

# Promoting Disability Inclusion in Humanitarian Coordination

## Lessons learned from the past year and impact of the humanitarian reset

Disability Reference Group (DRG) Community of Practice (CoP)  
Learning Paper from Session #2 | October 2025

- This learning paper draws from presentations, discussions, and questions emerging from the second session of the DRG CoP on *Promoting Disability Inclusion in Humanitarian Coordination*. It also incorporates discussions emerging from OCHAs presentation of the humanitarian reset / HPC to DRG members. The CoP is currently led by Humanity & Inclusion (HI), with support and funding from UNICEF.  
*Session two of the CoP focused on progress made on disability inclusion from the past year, as well as on the impact of the Humanitarian Reset on disability inclusion in humanitarian coordination.*
- Presenters included colleagues from Christian Blind Mission (CBM), the Gaza Disability Working Group (DWG), and HI. Participants of the CoP include representatives from Organizations of Persons with Disabilities (OPDs), UN entities, and NGOs that are directly engaged in humanitarian coordination.
- This document is aimed at decision-makers who may benefit from an in-depth look at the impact of the funding crisis and humanitarian reset on most “at-risk” populations; the document provides key questions for discussion and consideration moving forward.

### This learning paper is divided into three sections:

- **SECTION 1:**  
What has worked well so far to promote disability inclusion in humanitarian response and coordination?
- **SECTION 2:**  
What are the observed impacts of the humanitarian reset and the broader funding crisis on the progress made on disability inclusion in humanitarian response and coordination?
- **SECTION 3:**  
Key questions for learning, discussion, and coordination between decision-makers, OPDs, local and international humanitarian actors and UN entities to maintain gains and address new gaps.

## SECTION 1

# What has worked well so far to promote disability inclusion in humanitarian response and coordination?

- Holding Country Teams accountable for advancing and supporting the meaningful promotion of disability inclusion in coordination and decision-making.

Experience indicates this results in the ownership of humanitarian leadership to uphold commitments around inclusion of persons with disabilities across the humanitarian structure; it also results in improved data collection on disability as well as setting of indicators to monitor access.

#### EXAMPLE 1:

In Gaza, the DWG is placed under the Inter Cluster Coordination Group (ICCG), enabling direct access to / flow of information from all cluster leads. The Protection Cluster provides technical support to the DWG and facilitates engagement with other clusters.

Contact Gaza DWG coordination Dr. Iyad Krunz ([iyadkrunz@starsofhope.org](mailto:iyadkrunz@starsofhope.org)) or oPt Protection Cluster Coordinator Alexandros ([alexandros.voulgaris@un.org](mailto:alexandros.voulgaris@un.org)) for more information.

#### EXAMPLE 2:

In South Sudan – recognizing the importance of having direct representation in key platforms – HI has a dedicated resource regularly providing technical guidance and advice on disability inclusion directly to the ICCG.

Contact Youri Francx ([y.francx@hi.org](mailto:y.francx@hi.org)) for more information on HI's work in South Sudan.

- Training of decision-makers in the humanitarian coordination structure, including senior staff of UN agencies and the Humanitarian Country Team (HCT).

Training on key topics resulted in a solid foundation of disability inclusive approaches, and ensured humanitarian stakeholders – from decision-makers to service providers – are on the same page with regard to concepts and definitions, global standards and best practice, as well as the actions required to uphold our obligation to leave no one behind.

#### EXAMPLE:

In Cameroon, CBM provided 'high-level training' to senior staff of various UN agencies.

Contact Oliver Wiegers ([oliver.wiegers@cbm.org](mailto:oliver.wiegers@cbm.org)) for more information on CBM's work in Cameroon.

- Placement of skilled disability focal points from Organizations of Persons with Disabilities (OPDs), local and international NGOs, and UN entities across thematic clusters.

Having skilled focal points, especially from OPDs, brought lived experience and hands-on knowledge of ground realities. The presence of focal points resulted in more consistent consideration of disability inclusion in every action undertaken by clusters, and ensured better quality of cluster-led initiatives on disability due to the availability of technical support by focal points where required.

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#### EXAMPLE:

CBMs efforts to train focal points for placement across clusters in Cameroon facilitated the meaningful involvement of these focal points in the HNO / HRP workshops and an exemplary reflection of disability inclusion in the Cameroon HRP 2024, with specific targets and indicators.

Contact Oliver Wiegers ([oliver.wiegers@cbm.org](mailto:oliver.wiegers@cbm.org)) for more information on CBM's work in Cameroon.

## SECTION 2

# What is the observed impact of the humanitarian reset and funding crisis on the progress we have made on disability inclusion in humanitarian response and coordination over the past years?

- The reduction or reshuffling of staff working on disability inclusion by UN agencies and INGOs has significantly impacted the ability to ensure continued technical quality, to provide prompt input on disability inclusion at all levels, and to address existing gaps in the humanitarian coordination structure.
- The broader funding crisis has severely impacted the ability of local organizations and OPDs to retain staff, thus resulting in the loss of representation of persons with disabilities in coordination mechanisms and negatively impacting the overall efficiency of DWGs. This has also impacted the presence of skilled disability focal points (often OPD members) across clusters.
- Combining disability inclusion with other cross-cutting themes such as AAP within the coordination structure downplays the need for a focus on disability inclusion and may result in the sidelining of the rights of persons with disabilities in favor of a leaner, more selective humanitarian system.
- Combining of the HNRP has reduced the 'size' of the document resulting in the inability to explicitly highlight gaps in disability mainstreaming across chapters. After close to a decade of work to ensure disability becomes a more visible topic of consideration within HNO/HRP processes and results, there is once again the risk that it becomes invisible within response plans and thus sidelined.

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## SECTION 3

# Key questions for learning, discussion, and coordination between decision-makers, humanitarian actors, un entities, and local actors to maintain gains and address new gaps

- Amidst the reduction of staff working of disability inclusion in UN agencies and INGOs, the presence of a Disability Working Group becomes even more essential within the humanitarian coordination structure. However, given that DWGs don't often benefit from stable UN funding, what has been envisioned to ensure these entities are retained within humanitarian coordination structures?
- Given that DWGs are the only entity in coordination mechanisms that not systematically led/co-lead by a UN entity, they are in many contexts lead and made up of actors hardest hit by the funding crisis (OPDs/local orgs/disability-focused INGOs); how do decision-makers plan to address the risk that disability actors will have minimized resources to remain engaged in humanitarian coordination?
- Will the reduction of staff working on disability inclusion jeopardize the already weak attempt to uphold commitments to disability within UN agencies and mainstream INGOs? Does this decision highlight a lack of commitment and resources to disability at donor level?
- What are the mechanisms envisioned to operationalize disability inclusion as a cross-cutting thematic, grouped with AAP?
- While other cross-cutting thematicas such as gender and child protection are represented via influential UN entities in decision making spaces such as the UNCT/HCT, disability is - and has been - largely invisible in these same spaces. What has been envisioned to ensure disability is represented at high-level decision-making spaces especially now that there is an overall reduced technical capacity across clusters?
- Have gender teams experienced a similar reduction/reshuffling of staff within UN entities? Why or why not?
- “What is not mentioned cannot be done”; does a reduction in complexity and nuance in the updated HNRP result in the reduction of resourcing for the hardest to reach and the most at risk?