



FACTSHEET 2026

# “Funding cuts turn inequalities into permanent exclusion”, a regional OPD from Sub-Saharan Africa

Evidence from organisations of persons with disabilities on the human and organisational impacts of cuts to international aid



# Acronyms

|        |  |
|--------|--|
| DAC    | Development Assistance Committee   |
| DEIA   | Diversity, Equity, Inclusion and Accessibility                                 |
| FCDO   | Foreign, Commonwealth and Development Office                                   |
| GNI    | Gross National Income  |
| HI     | Humanity & Inclusion or Handicap International                                 |
| IDA    | International Disability Alliance  |
| IDDC   | International Disability and Development Consortium                            |
| IDPs   | Internally Displaced Persons   |
| INGOs  | International Non-Governmental Organisations                                   |
| LDCs   | Least Developed Countries  |
| LMICs  | Low- and Middle-Income Countries   |
| NGOs   | Non-Governmental Organisation  |
| ODA    | Official Development Assistance  |
| OECD   | Organisation for Economic Co-operation and Development                         |
| OPDs   | Organisations of Persons with Disabilities                                     |
| SDGs   | Sustainable Development Goals  |
| UN     | United Nations   |
| UNDESA | United Nations Department of Economic and Social Affairs                       |
| UNRWA  | United Nations Relief and Works Agency for Palestine Refugees in the Near East |
| USAID  | United States Agency for International Development                             |
| WHO    | World Health Organisation  |

# Acknowledgement

This advocacy factsheet is published by Humanity & Inclusion (HI), with financial support from the Luxembourg Ministry of Foreign and European Affairs.

We extend our sincere gratitude to all those who contributed to this publication. Special thanks to the International Disability Alliance (IDA), particularly Matthew Kelson, for their invaluable review of the survey questionnaire and support in its dissemination. We are also deeply grateful to the United Disabled Persons of Kenya - UNDPK, the Somaliland National Disability Federation, and SODEN for their critical role in testing the survey. Our appreciation goes to Humanity & Inclusion's country programme teams, the International Disability and Development Consortium (IDDC) and its members, the Disability Reference Group, and the Global Disability Fund for their efforts in survey dissemination. Finally, we acknowledge Evans Engliz-Bey for his expert data analysis.

# Dedication

In memory of Ndéye Dagué Gueye, a tireless advocate for inclusion and dignity, whose voice, guided by solidarity, justice, and unwavering commitment, advanced the rights of persons with disabilities in Senegal and globally.

# Methodology

In 2026, Humanity & Inclusion (HI) initiated a project to document the impact of cuts to international aid on disability inclusion and to develop policy recommendations aimed at safeguarding disability-inclusive aid. The project's findings are intended to inform and influence the decisions of policymakers and donors, holding them accountable for their decisions and commitments.

Central to this process is the perspective of Organisations of Persons with Disabilities (OPDs), OPD's are organisations managed by persons with disabilities and are collective representatives of the persons with disabilities within their communities. To capture their experiences, HI launched a global survey specifically targeting organisations qualifying as OPDs according to the General Comment No. 7 under the Committee on the Rights of Persons with Disabilities, and operating in countries that receive significant international funding. The objective was to collect their assessment of the effects of aid reductions on both their own organisations, and on persons with disabilities in their communities.

The survey was developed by HI in consultation with the International Disability Alliance and pilot-tested by three OPDs in Africa. Available online in English, French, Spanish, and Arabic, the survey employed an intersectional approach to gather disaggregated insights. The questionnaire primarily featured closed-ended questions focusing on the impacts of aid cuts, supplemented by four open-ended questions to collect concrete examples and direct messages for donors and policymakers.

The survey received over 180 responses, of which 177 were analysed with the support of a data analyst.

# Executive Summary

International development and humanitarian funding<sup>1</sup> is undergoing the sharpest contraction since its existence. After reaching a record USD 223 billion in 2023, global Official Development Assistance (ODA) declined by 23.1% in real terms in 2025, with bilateral development aid falling by 26.4% and humanitarian aid by 35.8%.<sup>2</sup> Major donor countries, including the United States, the United Kingdom, Germany and France, have simultaneously reduced their ODA budgets, while donors increasingly shift towards geopolitical priorities, loans and private investment.

These reductions are occurring at a time of rising humanitarian needs and growing inequalities. These reductions are likely to worsen existing systemic exclusion from healthcare, education, employment, social protection and humanitarian assistance that persons with disabilities face daily in Low- and Middle-Income Countries (LMICs) and crisis-affected countries. Approximately 1.3 billion people are persons with disabilities

<sup>1</sup> Throughout the text, the terms "funding", "aid", "assistance" and "ODA" are used interchangeably.

<sup>2</sup> OECD, "[A Historic Decline in Foreign Aid: Preliminary 2025 ODA Data](#)" (2026)

worldwide<sup>3</sup> with nearly 80% living in LMICs<sup>4</sup>, where international aid remains a critical source of support for disability inclusion. Yet disability inclusion continues to receive only a marginal share of aid: in 2023, disability-specific interventions accounted for only 0.1% of allocable ODA, while around 40% of aid remained entirely unmarked for disability inclusion.

*“The inclusion of persons with disabilities should never be a budgetary adjustment variable. Don't let these children become the invisible victims of your accounting decisions.” – A local association of parents of children with intellectual disabilities in Tunisia.*

Against this backdrop, 177 Organisations of Persons with Disabilities (OPDs) across countries that receive significant international funding, in all continents responded to an online global survey in April 2026. Their feedback exposes a sector in severe crisis and worsened human suffering due to international aid reductions.

### Key findings:

- **82%** of OPDs report a **high or very high negative impact** on the well-being of persons with disabilities in their communities, directly linked to aid budget reductions.
- **79%** of OPDs have faced **severe or very severe funding cuts** that have affected their operational ability in the past 18 months.
- **72%** have **anceled or suspended** at least one programme or service.
- **43%** describe their capacity to sustain their mission as **weak or very weak**, with **14% at risk of permanent closure** if trends continue.

The crisis is driven by simultaneous reductions of funding from bilateral and multilateral donors, INGOs, and foundations, creating a cumulative “cascade effect”. This led to severe programme interruptions, weakened capacity, and reduced staff and expertise, despite OPDs being the primary providers of assistance, advocacy, and community-based support to advance disability rights and inclusion.

The data indicate a significant deterioration in the well-being of persons with disabilities due to their severely limited access to essential services. There have been significant disruptions to services and support for economic inclusion and employment, assistive technology and rehabilitation, healthcare, education, support for accessibility and adaptation, food and humanitarian assistance. Access to services dedicated to women and girls, education, care services and support for independent living has also deteriorated for persons with disabilities.

<sup>3</sup> WHO, [Global report on health equity for persons with disabilities](#) (2022).

<sup>4</sup> UNDESA, [“Factsheet on Persons with Disabilities.”](#)

This evidence suggests that the greatest negative impact of funding contractions is borne by those already marginalised, deepening their exclusion from essential services such as education, healthcare, livelihoods, and social participation.

Cuts to ODA are not just a budgetary adjustment; they are leading to a human rights crisis. Foreign policy decisions to reduce aid are actively cutting financial lifelines and dismantling the only safety net for millions of people around the world. Without immediate action, years of progress on human rights will be reversed and the structural collapse of disability representation and disability-inclusive services will become an irreversible reality. Urgent action is required from governments and donors to protect disability-inclusive funding, strengthen direct support to OPDs, and prevent aid reductions from deepening exclusion and inequality for persons with disabilities.

**177 organisations 35 countries. One voice. Safeguard disability inclusion funding.**



Sidow Mikail Ibrahim, a 9-year-old refugee boy with a hearing impairment, studies at Mogadishu Primary School in Kakuma, Kenya, where he receives individualized educational support. © I. Rugenge / HI

# I- Context of the survey

## A historic contraction in international aid

The international cooperation and humanitarian sectors are facing the sharpest aid contraction in modern history. After reaching a record USD 223 billion in 2023, global Official Development Assistance (ODA) fell to USD 212 billion in 2024 and then declined by a further 23.1% in real terms in 2025, reaching USD 174.3 billion. Bilateral development assistance dropped by 26.4% to USD 126.4 billion, while humanitarian aid fell by 35.8% to USD 15.5 billion, marking the second consecutive year of decline after five years of growth.<sup>5</sup>

Much of the apparent growth in ODA between 2022 and 2023 reflected exceptional expenditures linked to the war in Ukraine and refugee hosting costs within donor countries rather than increased transfers to low-income countries. As a result, a historically low proportion of aid reached low-income and least developed countries.

The 2025 decline represents the largest annual reduction in ODA ever recorded and effectively returns aid levels to those of 2015.

### Major donors retreat simultaneously

The downturn reflects coordinated retrenchment among the world's largest donors. For the first time on record, all five leading ODA providers reduced their aid budgets in the same year, accounting for more than 95% of the global decline.

- The United States sharply reduced its international aid engagement through the dismantling of USAID and the termination or suspension of thousands of programmes. At the same time, the US suspended or reduced funding to several multilateral institutions, including the WHO and UNRWA.<sup>6</sup> Overall, the US ODA fell by 56.9% in 2025 compared to 2024.<sup>7</sup>
- In the United Kingdom, ODA spending has hit its lowest level in nearly two decades, falling by 10% in 2025, with the government planning to reduce further its aid target to 0.3% of GNI by 2027.<sup>8</sup>
- In Germany, the cumulative budget decisions taken between 2022 and 2025 could amount to an overall reduction of roughly 25% in development funding, and nearly 50% in humanitarian aid, respectively reaching €10.28 billion and €1 billion in 2025.<sup>9</sup>
- France has undertaken five consecutive reductions in its ODA budget in less than two years. The core ODA budget line declined by roughly 39% between 2024 and

<sup>5</sup> OECD, "[A Historic Decline in Foreign Aid: Preliminary 2025 ODA Data](#)" (2026)

<sup>6</sup> The White House. "[Fact Sheet: President Donald J. Trump withdraws the United States from international organizations that are contrary to the interests of the United States.](#)" (2026)

<sup>7</sup> OECD, "[A Historic Decline in Foreign Aid: Preliminary 2025 ODA Data](#)" (2026).

<sup>8</sup> The Guardian, "[Starmer planning big cuts to aid budget to boost defence spending](#)" (2025).

<sup>9</sup> VENRO, "[Bundshaushaltsentwurf 2025](#)".

2025, followed by an additional 18% reduction confirmed for 2026.<sup>10</sup> Humanitarian aid has been hit particularly hard, falling from €895 million in 2024 to €294 million in 2026, including cuts of more than 60% to food assistance and a two-thirds reduction in voluntary contributions to the United Nations.<sup>11</sup>

- Belgium reduced its ODA budget by 17% in 2025, while the new government has proposed a further 25% reduction over the legislative period.<sup>12</sup>
- Additional cuts have also been announced in Austria, Canada, the Netherlands and Sweden.

In 2025, only eight DAC members, namely Denmark, Hungary, Iceland, Italy, Luxembourg, Norway, Spain and Sweden, maintained or increased their ODA levels in 2025, compared to 26 who decreased it.

The OECD projects a further 5.8% reduction in ODA in 2026, with the annual global aid deficit expected to reach USD 62 billion compared with 2023 levels.<sup>13</sup>

### Structural shifts in funding priorities and modalities

Beyond overall reductions in aid volume, funding priorities are changing significantly. There is a growing trend to direct ODA towards donors' domestic security and geopolitical strategies rather than poverty reduction, human development and human rights. This trend risks diverting resources away from Least Developed Countries (LDCs), where poverty levels, humanitarian needs and structural vulnerabilities are highest and the population relies heavily on external assistance. In 2025, bilateral ODA to LDCs declined by 25.8%, while aid to sub-Saharan Africa fell by 26.3%.<sup>14</sup>

Donors are increasingly shifting away from grant-based assistance toward concessional loans and private finance instruments.<sup>15</sup> At the same time, funding available to civil society organisations, including local and international, and OPDs, is shrinking. The average size of individual aid grants has reduced, leaving NGOs with smaller, shorter-term grants accompanied by heavier administrative and reporting burdens.<sup>16</sup>

In the humanitarian sector, many donors “hyper-prioritise” their reduced budget, increasingly restricted to immediate, narrowly defined life-saving activities, such as emergency food and acute healthcare. UN agencies and humanitarian NGOs have warned that resilience-building, early recovery, inclusion and long-term recovery programmes are among the first activities affected by funding cuts.<sup>17</sup> As humanitarian financing contracts, transversal approaches such as disability inclusion, gender equality and community participation risk being deprioritised despite their central role in effective and equitable humanitarian response, conflict resolution and recovery.

<sup>10</sup> Focus 2030, “[2026 Finance Bill: a fifth cut in French official development assistance](#)” (2026).

<sup>11</sup> Focus 2030, “[France reneges on its Official Development Assistance commitments](#)” (2026).

<sup>12</sup> CNCD-11.11.11, “[Rapport 2025 sur la coopération belge au développement](#)” (2025).

<sup>13</sup> OECD, “[A Historic Decline in Foreign Aid: Preliminary 2025 ODA Data](#)” (2026).

<sup>14</sup> Ibid.

<sup>15</sup> Ibid

<sup>16</sup> CONCORD Europe, [AidWatch Report 2024](#); CIVICUS, [State of Civil Society Report 2025](#).

<sup>17</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA), [Global Humanitarian Overview 2026](#); International Council of Voluntary Agencies (ICVA), [ICVA First Survey Findings – The Impact of the 90 Day Suspension](#) (2025)

These cuts and policy shifts are taking place amid growing global crises, rising humanitarian needs and widening inequalities. They threaten the implementation of the 2030 Agenda (knowing that progress towards the Sustainable Development Goals (SDGs) remains severely off track <sup>18</sup>) and disproportionately affect groups already facing structural exclusion, including persons with disabilities.



Humanitarian supplies are unloaded at an HI-supported logistics hub in Bamako, Mali. © Studio 360 / HI

## Disability inclusion at risk

Approximately 1.3 billion people or around 16% of the global population are persons with disabilities, and nearly 80% reside in low- and middle-income countries (LMICs).<sup>19</sup> Ensuring that development and humanitarian action are inclusive and accessible is therefore essential.

ODA remains a critical source of financing for disability inclusion while domestic investment in disability-related policies and services remains limited in many LMICs. In some contexts, international support for disability-specific programmes is comparable to national public spending.<sup>20</sup> Yet disability inclusion continues to receive only a marginal share of global aid.

### Disability inclusion remains marginal in ODA

<sup>18</sup> United Nations, [The Sustainable Development Goals Report 2025](#)

<sup>19</sup> See Footnotes 3 and 4.

<sup>20</sup> International Disability Alliance (IDA), UNICEF, the International Centre for Evidence in Disability at the London School of Hygiene & Tropical Medicine (LSHTM), and the Center for Inclusive Policy (CIP), "[Global Disability Inclusion Report: Accelerating Disability Inclusion in a Changing and Diverse World](#)" (2025). In some contexts, international support for disability-specific programmes is comparable to national public spending.

In spite of the introduction of the OECD DAC disability inclusion marker in 2018, tracking and accountability remain incomplete and inconsistent.

Around 40% of ODA remains unmarked for disability inclusion, making it difficult to assess whether persons with disabilities are meaningfully included in aid programmes.<sup>21</sup>

In 2023, disability-specific interventions accounted only for 0,1% of all allocable ODA.<sup>22</sup> By contrast, broader disability mainstreaming has noticeably increased. The share of allocable ODA reported as disability-inclusive rose from 2.1% in 2018 to almost 10% in 2023. This growth mainly reflects programmes where disability inclusion is considered a secondary or “significant” objective rather than a dedicated focus. This reflects a systemic reliance on mainstreaming rather than targeted programming.

In practice, given the lack of reporting and/or specific effort, this means that for roughly 90% of ODA spending there is no evidence of meaningful efforts to include persons with disabilities.<sup>23</sup>

### Underfunded OPD leadership and participation

Support for OPDs remains inadequate despite their central role in advancing inclusion. Many OPDs continue facing restrictive eligibility requirements, inaccessible funding procedures and limited access to direct donor financing. In humanitarian responses, OPDs have often been limited to subcontracting roles without coverage for indirect costs or organisational overheads.<sup>24</sup> At the same time, the proportion of OPDs reporting insufficient funding for reasonable accommodation during consultations rose from 14% in 2018 to 41% in 2021.<sup>25</sup>

### Aid retrenchment affects disability inclusive programmes

Current aid cuts risk pushing disability inclusion even further to the margins of international cooperation. Traditional champions of disability-inclusive development, including the United Kingdom, Germany, Sweden, Finland and the European Union, have reduced or announced reductions to ODA budgets.

- The UK’s FCDO has confirmed significant annual reductions to its flagship Disability Inclusive Development programme since 2020, despite extending the programme to 2026.
- In the United States, the reduction in foreign aid was combined with the rollback of their previous Disability, Equity, Inclusion and Accessibility (DEIA) policies in 2025. This represented a dual setback: both financial support and institutional commitments to inclusion have weakened simultaneously.

These developments are occurring in a broader context of backlash against human rights, gender equality and diversity policies. The Human Rights Funders Network estimates that

<sup>21</sup> [Global Disability Inclusion Report \(2025\)](#), Figure 2.12.

<sup>22</sup> Ibid.

<sup>23</sup> International Disability and Development Consortium (IDDC), “[United We Stand: Funding and budgeting for disability inclusion in international cooperation](#)” (2025).

<sup>24</sup> [Global Disability Inclusion Report \(2025\)](#).

<sup>25</sup> International Disability Alliance (IDA), “[Not just ticking the disability box? Meaningful OPD participation and the risk of tokenism.](#)” Global Survey on Participation of OPDs. (2022).

human rights-focused ODA could decline by up to USD 1.9 billion annually by 2026, with particularly severe impacts on gender equality and LGBTQI-focused movements.<sup>26</sup> Disability rights organisations and disability inclusion programmes are likely to face similar pressures.

With only a small minority of aid programmes explicitly targeting disability inclusion, current aid retrenchment risks reversing progress achieved over the past decade.

### Persons with disabilities were already being left behind

Even before the recent wave of aid cuts, persons with disabilities were already significantly disadvantaged across most Sustainable Development Goal (SDG) indicators.

According to the 2024 UNDESA Disability and Development Report, progress toward achieving the SDGs for persons with disabilities would need to accelerate between twofold and sixty-fivefold, depending on the target area.<sup>27</sup> Major gaps persist in food security, healthcare, employment, digital access, education and social protection.

### Key findings:

- Persons with disabilities experience significantly higher levels of multidimensional poverty than persons without disabilities. In some countries, poverty rates are more than double.
- More than half of persons with disabilities in developing countries experience food insecurity.
- Persons with disabilities are seven times more likely to be unable to access healthcare when needed.
- In countries with low Human Development Index scores, only 11% of people who need assistive products can access them, noting that Gaza now has the highest number of child amputees per capita in the world.<sup>28</sup>
- One in three children with disabilities experiences neglect or violence, and children with disabilities are twice as likely as other children to face abuse.
- Women and girls with disabilities in LMICs face compounded discrimination, lower employment rates and increased exposure to violence.
- Persons with disabilities are disproportionately affected during disasters, conflicts and forced displacement, with mortality rates sometimes twice as high as for persons without disabilities. For example, in Sudan, persons with disabilities report being 'left behind like luggage' as communities flee the violence.<sup>29</sup>
- Participation of persons with disabilities in decision-making processes remains limited despite some recent progress

The World Bank additionally estimates that at least half of all children and young people with disabilities in LMICs are entirely excluded from education, most of them girls.<sup>30</sup>

<sup>26</sup> Human Rights Funders Network (HRFN), "[Funding at a Crossroads](#)" (2025).

<sup>27</sup> UNDESA, [Disability and Development Report 2024](#).

<sup>28</sup> United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). "[UNRWA Statement](#)." (5 December 2025)

<sup>29</sup> The Telegraph. "['Left Like Luggage': Disabled, Sick and Injured Victims Flee Sudan's Genocide](#)." (February 7, 2025).

<sup>30</sup> World Bank, "[Inclusive Education](#)": (31 March 2025)

These findings demonstrate that persons with disabilities were already being left behind before the current collapse in international aid. Further reductions in development and humanitarian assistance risk deepening exclusion and jeopardising the survival of OPDs, thus reversing decades of progress in disability rights and inclusion.

In this context, we asked OPDs their insights on these matters, through a global online survey opened in April 2026.



Community members attend an information session on the rights of persons with disabilities in Yei, South Sudan. © Dieter Telemans / HI

## II- Results of the survey

### The survey panel: global scope and representativeness

This survey panel, representing 177 OPDs across more than 35 countries across all continents, serves as a critical barometer for the global disability sector.

OPDs are representative organisations managed by persons with disabilities. They articulate the lived experiences of persons with disabilities, advocate for their rights, and hold governments, service providers and other actors accountable for inclusive policies and practices. They play a central role in ensuring the meaningful participation of persons with disabilities in the design, implementation, monitoring, and evaluation of laws, policies, and programmes that affect them.<sup>31</sup> Some of them have also evolved in providing direct services. Because these entities are rooted in the communities they serve, the financial health of OPDs has direct implications on the defence of the rights of persons with disabilities and their access to essential services. This is particularly critical in the most precarious and exposed contexts, where persons with disabilities are amongst the poorest and most marginalised groups in the society, systematically overlooked by State social protection systems. The diversity of the respondents ensures that the data reflects a wide spectrum of the global disability movement. The sample is strongly rooted in contexts most exposed to aid volatility: 65% of respondents are based in Sub-Saharan Africa and the Middle East, and 97% operate primarily or occasionally in humanitarian or emergency settings, where disability-inclusive support is often most urgently needed.

The findings primarily capture the perspectives of organisations directly engaged with persons with disabilities in affected communities, with the profile of respondents being local organisations (38%) and national organisations (43%) in the sample, while 10% operate at regional level and 7% internationally.

The survey also reflects the diversity of the disability movement. While many respondents identified as cross-disability organisations, the sample includes a broad range of specialised groups and representative networks, including organisations representative of and/or focused on women and girls with disabilities, children and youth, persons with visual, hearing, physical or intellectual disabilities, refugees and internally displaced persons (IDPs), as well as coalitions, umbrella bodies and self-advocacy groups. Respondents are involved in a diversity of interventions, including advocacy, and capacity building (82%), awareness-raising (76%) or direct service delivery (52%).

This diversity strengthens the representativeness of the findings across different constituencies and organisational models.

<sup>31</sup> [General Comment No. 7 under the Committee on the Rights of Persons with Disabilities.](#)

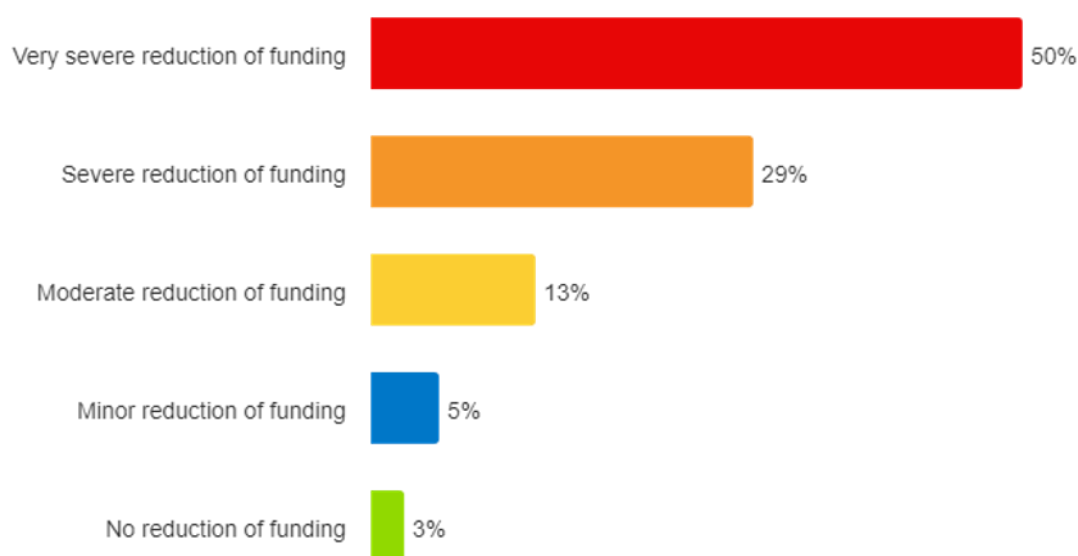
## Institutional erosion: reported impacts of aid cuts on OPDs

The survey addressed the impacts of funding cuts on OPDs, as representative organisations.

### A widespread financial shock across OPDs

The survey findings reveal that aid cuts result in a severe and systemic funding crisis affecting OPDs – all types of OPDs, across all countries surveyed.

**What have been the implications of the international aid cuts on your organisation's budget over the last 18 months?**



Implications of international aid cuts on OPDs budget

Eight in ten respondents (79%) reported severe or very severe reductions in funding, affecting organisations operating in both development and humanitarian contexts.

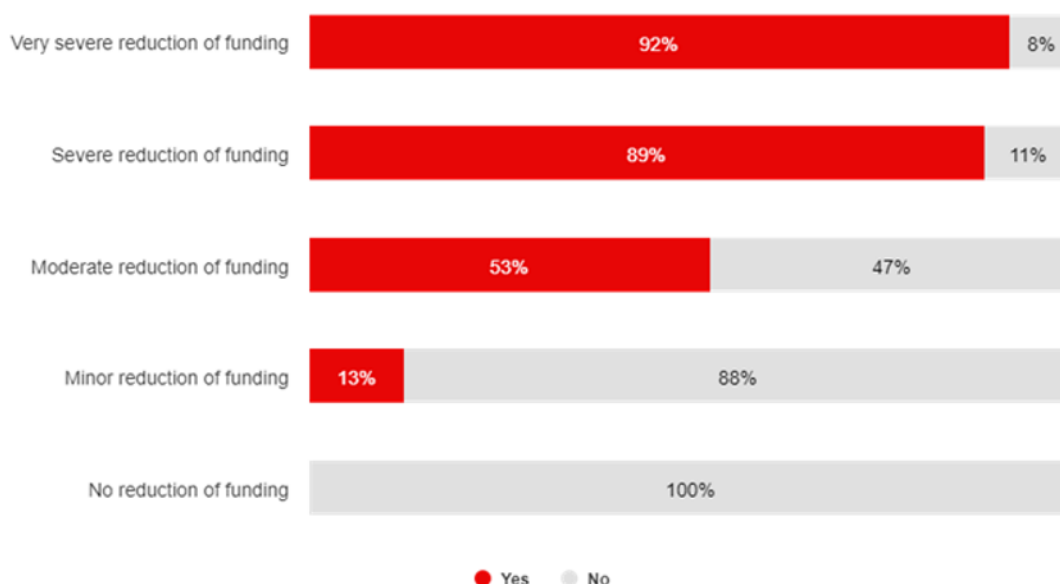
No significant regional disparities are observed; severe budgetary impacts are widespread across Africa, Asia/Pacific, Latin America and the Caribbean, and the Middle East, with Africa experiencing the highest share. Similarly, there are no notable disparities based on organisational scope: local, national, regional, and international organisations have all been severely and evenly affected.

The reductions are not confined to a single donor category, as the decline is evident across all funding channels, whether from international NGOs (INGOs), bilateral or multilateral donors, or international private foundations. Notably, 61% of surveyed organisations reported a decrease in funding from INGOs. This suggests a cascading effect, where aid cuts to INGOs are being passed on to their local OPD partners involved in aid-funded projects.

## Massive disruptions across all OPDs' areas of intervention

The funding crisis induced by ODA cuts is manifesting itself directly into widespread operational disruptions in essential services. Overall, 72% of surveyed organisations reported having cancelled or suspended at least one programme or activity during the past 18 months.

Programme cancellation or suspension by level of budget reduction



Implications of OPDs budget reduction on OPDs programme cancellation or suspension

The decrease is significant across all continents, with OPDs in the Middle East reporting the most significant impacts.

All organisations and all types of activities including advocacy, capacity building and awareness raising have faced significant reductions in funding and delivery. While advocacy activities of international OPDs seem to have been better preserved, local OPDs deployed great negative impact on their service delivery activities.

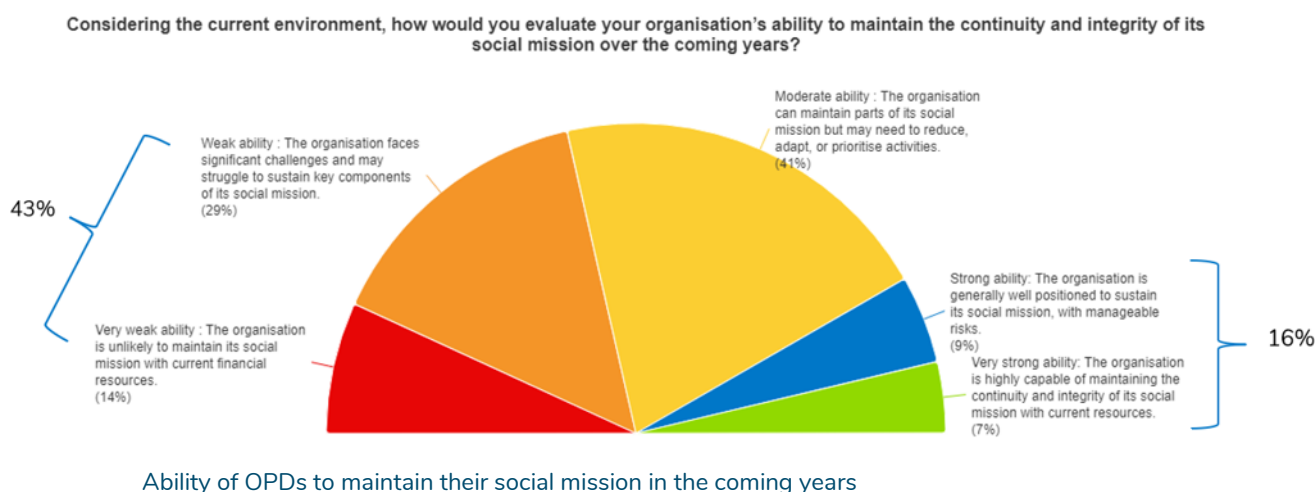
The activities of OPDs that have faced the most disruption, whether delivered through service delivery, capacity building or advocacy, are those focusing on economic inclusion and livelihoods, followed closely by accessibility and the adaptation of environments. Other heavily impacted areas include care services and independent living support, inclusive education and humanitarian action, rehabilitation services and assistive technology, and social and psychosocial assistance.

*“Funding for OPDs and disability intervention in general was already a very serious challenge. This cut is killing our organisations. We call on international community to save our organisations and save our community.” – A national OPD from Sierra Leone*

Together, these findings indicate that funding reductions are weakening many of the core systems that support the social and economic participation of persons with disabilities.

## Organisational capacity and survival under threat

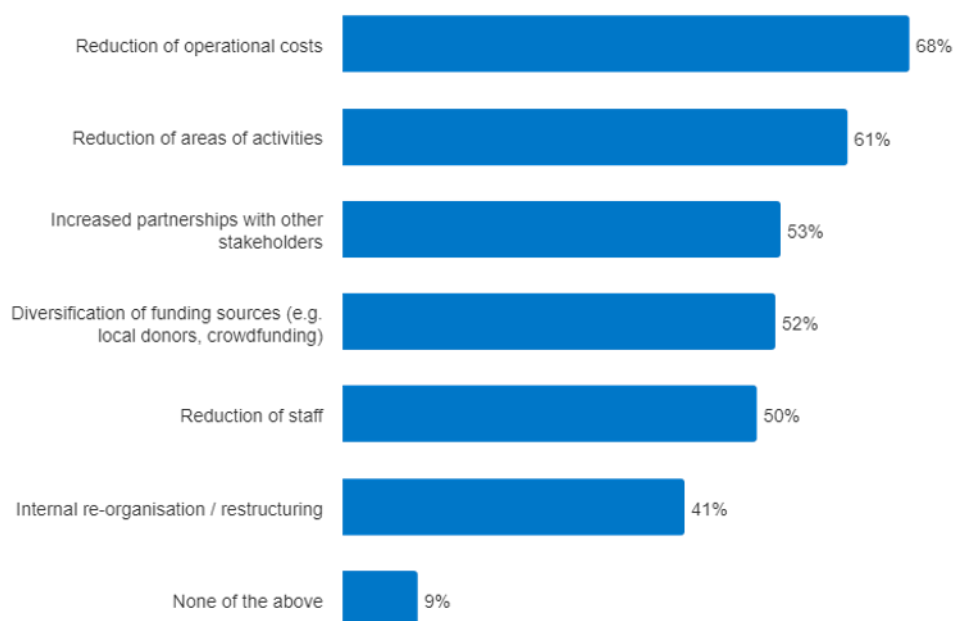
The cumulative effect of aid reductions is placing many OPDs in a situation of serious institutional fragility. Overall, 43% of surveyed organisations reported weak or very weak capacity to sustain their social mission, including 14% risking permanent closure if this trajectory continues. In contrast, only 16% reported feeling well-positioned to guarantee the continuity of their activities. This is depicting a scenario of structural collapse for organisations and networks that drive change towards a more inclusive society and access to services for persons with disabilities.



*“Our work has been significantly impacted and is now at risk of closure, which would deprive 60 children of essential services they have been receiving consistently over the past five years.” – A local OPD working with children with down syndrome in Syria.*

In order to survive, many organisations are adopting emergency coping strategies that could compromise long-term sustainability and service quality. These adaptation strategies reflect a survival strategy rather than a path to resilience. Of the respondents, two-thirds (68%) reported reducing operational costs, while 61% reduced the geographic scope or range of activities they provide, often withdrawing from remote or underserved communities. Almost half of the surveyed organisations implemented staff reductions and undertook internal restructuring (41%), resulting in the loss of specialised expertise and institutional knowledge. In other words, organisations are exhausting internal reserves and sacrificing human capital to survive. More than half adopted more offensive strategies, including diversifying funding sources (52%) and strengthening partnerships and alliances (53%).

**Which of the following strategies has your organisation been using to adapt to cuts in international aid?**



**Strategies used by OPDs to adapt to international aid cuts**

Many OPDs have not yet ‘collapsed’, but are in a phase of trade-offs, through prioritisation, scaling back activities, reorganisation, and staff losses. Funding diversification alone will not be enough if all funding streams contract simultaneously; flexible, multi-year funding is becoming critical.

*“In contexts like Palestine, where persons with disabilities already face multiple layers of vulnerability, reduced funding translates into fewer rehabilitation services, limited access to assistive devices, and decreased psychosocial and protection support. For many, our organisation is not an optional service provider, but their only lifeline.” – A local OPD in Palestine.*

Taken together, the findings point not simply to a temporary funding shortfall, but to a broader weakening of the disability-inclusive ecosystem. The survey suggests that current ODA reductions are contributing to a progressive erosion of organisational capacity, as well as the continuity of representation, advocacy, and community-based support structures that many persons with disabilities rely upon for inclusion, protection and access to basic rights. This is leading to reducing the collective voice on rights of persons with disabilities, and their representative organisations at a time when visibility, participation, and accountability are more critical than ever.

## **A growing risk of permanent exclusion: reported impacts on persons with disabilities**

Beyond the impacts on OPDs as organisations, the survey addressed the impacts of funding cuts on individual persons with disabilities, in their communities.

### **A huge direct impact on well-being**

The survey findings show that aid contractions are having direct and severe consequences on the lives and well-being of persons with disabilities. More than eight out of ten respondents (82%) considered that ODA cuts are having a high or very high impact on the well-being of persons with disabilities in the communities they serve, pointing to a growing deterioration in living conditions and support systems. The impact on well-being is high across all geography covered by the surveyed organisations, with the highest impact reported in the Middle East.

OPD responses suggest a clear chain of impact: reductions in international aid lead to funding losses for OPDs. As a result, many organisations are forced to reduce their representational activities, scale back their outreach, suspend programmes, and in some cases discontinue specialised or adapted essential services. OPDs face less resources to build capacity and hold services to account for inclusive provision. Respondents consistently linked these reductions to worsening inequalities, increased exclusion and declining access to rights and opportunities for persons with disabilities.

It is highly probable that persons with disabilities are also affected by disruptions to the support provided by other actors operating in the same communities, including INGOs, UN agencies, and government services. When these stakeholders are also impacted by funding cuts, the cumulative effect is a weakening of the broader support ecosystem on which many persons with disabilities depend.

This compounds existing barriers, reduces access to assistance and opportunities, and contributes to a deterioration in the well-being, inclusion, and resilience of persons with disabilities and their communities.

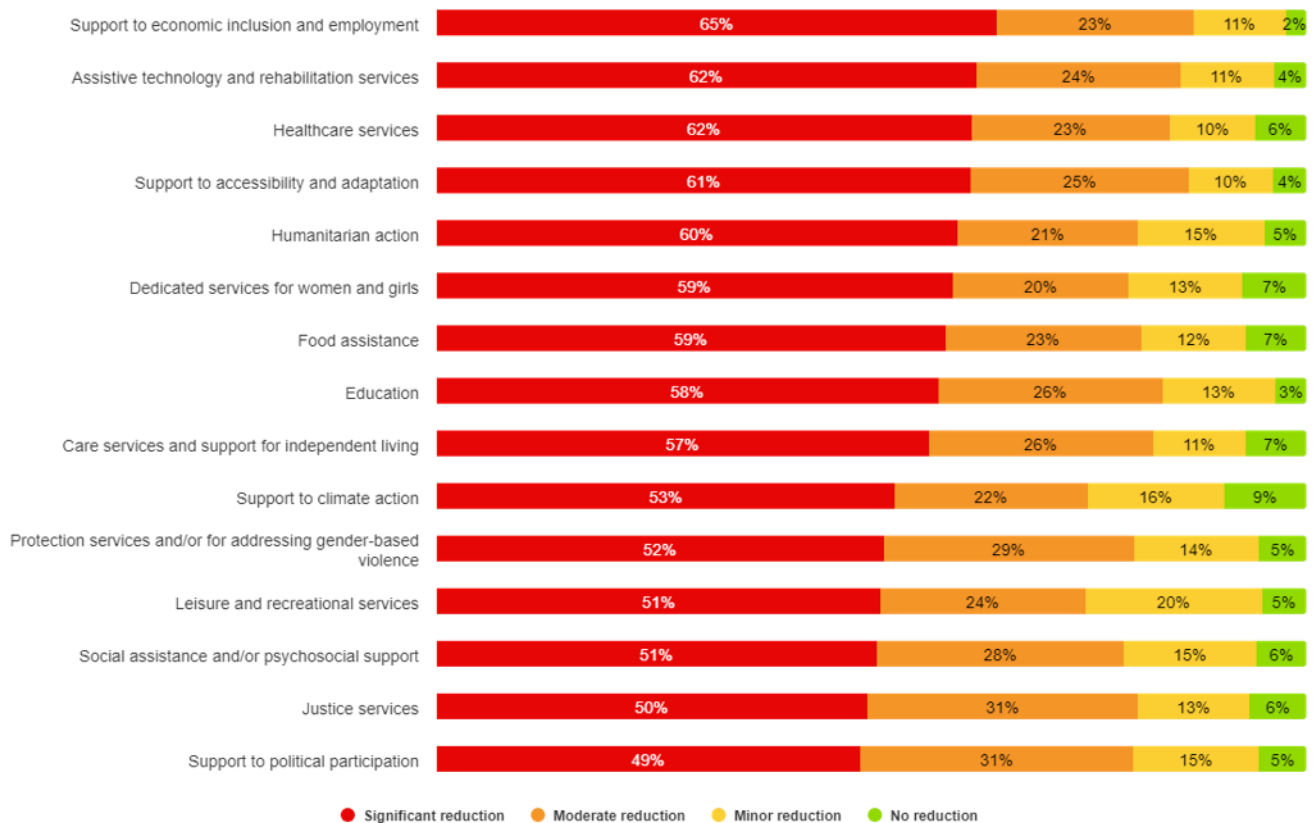
### **Essential services under strain**

Respondents indicate that with no exception, the cuts to international development and humanitarian aid have affected all services and support provided at community level, by a variety of operators (government, local authorities, UN, INGOs, etc.).

Services that are the most fundamental to independence, participation and dignity are bearing a heavier burden than those complementary or non-essential.

More than 60% of respondents reported a deterioration in access for persons with disabilities to economic inclusion and employment, assistive technology and rehabilitation services, healthcare services, support for accessibility and adaptation, and humanitarian action. The survey also highlights the significant impact on services dedicated to women and girls, food assistance, education, care services, and support for independent living. Other essential support to increase the autonomy and inclusion of persons with disabilities in decision making processes have frequently been hit the hardest.

Have the following services and support that are in place in your area become less accessible to persons with disabilities due to funding cuts in the last 18 months?



OPD perceptions of reduced access to services and support by persons with disabilities due to funding cuts

Overall, these findings suggest that cuts to these essential services are simultaneously increasing the risk of long-term dependency, poverty and social exclusion for persons with disabilities.

*“Cuts in international aid deepen the exclusion of persons with disabilities by paralysing essential autonomy programs and technical services that the State does not cover. This lack of financing makes us socially invisible and condemns us to greater dependence, violating our fundamental right to a dignified and productive life.” – A national self-advocacy OPD in the Dominican Republic*

### Disproportionate impacts on the most marginalised groups

The survey responses highlight how ODA reductions are exacerbating pre-existing inequalities in the communities where OPDs operate, particularly for groups facing multiple and intersecting forms of discrimination. 119 out of 137 respondent organisations – almost nine in ten – reported specific inequalities had deepened.

*“In a country like Namibia, which already has one of the highest levels of inequality globally, these cuts do not affect everyone equally but instead reinforce and intensify overlapping disadvantages, especially for those at the intersection of multiple vulnerabilities.” – A national OPD of persons with visual impairments in Namibia*

Over 80% of organisations agree that children (85%), women and girls (84%), and older persons (83%) with disabilities have been particularly affected by service reductions, as well as those living in more remote areas.

- **Women and girls with disabilities** were repeatedly identified as facing heightened risks, including increased exposure to gender-based violence, reduced autonomy and the loss of specialised support services (e.g. sexual, reproductive and maternal healthcare).

*“Programs addressing gender-based violence, reproductive health, and empowerment have been reduced. For example, women with disabilities in rural communities no longer have access to safe spaces or counseling services to report abuse or receive guidance on reproductive health.” – A national OPD in Kenya*

- **Children and young persons with disabilities** were also identified as being particularly affected. Respondents reported disruptions to early intervention services, rehabilitation, nutrition and education support, with some organisations documenting school drop-outs, worsening malnutrition and irreversible developmental setbacks linked to service interruptions.

*“One of our project beneficiary is 9 years old and lives in a refugee camp. She has a hearing impairment and used to attend a small learning center supported by an aid organisation. There, she had a teacher trained in sign language and received a hearing device. Then the funding stopped. The teacher left. The center closed. Now Amina sits at home while other children go to school. Her mother tries to teach her, but without training or tools, lessons turn into silence. Amina begins to forget the signs she once knew. Her world shrinks – not because of her disability, but because the support disappeared.” – A regional umbrella organisation in Ethiopia*

- **Refugees and internally displaced persons (IDPs)** with disabilities were highlighted as another highly exposed group, especially in settlements of internally displaced persons or refugee, remote areas and humanitarian settings where outreach services are being reduced or discontinued. Respondents also expressed concern about persons with severe disabilities who rely heavily on community-based and formal support systems. In contexts where services are withdrawn, many are left without viable alternatives for daily survival, care or participation.

*“In Imvepi, Rhino Settlement, Kyaka II, Kyangwali and Nakivale Refugee Settlement in Uganda, reduced food rations disproportionately impacted children with disabilities, leading to increased cases of malnutrition. This directly affected their rehabilitation progress, as adequate nutrition is essential for physical recovery and functional improvement.” – A local organisation including family members and/or relatives of persons with disabilities in Uganda*

*“Our organisation has witnessed direct and severe impacts of international aid cuts on persons with disabilities and their families, especially in refugee camp settings where alternative services are extremely limited. Reductions in humanitarian assistance have meant that some families with persons with disabilities no longer receive food parcels or emergency cash support. This has increased poverty and forced families to prioritise basic survival needs over health and rehabilitation.” – A local OPD in Palestine*

- **Persons with disabilities living in rural or remote areas** were also reported as facing heightened exclusion. Survey respondents consistently identified rural and isolated areas as the places where aid reductions are most rapidly translating into exclusion. Open-ended responses highlighted recurring challenges including the disappearance of local, decentralised or outreach services, reduced access to support and rehabilitation, delayed medical referrals, rising transportation costs and increasing isolation for persons with disabilities and their families.

*“In Bhutan, persons with disabilities are particularly affected because support systems in Bhutan remain limited and often depend on public or NGO funding. Budget reductions for accessibility upgrades, rehabilitation services, sign-language interpretation, or community support programmes can leave persons with disabilities without practical access to healthcare or education. Rural persons with disabilities face “double disadvantage”: disability plus geographic isolation.” – A national organisation of women and girls with disabilities in Bhutan*

- Organisations operating in **humanitarian contexts** reported particularly severe impacts, reflecting the compounded effects of conflict, displacement, poverty and weak public infrastructure.

*In the context of the full-scale war, persons with disabilities remain among the most vulnerable population groups, as they face additional barriers in accessing basic services, humanitarian assistance, healthcare, transportation, shelters, and livelihoods.” – A national OPD in Ukraine*

- Some respondents indicated differences amongst persons with disabilities whereby risks increase according to the type of disabilities.

*“The aid cuts create a hierarchy between disabilities. The less visible or more expensive ones jump first. People are placed in specialised institutions or abandoned.” – A regional umbrella organisation from sub-Saharan Africa*

Respondents stressed that, in many of these contexts, OPDs represent one of the few remaining mechanisms through which persons with disabilities can access information, referrals, rehabilitation, advocacy and community support.

*“These cuts have led to the decline in inclusive education, healthcare, and basically all areas in the disability community in our country. All progress made on SGBV in the regions we work has declined significantly. Persons with disabilities affected are gradually returning to their OLD WAY OF LIFE.” – A national organisation of women with disabilities in Sierra Leone*

Overall, the findings point to a broader regression in the inclusion and rights of persons with disabilities. Current funding reductions are not only weakening organisations, but are also increasing the risk that many persons with disabilities, particularly women and girls, children and youth, and those living in remote areas, will face deeper and potentially long-term exclusion from education, healthcare, livelihoods, protection and social participation.

Survey responses reveal a consistent pattern linking international aid cuts to the withdrawal of services, loss of independence, weakening of community participation and declining dignity and protection for persons with disabilities at community level.

## Recommendations from OPDs to policymakers and donors

Survey respondents call for immediate policy shifts from governments and donors to prevent the further erosion of disability-inclusive services and the collapse of community-based support systems, and the consequential suffering.

### OPDs call on donors to:

- **Acknowledge and address the human consequences of aid cuts**  
Donors and governments should recognise that their decision to reduce international aid have direct consequences on the rights, well-being and survival of persons with disabilities. Respondents called on donors to assess and mitigate the human impacts of funding cuts and to uphold their responsibility to ensure that aid decisions do not deepen inequality or undermine disability inclusion commitments.

*“Most importantly, we urge you to recognise that cutting support to persons with disabilities is not a neutral decision. It has disproportionate and often irreversible impacts. Inclusive humanitarian action is not only a matter of equity. It is a matter of dignity, protection, and human rights.” – A local association of parents with children with disabilities in Malawi*

- **Protect and ringfence funding for disability inclusion and OPDs**  
Dedicated budget lines for disability inclusion should be safeguarded within international aid and humanitarian funding envelopes, and not dependent on shifting political priorities. Donors’ funding must be more directly accessible to OPDs. Respondents stressed that OPDs should be recognised not only as beneficiaries, but also as key implementing and accountability partners.

*“In contexts like Somalia, where national systems are limited, international support remains critical for ensuring access to inclusive education, assistive technology, and basic services. We urge donors and policymakers to prioritise disability-inclusive*

*funding and avoid disproportionate cuts to programmes that support persons with disabilities.” – A national OPD in Somalia*

- **Ensure disability inclusion is systematically integrated across all aid programmes**

Disability inclusion should be treated as a core, systematic component of equitable and effective aid programmes, not just as a standalone issue. Respondents called for disability impact assessments, mandatory accessibility standards and the integration of disability inclusion across sectors including health, education, transport, digital services or humanitarian action. Data and accountability systems should be reinforced to ensure persons with disabilities are not excluded from aid.

*“The inclusion of disability should not be seen as a secondary axis, but as a transversal principle and essential to any equitable and effective development strategy.” – A national OPD in Benin*

*“All assistance should be delivered in line with the principles of inclusion, accessibility, and respect for human dignity. This means that humanitarian and social support programmes must be physically, informationally, and communicatively accessible for persons with different types of disabilities. In the long term, such support should aim not only to address the humanitarian consequences of war, but also to promote social inclusion, independence, resilience, and active participation of persons with disabilities in community life across Ukraine.” – A national OPD in Ukraine*

- **Strengthen localisation and grassroots resilience**

Investing in locally-led, community-based initiatives and the strengthening of local OPDs is critical for effective and inclusive humanitarian response and sustainable development. This sustains grassroots infrastructure and leverages local organisations' deep community roots, contextual understanding, and trust. Respondents stressed that OPDs are essential providers of community-based support, and advocacy to hold authorities and service providers accountable to deliver disability inclusive services.

*“Empowering local organisations to lead disaster response ensures that the specific needs of persons with disabilities are met during floods and other crises.” – A national OPD from the Southeast Asia region*

- **Provide sustained and predictable multi-year funding**  
Donors should move away from short-term project cycles and support multi-year funding commitments. Longer-term funding is essential to ensure continuity of rehabilitation, education, livelihoods and humanitarian programmes, while also enabling staff retention, strategic planning and organisational stability - all contributing to long-term impact.
- **Maintain flexible funding mechanisms responsive to local realities**  
Flexible financing arrangements are needed to allow OPDs to respond quickly to emerging humanitarian needs, changing local contexts and unforeseen crises. Respondents noted that rigid funding structures often limit the ability of OPDs to adapt services and maintain support for affected communities.
- **Guarantee the meaningful participation of persons with disabilities in decision-making**  
Governments and donors should ensure that persons with disabilities and their representative organisations are fully involved in the design, implementation, monitoring and evaluation of programmes and funding decisions in order to ensure that funding priorities reflect lived experience rather than assumptions.

*“We ask that funding for disability inclusion is protected and not reduced. Persons with disabilities must be included in all decisions, and services should continue, especially for those in rural areas and vulnerable groups.” – A national OPD in Samoa*

- **Adopt intersectional approaches to disability-inclusive aid**  
Aid programmes should include disaggregated targets and dedicated measures to address the compounded vulnerabilities and ensures no group is left behind. Respondents stressed that multiple forms of discrimination and exclusion often overlap and require targeted responses, especially for women and girls with disabilities, children and youth with disabilities, refugees, internally displaced persons (IDPs), and persons living in rural or crisis-affected areas.

Overall, the recommendations reflect a shared message from participating OPDs: if international aid systems are to uphold human rights, inclusion and equitable access to support for persons with disabilities worldwide, disability-inclusive funding and partnership approaches must be strengthened, not reduced.

*“Your commitment can transform lives, open opportunities and enhance the dignity of every person.” – A local organisation of children and young persons with disabilities in Madagascar*

More detailed information on the results of the survey can be found on [hi.org/en/publications](https://hi.org/en/publications)

Published by Handicap International – Humanity & Inclusion

Website: <http://www.hi.org>



The production of this publication is financially supported by the Luxembourg Ministry of Foreign Affairs. The views and opinions contained in this document should not be seen as reflecting the views of the Government of Luxembourg.

First published in June 2026, © Handicap International.

Handicap International is registered in France under the following references: N° SIRET: 519 655 997 00038 - Code APE: 9499Z.

This publication is copyrighted, but may be reproduced by any method without fees or prior permission for teaching purposes, but not for resale. For copying under any other circumstances, prior written permission must be obtained from the publisher, and a fee may be payable.