public authorities; and advocating for adequate funding for accessibility, assistive devices, rehabilitation, inclusive education, MHPSS and specialised child protection services. The DRG should also help ensure that children with disabilities, their caregivers and representative organisations are meaningfully involved in needs assessments, programme design, monitoring and decision-making. In its communication, the DRG should use clear, rights-based and non-discriminatory language. Messages should focus on dignity, capabilities, participation and equal rights, while avoiding stereotypes, pity-based narratives or portraying persons with disabilities only as vulnerable recipients of assistance. Communication should also be accessible in different formats and should clearly explain that disability-inclusive humanitarian action improves the quality, safety and effectiveness of the overall response for all affected communities.”

UN entity — Middle East

“The DRG should continue advocating for dedicated DI capacity, facilitate knowledge sharing among members, strengthen collaboration with OPDs, and provide practical guidance and advocacy to ensure DI is a priority despite funding constraints.”

UN entity — Global

“The DRG’s clear comparative advantage lies in bringing together diverse stakeholders, amplifying the voices of persons with disabilities and their representative organizations, and providing a collective platform for advocacy, learning and exchange. In the current context, continued efforts to document the impacts of funding cuts, share good practices, and promote sustained commitment to disability-inclusive humanitarian action will be particularly important. The DRG can also play an important role in collective advocacy with donors for sustained and dedicated funding for disability inclusion, helping to ensure that recent gains are not lost and that persons with disabilities remain visible in humanitarian responses.”

International NGO — West Africa

“Providing guidances for local engagements with government, private sector and humanitarian actors on IASC guidelines for persons with disabilities.”

Organization of Persons with Disabilities (OPD) — West Africa

“DRG should map out and identify individual persons with disability that have registered organization and coordinate them with donors and create opportunities for them to be invited to attend international programs on disability.”

Organization of Persons with Disabilities (OPD)- Country X

“The DRG should continue to play a strong collective advocacy role by ensuring that disability inclusion remains a non-negotiable part of humanitarian action, even in times of funding constraints and reform. It should amplify the voices of Organizations of Persons with Disabilities (OPDs), particularly local and national disability-led movements, and facilitate meaningful dialogue between OPDs, humanitarian actors, donors, and UN agencies. In terms of communication, the DRG should consistently highlight evidence, good practices, and the real-life impact of disability-inclusive humanitarian action. It should communicate that disability inclusion is not an optional or standalone activity, but an essential component of effective and accountable humanitarian response. Regular updates, joint advocacy messages, and opportunities for local OPDs to share their experiences and recommendations would strengthen collective influence and help keep disability inclusion high on the humanitarian agenda.”

International NGO — East Africa, Southern Africa, South Asia

- “1. Either collectively or individually communicate this to the SPHERE team in all our interactions with the review.
2. Advocate collectively to key funders and decision makers to keep DI as a priority.”

Organization of Persons with Disabilities (OPD) — East Africa

“The DRG should play a stronger leadership and coordination role in advancing disability-inclusive humanitarian action by ensuring that the voices and lived experiences of refugees with disabilities are at the centre of humanitarian decision-making. The DRG should advocate with (UN), governments, donors, humanitarian organizations, and other stakeholders to ensure that disability inclusion remains a priority during humanitarian reforms and funding decisions. The DRG should also promote accessibility and reasonable accommodation as essential components of humanitarian response. This includes advocating for qualified sign language interpretation, accessible information, assistive technologies, and inclusive participation in all humanitarian programmes, consultations, and events. Accessibility should be recognized as a fundamental human right rather than an additional cost. In terms of communication, the DRG should ensure that all information is shared in accessible and inclusive formats, including International Sign, Local/National sign languages, captions, plain language, Easy Read, Braille where appropriate, and accessible digital platforms. Communication should be timely, transparent, and available in multiple formats so that refugees with different disabilities can participate equally and make informed decisions. The DRG should also strengthen regular consultation and collaboration with refugees with disabilities, Human Rights Defender Organizations of Persons with Disabilities Organizations of Persons with Disabilities (OPDs), refugee-led organizations, women-led organizations, and humanitarian partners. Creating safe spaces for dialogue and sharing lived experiences will help identify practical solutions, strengthen collective

UN entity — Middle East

“The DRG can play a key role in advancing disability-inclusive humanitarian action by collectively advocating for disability inclusion as a non-negotiable priority in humanitarian and recovery programming, particularly during periods of funding constraints. It can strengthen global and country-level coordination, promote integrated and cross-sectoral approaches, provide technical guidance and good practices, and advocate with donors for equitable financing that recognizes the higher costs of ensuring meaningful inclusion of persons with disabilities. The DRG can also support the generation and use of disability-disaggregated data and evidence, amplify the voices of persons with disabilities and their representative organizations, and communicate that disability inclusion is not an optional add-on but an essential component of effective, equitable, and accountable humanitarian action.”

UN entity — Other (Other: Syria)

“Having a dedicated position into the HCT. The DRG can play a stronger role by ensuring disability inclusion is integrated across all humanitarian sectors, promoting meaningful participation of organisations of persons with disabilities (OPDs), strengthening disability disaggregated data, supporting capacity building for partners, and advocating for accessible and inclusive services. Communication should focus on rights, dignity, inclusion, and practical examples of impact rather than treating persons with disabilities only as beneficiaries.”

Local/ national NGO — Central Asia, South-Eastern Asia

“I think DRG can do a lot, it can be our voice to advocate - sometime some aggressive advocacy is needed ... local orgs / OPDs have no capacity to reach out to those making decisions --- maybe DRG can develop a guidance specifically for 'desk officers' of donors to help them understand on whys and hows of making sure humanitarian funding must be inclusive ... sometime i think we speak among ourselves (good but not enough) we should go beyond that... just the same approach that created the CRPD ... constantly checking on, advocating , demanding and presenting evidences, testimonies ... i know these are common things but OPDs / notional orgs can't do these at global level ...”

Organization of Persons with Disabilities (OPD) — Europe

“The DRG's most critical role in the current context is to serve as a collective voice that holds the humanitarian system accountable to its own commitments on disability inclusion — particularly when funding pressures create incentives to deprioritize inclusion. Concretely, the DRG should: strengthen its communication with OPDs on the ground to ensure their voices shape DRG positions; produce accessible, evidence-based advocacy materials that donors and coordination bodies can act on; and position disability inclusion not as a standalone issue but as integral to protection, recovery and resilience agenda.”

International NGO — Middle East, East Africa, Central Africa, Southern Africa, West Africa, South-Eastern Asia, Western Asia, Central America and the Caribbean, Europe

“Aligned, participatory developed messages, clearly speaking with one voice, uniting UN agencies, INGOs, local NGOs and OPDs from all levels, using advocacy opportunities jointly, facilitating collaboration between Orgs in projects, advocacy etc.”

[Original in French] UN entity — Central Africa

“Regarding the areas I work in, I suggest developing networks with other thematic areas such as gender, localization, accountability to affected populations (AAP), and PSEA. Synergies in communication with these themes could have greater impact among humanitarian actors. Strengthening the capacities of OPD networks in self-assessing their capacities, involvement in humanitarian coordination, and mapping of OPDs and their achievements are elements that could help promote disability-inclusive humanitarian action. In terms of clusters, in the DRC the Education and Protection Clusters are entry points worth exploring, as they have already put in place actions that can be built upon.”

[Original in French] Organization of Persons with Disabilities (OPD) — Central Africa

“Allow us French speakers to send you our field reports in French; follow up on each crisis where you have organizations on the ground; strengthen members' capacities and help translate communication materials for persons with sensory disabilities during crises.”

[Original in French] Organization of Persons with Disabilities (OPD) — Central Africa

“I propose that the DRG add to its mandate the strengthening of its members' capacities in resource mobilization, so as to prepare them for any eventuality.”

[Original in Spanish] UN entity — South America

“The DRG should maintain collective advocacy to prevent disability inclusion from losing priority in resource-constrained contexts; generate evidence and practical guidance applicable to operations; promote minimum standards and the meaningful participation of organizations of persons with disabilities; and support capacity-building and the exchange of experiences. Its communication should be accessible, concrete, evidence-based, and tailored to both decision-makers and operational teams.”

Annex 3- Focus Group Discussion questions

Exploratory/ opening questions

- How do you engage in humanitarian action? How would you like to engage?
- Have your organizations experienced any cuts in funding since early 2025? How has this impacted you?
- Are you aware of the Humanitarian Reset? What concrete changes are you seeing and how is this impacting you?

Impact on persons with disabilities

- Do you have any examples of how the lives of persons with disabilities are different now compared to before 2025? Prompts: access to humanitarian assistance, experience of stigma and discrimination, exposure to violence, exploitation and abuse.
- What are the main reasons for these changes? Prompts: reduced humanitarian assistance overall, humanitarian assistance becoming less accessible, increased levels of stigma in communities.

Impact on OPDs

- Do you have any examples of areas of your work that are more challenging now compared to before 2025? Prompts: direct delivery of assistance, supporting/ leading data collection, participating in humanitarian coordination mechanisms.
 - Why are they more challenging? Prompts: less funding, forced to cut staff, new humanitarian structures and processes.
 - How are you trying to address these challenges?
- Do you have any examples of areas of your work where you now have more opportunities compared to before 2025? Prompts: direct delivery of assistance, supporting/ leading data collection, participating in humanitarian coordination mechanisms.
 - How have these opportunities arisen? Prompts: new donors, new humanitarian structures and processes, humanitarian actors being more open to partnership.

Recommendations

- (Remind participants of the current mandate, structure and capacity of the DRG) How do you think the DRG could best support you as OPDs to address the impacts of funding cuts and the Humanitarian Reset? Prompts: technical support, convening (bringing together OPDs and humanitarian actors), voice (bringing messages from OPDs to humanitarian leadership).
- What is needed from humanitarian actors in country to mitigate the negative impacts of funding cuts and policy shifts that you are seeing for persons with disabilities?
- What is needed from humanitarian actors in country to better realize the opportunities that the Humanitarian Reset presents for OPDs and to mitigate the negative impacts of funding cuts on the role of OPDs in humanitarian action?

Annex 4- Key Informant Interview questions

Exploratory/ opening questions

- Has your organization faced any cuts in funding for disability inclusive humanitarian action since early 2025? Where have the main cuts been (geographic regions, types of programming)?
- Has your organization made policy, budgetary or structural shifts (in relation to disability inclusive humanitarian action) in response to funding cuts or to the Humanitarian Reset? What have these changes been? Prompts: changes in staffing, policy/ strategy, funding allocation, partnerships. Where possible, untangle the extent to which changes were driven by reduced funding and/ or by shifting policy priorities.
- Were you engaged in discussions on funding cuts and policy shifts?
- What would you expect to change if funding and policy shifts become more favourable?

Impact on organizations

- How has reduced funding and/ or policy shifts impacted your work on disability inclusive humanitarian action? Prompts: direct delivery of assistance, participating in humanitarian coordination mechanisms, data collection, partnership with OPDs. Identify concrete examples.
- What adaptations/ alternatives are you/ your organization putting in place to maintain, to the extent possible, your work on disability inclusive humanitarian action and ensure you continue to reach persons with disabilities? Are you engaging in any advocacy to address the impacts?
- Do you have any examples of recent changes (particularly the policy shifts) resulting in strengthened disability inclusion, or the creation of a better enabling environment for disability inclusion? Prompts: new partnerships (including with OPDs), organizational restructure.

Impact on persons with disabilities

- Has your organization been able to collect any data (quantitative or qualitative) on how disability inclusive humanitarian action is being addressed by your organization over time? What does this data show since 2025? Prompts: disaggregated data on people reached, reporting on disability inclusion in programming, tracking of participation, complaints and feedback.
- Anecdotally, have you or your colleagues seen or heard about any shifts in the situation of persons with disabilities in the humanitarian contexts where you work? Prompts: access to humanitarian assistance, experience of stigma and discrimination, exposure to violence, exploitation and abuse.
- Since 2025, have there been any shifts in how persons with disabilities are engaging with your organization and your work? Prompts: participation in consultation mechanisms, partnerships with OPDs, participation in coordination mechanisms.
- What do you believe to be the main reasons for these changes? Prompts: reduced humanitarian assistance overall, humanitarian assistance becoming less accessible, coordination processes becoming less inclusive, policy shifts, increased levels of stigma in communities.

Recommendations

- (Remind interviewees of the current mandate, structure and capacity of the DRG) In this current context, what do you view as being the role of the DRG?
- Concretely, how do you think the DRG could best address the impact of funding cuts and the Humanitarian Reset? Prompts: technical support (global or country level), guidance and tools, policy

influence, convening/ mobilizing (bringing together OPDs and humanitarian actors), voice (bringing messages from OPDs to humanitarian leadership).

- Beyond the DRG, what would you need (as a disability focal point and as an organization more broadly) to more effectively address the impacts of funding cuts and the Humanitarian Reset? Prompts: from IASC/ system wide, from humanitarian leadership in-country, from partners, from OPDs.