Disability Inclusion Strategy
Humanitarian Needs and Response Plan (HNRP)
Technical Advisory Group on Disability Inclusion - Myanmar 2026

1. Introduction: Context and why do we need a disability inclusion strategy?

Although punctuated by brief periods of democratic openness, Myanmar has experienced a prolonged humanitarian crisis for many decades, driven by compounded challenges such as political instability, vulnerability to natural hazards and persistent armed conflict. But since the military takeover in February 2021, an alarming rise in humanitarian needs has been observed, related to intensifying armed conflict, disasters and economic and political instability. Following the 7.7 magnitude earthquake of March 2025, those numbers have risen to even more alarming numbers[1].

In the past years, Myanmar had made interesting progress towards gender equality, social inclusion and the rights of persons with disabilities by ratifying the Convention on the Elimination of Discrimination Against Women (CEDAW) in 1997, the United Nations Convention on the right of Persons with Disabilities (UN-CRPD) in 2011 and implementing the Rights of Persons with Disability Law in 2015. But although progress had been made, the 2021 military takeover has made it very difficult to ensure effective accountability, implementation and monitoring of those laws and policies. In this vacuum, humanitarian coordination and actors as well as civil society organizations have an important role to play in upholding the rights of men, women, boys, girls and gender diverse persons with disabilities.

Persons with disabilities often face multiple burdens in situation of conflict and disaster, those with pre-existing impairments encountering worsening conditions in unstable environments, while others may acquire new disabilities due to injury or trauma[2]. Many experience barriers in accessing humanitarian aid and are still not consulted in the planning of the response[3]. Risks are further exacerbated by loss of support networks, targeted violence, and the collapse of essential services[3]. The distinct and heightened needs of persons with disabilities and their households must be addressed through inclusive service provision, better data collection, and stronger collaboration among stakeholders to ensure no one is left behind. Coordinated and inclusive humanitarian responses are needed to address both general and disability-specific needs, ensuring equal participation and access for all, especially women, men, boys, and girls with disabilities.

In order to support the effective implementation of the recommendations from the 2019 IASC guidelines on the Inclusion of persons with disabilities in Humanitarian Action, a Technical Advisory Group on Disability Inclusion (TAG-DI) was created in July 2022 under the Myanmar Inter-Cluster

[1] United Nations Office for the Coordination of Humanitarian Affairs. (2025, April 11). *Myanmar earthquake: HNRP flash addendum* [Flash addendum]. https://www.unocha.org/publications/report/myanmar/myanmar-earthquake-hnrp-flash-addendum reliefweb.int+12myanmar.un.org+12unocha.org+12fts.unocha.org+3unocha.org+3unocha.org+3

[2] International Disability Alliance. (n.d.). *Article 11 – Situations of risk and humanitarian emergencies*. https://www.internationaldisabilityalliance.org/art11

Coordination Group. The TAG-DI, co-led by an International Non-Governmental Organization (INGO) and an Organization of Persons with Disabilities (OPD), aims to strengthen disability inclusion within Myanmar's humanitarian response and support the Inter-Cluster Coordination Group (ICCG) on mainstreaming disability throughout the Humanitarian response and project cycle.

2. What is the current situation for persons with disabilities?

Overview

Disability intersects with other social and demographic factors, including gender, age, socio-economic status, education, sexual orientation, and ethnicity, leading to unequal risk during emergencies. Evidence shows that during crises, women with disabilities face heightened exposure to gender-based violence, limited access to hygiene and healthcare, and exclusion from emergency information. Older persons with disabilities frequently report increased isolation, limited mobility, and reduced access to assistance, while children with disabilities face elevated protection risks. Children with disabilities are often excluded from services like child-friendly spaces, psychosocial support, and education, while those with caregivers with disabilities may assume adult roles or face increased risk of child labor. Furthermore, when persons with disabilities are targeted in the humanitarian response, the focus still tends to be on persons with physical impairments and often overlooking those with intellectual, psychosocial, sensory and communication impairments. These overlapping vulnerabilities require humanitarian responses that are not only disability-inclusive but also sensitive to intersectional and diversity factors.

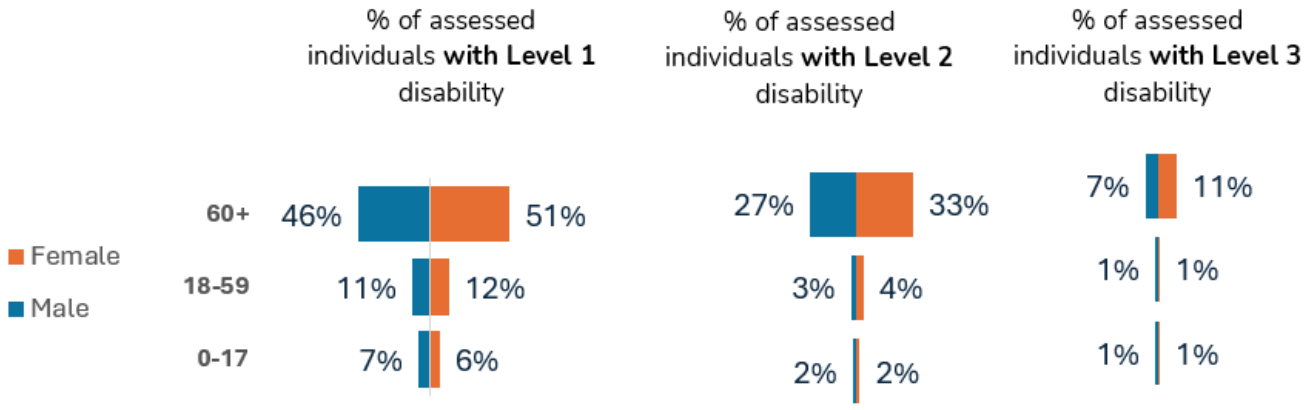
Moreover, over 5,000 people were injured as a result of the March 2025 earthquake, contributing to new cases of disability and adding pressure to already limited healthcare, physical and functional rehabilitation, mental health and psychosocial support services. These risks are compounded by ongoing conflict, underscoring the need to scale up services and assistance. Earthquake-related damage has reduced mobility and limited the ability of affected populations to flee, increasing exposure to injury and trauma.

According to the Multi-Sectorial Needs Assessment (MSNA) conducted in 2025 as part of the HNRP process, the following key information has been collected in regards to disability:

Disability prevalence:

Over a third of households in Myanmar have at least one member with a disability, with around 15% of individuals living with a mild to severe disability. Those numbers are similar to the ones from MSNA 2023 and 2024, which are all showing disability prevalence between 13 to 17%.

Figure 1: Disability Prevalence based on the 2025 MNSA



Food security, livelihoods and coping capacities

- Households with members living with disabilities exhibited heightened food consumption gaps. (32% of assessed households with members living with disabilities had Borderline or Poor Food Consumption Score, compared to 20% of those without)
- Most households with members living with disabilities employed negative livelihood-based coping strategies to access food, thereby hindering their abilities to meet other need (**56%** of assessed households with members living with disabilities engaged in Crisis or Emergency-level Livelihood Coping Strategies, compared to 33% of those without).
- Households with disabilities have lower median monthly income than those without members with disabilities (350,000MMK for households with members living with L3 disabilities compared to 500,000MMK for households without members living with L3 disabilities)

Health

- With comparatively higher overall healthcare needs, assessed individuals living with disabilities were also unable to meet those needs more frequently than those without disabilities.
- Overall, more than half of assessed households with members living with L3 disabilities reported facing some barriers to access healthcare (59%), compared to a third of those without (32%).
- Healthcare spending inflated budgets of households with members living with L3 disabilities, with 11% of their monthly budget spent on healthcare (compared to 5% for those without).

Education

- Two-thirds of assessed school-aged children with L3 disabilities and one-third of assessed children with L1 disabilities were out-of-school

- Most reported primary reason why children were not attending formal schools were physical constraints to the facilities especially for persons with disability (building not accessible, transport not accessible, too far, etc.), personnel not trained or equipped to support persons with disabilities, cannot afford education-related costs (e.g. tuition, supplies, transportation) (15% vs. 23%) and discrimination or stigmatization of the child for any reason.

WASH

- Overall, 16% of assessed households living with members with L3 disabilities reported not having enough water to drink at least once in the 4 weeks prior to data collection (compared to 6% of those without).
- Overall, 19% of assessed households living with members with L3 disabilities reported no accessible handwashing facilities (compared to 9% of those without disabilities).
- Overall, 4% of assessed households living with members with L3 disabilities reported no sanitation facilities (compared to 2% of those without disabilities) and 7% reported unimproved sanitation facilities[3] (compared to 3% of those without disabilities).
- Overall, 17% of assessed households living with members with L3 disabilities reported sharing their sanitation facilities with others outside their households (compared to 12% of those without disabilities).

Shelter/NFI

- Overall, 25% of assessed households living with members with L3 disabilities lived in inadequate shelters (compared to 15% of those without disabilities).
- Overall, 25% of assessed households living with members with L3 disabilities reported facing issues while cooking (compared to 14% of those without disabilities) and 28% not having enough space and essential sleep items for all household members to sleep (compared to 15% of those without disabilities).

Protection

- Overall, 35% of assessed households living with members with L3 disabilities reported that at least one member did not have valid ID document (compared to 19% of those without disabilities).
- The most frequently reported reasons for lacking identification documents were a perception that it was unnecessary leading households not to apply (53%) or documents being accidentally lost or damaged (17%).
- One-third of assessed households with members living with L3 disabilities nationwide (34%) had been affected by conflict in the year prior to data collection (compared to 22% of those without disabilities).

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- Overall, 34% of assessed households living with members with L3 disabilities reported that they had been affected by explosive ordnances in the year prior to data collection (compared to 24% of those without disabilities). Explosive ordnances mainly affected their mental health (20%), opportunities for livelihood (16%) and freedom of movement (10%).
- Nearly half of assessed households with members living with L3 disabilities nationwide (48%) reported financial shock as a socio-political hazard affecting their household in the year prior to data collection (compared to 32% of those without disabilities).
- Mental health
- Overall, 44% of assessed households living with members with L3 disabilities reported that at least one member experienced psychological distress in the month prior to data collection (compared to 30% of those without disabilities).
- Among those, psychological distress was mainly due to unemployment and lack of income (54%), health concerns (45%), food insecurity (36%) and ongoing conflict (33%).

During the consultation with OPDs in August 2025 as part of the HNRP process, the following key information has been collected in regards to disability:

- The key needs mentioned by OPDs representatives were related to a) basic needs- food, water, household essentials, b) health services- including medication, psychosocial support as well as access to assistive devices, c) inclusive education, d) safe spaces and protection services and e) livelihood opportunities.
- The main barriers mentioned by OPDs to access the services in relation those needs were a) exclusion from registration and aid systems, b) inaccessible communication and facilities, c) mobility and safety constraints, d) stigma and discrimination and e) limited OPD capacities**.**

3. What is the status of disability inclusion in the humanitarian response?

Between 2021 and 2025, the response in Myanmar has made significant progress in mainstreaming disability inclusion in humanitarian services. The TAG-DI has actively worked with the ICCG, Clusters, working groups, donors and the United Nations Disability Inclusion Theme Group to strengthen disability disaggregated data collection, inclusive services, and awareness. The TAG-DI is made up of 50% local OPDs (24/58 member organizations) and 50% INGOs/NGOs. Joint advocacy efforts, both globally and locally, have strengthened the recognition and support for programming that is disability inclusive. Furthermore, with Myanmar Humanitarian Fund (MHF) support, there are ongoing efforts to provide technical assistance to humanitarian actors, to strengthen understanding and technical capacity for inclusive services. An ongoing project (2024-2026) funded by MHF is currently supporting the TAG-DI through capacity-building for humanitarian actors and clusters on the IASC Guidelines for inclusion of persons with disabilities in humanitarian action, data collection and the Washington Group Questions (WGQ) and accessibility, as well as on the creation of a disability-inclusion toolbox for the humanitarian actors.

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In terms of people with disabilities reached by humanitarian assistance, for Q2 in 2025, 346 000 persons with disabilities were reached, which corresponds to 10% of the total number of persons reached. Those numbers are similar to 2024 and still are not sufficient, as the MSNA showed that around 15% of the population is a person with a disability. This although shows steady progress compared to 2023 in both support for people with disabilities, and data collection.

Disability inclusion at humanitarian coordination and programming level:

- Clear efforts and progress are being made and increased awareness of disability inclusion as a programmatic priority is observed
- Clusters, AoRs and Working Groups member both at National and Sub-National level show a desire to commit to change and a willingness towards more disability inclusion
- Systematic application of comprehensive approaches to age, gender equality and disability inclusion remains uneven and insufficient
- Continuous staff rotation and limited resources, associated to the compounded impact of armed conflict and recurrent natural disasters, poses challenges that need to be addressed in a comprehensive manner.
- Inclusion of people with disabilities is often not prioritized due to many competing priorities, shrinking resources and urgency of the response.
- Despite efforts from donors, such as MHF to encourage 13% of targeted beneficiaries to be persons with disabilities, many projects report a lower percentage of beneficiaries as people with disabilities.
- The TAG-DI is still a National group only as for now due to limited resources, which limits the support and sustained involvement at sub-national level.

Capacity of humanitarian actors in regards to disability inclusion

- Most humanitarian actors and clusters have received at least a basic disability inclusion training and demonstrate some awareness regarding disability inclusion
- Understanding of some key concepts such as the rights-based approach to disability, accessibility and effective implementation of the IASC guidelines on inclusion of persons with disabilities is still uneven and partial for humanitarian actors. Ongoing trainings on those topics are currently being held through the support of the TAG-DI.
- OPDs provide vital support to people with disabilities but operate at small scale with limited ability to provide nationwide support. They are severely under resourced, usually relying on small local funding sources and unable to access mainstream humanitarian funding.

Meaningful participation and empowerment of persons with disabilities

- Open mind and willingness present among most humanitarian actors, but lack of concrete and effective action to foster meaningful participation of persons with disabilities.
- Progress is observed but still uneven and insufficient involvement of men, women, boys and girls with disabilities in the design, implementation and monitoring of actions.

Data disaggregation and inclusive data collection

- Most humanitarian actors are aware of the need of inclusive needs assessment and disaggregation of data by disability, age and gender but low priority is given to this element when gaps and solutions are discussed
- Progress has been made but inclusive data collection and monitoring processes and mechanisms are still not fully implemented at cluster level
- There is little data on the specific needs of people with disabilities, such as physical rehabilitation and assistive devices requirements. That lack of data is hampering response efforts.
- Progress has been made but many enumerators lack the proper training to work with people with disabilities and effectively use the WGQ and other tools.

4. How to approach disability inclusion in the humanitarian response?

The complexity of the Myanmar crisis, driven by overlapping challenges and lack of resources, calls for a creative comprehensive approach that focuses on practical and clear actions, addressing intersectionality and diversity, as well as the specificities of the context and sectors. Evidently, awareness is increasing and efforts have to be made by the humanitarian coordination and actors to operationalize the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, and make the Must Do Actions and Twin-Track approach to disability inclusion a reality. However, in this era of information overload and considering all those compounded priorities, there are challenges to progress.

Strengthening disability inclusion across the whole humanitarian response requires to address both general household needs to be inclusive and disability-specific requirements through coordinated local partnerships. Inclusive humanitarian action needs to be promoted so barriers to access can be identified and removed, in order for individuals and groups who are most at risk, discriminated against and/or excluded, including women, men, boys and girls with disabilities, to participate in decision-making and benefit from humanitarian action on an equal basis with others. Coordinated action, strong leadership, and investment of time and other resources is needed, in close coordination with the HCT, ICCG, donors, UN, INGOS, other clusters, AoRs and working groups, as well as OPDs.

The Global Guidance on Strengthening Disability Inclusion in Humanitarian Response Plan suggest the following key elements:

1. Ensure meaningful participation and engagement of OPDs as local actors
2. Ensure a comprehensive response following the twin-track approach
3. Foster inclusive and accessible feedback and complaints mechanisms
4. Ensure Inclusive monitoring frameworks

5. Develop reliable and comprehensive data
6. Include analysis of risk (heightened risk/ needs, including barriers to accessing assistance and intersecting structural inequalities.)
7. Ensure reflection of diversity & intersectionality in all actions
8. Foster a cross-sectoral approach

In order to build upon existing progress made in the humanitarian response in Myanmar in relation to disability inclusion, the TAG-DI is planning key activities to implement and is providing the below recommendations for the humanitarian coordination, actors and donors to implement.

Key activities to be pursued by the TAG-DI (depending on the available budget):

Proposed budget and activities			
Activity	**Details**	**Budget**	
Priority 1			**$157,000.00**
Staffing	**Full-time lead for the TAG-DI**	80 000$	$80,000.00
Capacity-building	**Capacity-building to OPDs** • Organizational skills (Management, Finance, logistics, MEAL, Human Resources, Information Technology, etc.) • Proposal writing	3000$ x 2 trainings x 5 sub-national areas	$30,000.00
Coordination at sub-national level	**Participation of OPDs to the protection sub-national clusters as representatives for the TAG-DI** · Communication costs (internet/phone) · Transportation to meetings/activities by sub-national protection cluster · Coordination meetings with OPDs	500$ x 12 months x 5 sub-national areas	$30,000.00
Reasonable accommodations	**Reasonable accommodations for meetings of the TAG-DI** · Language translation · Sign language interpreter and caption support · Personal assistants	1000$ x 12 monthly meetings + 5 ad-hocs	$17,000.00
Priority 2			**$215,000.00**
Staffing	· Part-time support on Monitoring, Evaluation, Accountability and Learning · Part-time support on Awareness-raising, advocacy and communication	2 staff x 30 000$	$60,000.00

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Capacity-building	**Capacity-building to OPDs** • Humanitarian coordination mechanisms • Protection mainstreaming • Inclusive Anticipatory Action and Emergency Preparedness	3000$ x 3 trainings x 5 sub-national areas	$45,000.00
	Trainings to humanitarian actors • Refreshers on basics and IASC Guidelines • Targeted support to specific clusters	3000$ x 2 trainings x 5 sub-national areas	$30,000.00
Consultation	· Quarterly consultation with OPDs and representatives of persons with disabilities · Collaboration with Wai Hmya Par platform for improvement of Feedback and Complaint Mechanisms for persons with disabilities and the TAG-DI	1500$ x 4 consultations x 5 sub-national areas	$30,000.00
IEC Material	· Development of material to facilitate awareness-raising on disability inclusion · Consultants for easy-to-read versions, sign language, audio formats, braille formats		$20,000.00
Data collection, reporting and advocacy	**· Preparation of 3Ws specific to the TAG-DI** **· Support to analyze existing data and produce briefs/reports** **· Implement assessments/data collection and reporting for advocacy on specific subjects** • Intersection of disability, age and gender in access to services in emergency and conflict affected areas • Victim assistance- intersection between EORE/MA, Health and Disability		$30,000.00
Additional activities			
Mainstreaming	• Strengthened technical support to the ICCG and through a focal point system and regular participation • Strengthened technical support to all clusters and through a focal point system and regular participation • Ad-Hoc specific support to other clusters through involvement to ensure mainstreaming of disability inclusion and specific services	No specific budget requirement	

Key recommendations for the humanitarian coordination and response:

Recommendations for the ICCG and the HCT

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1. **Ensure meaningful participation and engagement of OPDs as local actors**

- Include OPD members, persons with different types of disabilities, gender and age in trainings provided to foster capacity-building
- Support involvement of trained persons with different types of disability, gender and age in consultation mechanisms to increase representation and inclusion mainstreaming
- Strengthen meaningful engagement of OPDs in the design, monitoring and evaluation of the HNRP and local action plans
- Identify in collaboration with the TAG-DI a disability inclusion focal point participating to the cluster, AoRs and WG to foster functioning and effective communication channels
- Improve access to feedback and complaint mechanisms for individuals and OPDs, as well as participation in evaluations and after action reviews
- Sign-language interpretation, captioning, easy-to-read versions of information, adaptations for people with visual impairments and other reasonable accommodation for people with disabilities and OPDs to participate in Humanitarian Programme Cycle and other relevant consultations, Cluster and working group meetings, as well as other networking events.
- Allocate 30% direct funding to local OPDs and CSOs to strengthen leadership and direct disability inclusion

2. **Invest in depth-support for inclusive data collection and monitoring**

- Review humanitarian coordination and sectorial data collection tools to ensure adequate and evidence-based capture of disaggregated data by type of disability, gender and age, as well as specific needs, barriers and protection threats faced by persons with disabilities (including Rapid Needs Assessments tools, 5Ws, etc.)
- Invest in depth support for disaggregated data collection for clusters (needs assessment and interventions) through adapted tailored clear tools and steps
- Collaborative and coordinated technical support provision together with other working groups including on ensuring disability inclusion in researches and studies initiated to help strengthen the data collection

3. **Ensure reflection of diversity & intersectionality in all actions**

- Consider positive representation of persons with disabilities through highlighting role-models and meaningful contributions of persons with disabilities
- Include the voice of persons with disabilities when doing advocacy activities and initiatives
- Support comprehensive approaches taking into account the diversity of the population, including key areas that foster inequalities, such as age, gender, types of disabilities, religion, socioeconomic status, sexual orientation, geographical location, ethnic origin and political opinion, through inter-cluster work and mainstreaming.

4. **Foster a cross-sectoral approach**

- Support the involvement and collaboration of the TAG-DI

- Tailored knowledge and practices adapted to the sector of interventions and specificities of the context at sub-national level, aligned with the IASC guidelines recommendations
- Orientation towards tools and guidelines that are contextually relevant, easy and simple to implement and tailored to the specific sector of interventions
- Ensure continuous collaboration with the TAG-DI

5. Ensure a comprehensive response following the twin-track approach

Targeted services

- Support Physical and Functional Rehabilitation services for persons with different impairments and survivors of landmines and EO, as well as the provision of assistive devices.
- Support MHPSS services adapted to the needs of persons with disabilities and their caregivers, as well as specialized services for those with severe intellectual impairments.
- Support for capacity building for people with disabilities to access livelihoods and promotion of economic inclusion.
- Support children with disabilities to access education and have meaningful participation in class, including developing tools, curriculum, and equipment to translate education for children with disability into action.
- Multi-Purpose Cash top-ups for households with a person with disability

Support inclusion mainstreaming

- Ensure inclusion of persons with disabilities in registration and aid systems
- Prioritize emergency life-saving activities and cash support for persons with disabilities.
- Disability-focused capacity building for humanitarian staff, community volunteers, M&E staff and data collectors, including inductions, refreshers and specific technical sessions.
- Technical advice or an ongoing 'Helpdesk' to support humanitarian actors develop inclusive tools, assessments and services, including translation services for local languages.
- Development of sector-specific guidelines for delivering inclusive services.
- Accessibility audits of mainstream services and infrastructures to understand key barriers and facilitators for people with disabilities to safely access.
- Ensure protection services and safe spaces are inclusive and accessible for persons with disabilities.
- Provide messages and information in multiple formats (key messages minimally through written form, images and audio/verbal)
- Ensure that messages reach all target population, including persons with disabilities by involving OPD, key community focal points, using different communication channels, ...
- Ensure guidance on aftershock safety and accessing available assistance and services (focal points, referral pathways, contacts, location)

Key resources to support recommendations:

- **UNICEF, OCHA, UNHCR, IOM, WFP, & WHO. (2020).** *Guidance on strengthening disability inclusion in Humanitarian Response Plans.* https://www.unicef.org/documents/guidance-strengthening-disability-inclusion-humanitarian-response-plans

- **CBM, Humanity & Inclusion, & International Disability Alliance**. (2019). *Inclusion of persons with disabilities in humanitarian action: Case studies on coordination mechanisms* [PDF]. https://www.handicap-international.de/sn_uploads/document/Casestudies_Inclusionofpersonswithdisabilitiesinhumanitarianaction_CBM_HI_IDA_12.pdf
- **UNICEF.** (2023). *Cluster coordination – essential actions on disability inclusion: A short guide*. https://www.unicef.org/documents/cluster-coordination-essential-actions-disability-inclusion
- **Inter-Agency Steering Committee Task Team (2019)** Guidelines: Inclusion of Persons with Disabilities In Humanitarian Action. https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019_0.pdf
- **International Organization for Migration. (n.d.).** *DTM Partners Toolkit: Disability inclusion*. https://dtm.iom.int/dtm-partners-toolkit/disability-inclusion

Recommendations to donors

- Support projects involving local OPDs or representatives of people with disabilities
- Support projects who integrate disability markers and allocated budget
- Provide financial support for both targeted services, and mainstreaming of disability. This can be coupled with mandatory indicators or outputs that support people with disabilities, and disability-disaggregated data collection

5. How to measure success?

Disability disaggregated data using the WGQ and data on the specific needs, risks and barriers is lacking across Myanmar. However, the annual MSNA has greatly improved the available data and progress has been made by different clusters to integrate disability. The MSNA and available data have also demonstrated the need for strong data, to support advocacy, targeting and quality of services.

To measure improvements in the inclusiveness of the humanitarian response, the below indicators should be collected annually, by each Cluster:

Accessibility of services	# people reached with humanitarian assistance, disaggregated by type of disability, gender and age % all people reached with humanitarian assistance under the HNRP that are a person with disability (targeting 15%)
Specific actions	# of barriers removed for persons with disabilities to access humanitarian services # services directly addressing needs and priorities of persons with disabilities.

	# of persons with disabilities reached with disability-specific services (this would include, for instance, number of people reached with mobility and assistive devices and adapted items delivered). # of reasonable accommodation requested and provided at events (including trainings and meetings) # humanitarian actors trained on disability inclusion related topics # feedback and complaint mechanism made accessible and inclusive # of humanitarian infrastructure (camp, shelter and others) or distribution sites are accessible by persons with disabilities, following the universal standard design
Partnerships and collaboration	# of local OPDs in formal partnership agreements with INGOs and UN agencies # of persons with disabilities who participated in consultations regarding humanitarian coordination or action

6. Conclusion

Disability inclusion is not a new topic for humanitarian actors and coordination, in Myanmar as around the world. Many guidelines, checklists, tools and practice recommendations have been made available through the years by diverse international, national and local actors. Nevertheless, in an increasing resource-constrained environment where humanitarian actors on the ground are pulled in many different directions simultaneously by competing priorities, the complex challenges that affect more than 15% of the population remain ineffectively addressed.

Strong leadership on disability inclusion by the Humanitarian Coordination and clusters, AoRs and Working groups are necessary to accelerate the operationalization of the IASC Guidelines on disability inclusion and ensure timely and accountable, human centered response. A collective and collaborative effort is needed to progress and find applicable solutions to progress towards actions that uphold the rights, needs and voices of all affected persons, including those with disabilities.