



Inclusive Futures

Promoting disability inclusion



What we have learnt about disability inclusive programming

Lessons from Inclusive Futures

Table of contents

Executive summary	1
Audience	5
Methodology.....	5
Lessons from disability-inclusive programming: what worked well and what future programmes should prioritise	6
Conclusion.....	21
Acknowledgements	21

Executive summary

How can the future of disability-inclusive development be improved?

Disability inclusion is a fundamental human right, yet people with disabilities – over 16% of the global population – remain excluded from many development programmes, especially in low- and middle-income countriesⁱ. Disability is still under-prioritised in international aidⁱⁱ, and hard-fought progress is threatened by decreasing overseas development aid budgets.

People with disabilities and organisations of persons with disabilities (OPDs) continue to face barriers that prevent their meaningful participation in international development. More effort and investment is needed to recognise OPDs as essential partnersⁱⁱⁱ as envisioned by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Using what we've learned from delivering UK aid's flagship Disability Inclusive Development (DID) programme in six countries over eight years, we've set out three guiding 'pillars' to help improve future programming. By being honest about both our successes and challenges, and reflecting on the lessons learnt, we aim to show the wider sector how they can improve the design and delivery of future disability-inclusive programmes right from the start.

The DID programme, part of the **Inclusive Futures initiative**, is led by Sightsavers and the International Disability Alliance. It brought together a consortium of eleven partners, including development and humanitarian organisations, disability inclusion specialists, and experts in media, research, and academia, collaborating with OPDs, governments and private sector actors to innovate and scale approaches to disability inclusion in health, education, livelihoods, while tackling negative stereotyping and discrimination. We generated evidence and learning on what works and what doesn't work, influenced global policy, and provided research and advice^{iv} to the FCDO through initiatives such as the Disability Inclusion Helpdesk.

The three pillars we focus on in this learning paper to improve future disability-inclusive programming include:

Pillar 1: Make an explicit commitment to disability inclusion across your organisation

What worked well: We learnt that to make development programmes truly disability-inclusive, organisations must commit to inclusion at every level. This begins by building understanding and commitment among staff on disability inclusion by developing practical tools, utilising existing frameworks, and delivering mandatory staff training to turn policy into practice. Furthermore, **embedding accessibility and**

What future programmes should prioritise: Organisations should 'walk the talk' by **modelling the inclusion they promote**, making disability inclusion a standard practice through policies such as inclusive recruitment and workplace accommodations. This fosters an environment where people with disabilities are represented and supported. Organisations and donors must **commit to**

Pillar 1: Make an explicit commitment to disability inclusion across your organisation

reasonable accommodation as a core organisational standard from the outset, with dedicated reasonable accommodation budgets and guidelines co-created with OPDs, ensures meaningful participation.

longer timelines, as influencing policy and reducing stigma require sustained efforts beyond typical project durations. Finally, **addressing gender and disability together** strengthens inclusion. Future programmes should embed gender and disability as cross-cutting themes to ensure diverse needs are met.

Pillar 2: Establish substantive multi-level partnerships with diverse OPDs and partners

What worked well: The DID programme demonstrated that **programme leadership by OPDs** must go beyond tokenism and consultation. Including IDA as co-lead and making meaningful engagement with OPDs a requirement for all projects shifted the approach from oversight to collaboration, embedding lived experience into programme design. **Systemic change required a holistic, multi-level approach** – engaging communities, collaborating with existing country systems like schools and health facilities, and advocating at policy level. Finally, the consortium brought together **diverse expertise to deepen collective impact**. Varied specialisations enabled knowledge-sharing, preventing duplication, and strengthening disability inclusion. OPDs and INGOs gained exposure and capacity-building opportunities, while collaboration enriched understanding through lived experiences, demonstrating the value of diverse expertise in driving inclusive development.

What future programmes should prioritise: Firstly, **avoid siloed delivery** across partners and teams by fostering strong coordination among consortium partners – implementers, OPDs, research institutions, and technical advisors – through joint planning, shared learning agendas, and cross-partner working groups with clearly defined roles. Second, **strengthen OPD partnerships by increasing funding to OPDs, providing them with more control over budgets, and capacity sharing between OPDs and other partners** to manage funds effectively, while ensuring role clarity and meaningful participation in all consortium-wide activities. Finally, **engage the disability movement and make a concerted effort to involve organisations that represent the people with disabilities most left behind, such as women and people with disabilities with high support needs**, to ensure representation and avoid harm caused by relying solely on well-established organisations with strong networks and membership.

Pillar 3: Design and run flexible programmes that learn, adapt and influence

What worked well: The DID programme demonstrated that **adaptive management enables responsive, learning-oriented, inclusive programming**. Adaptive management, supported by flexible budgeting and dedicated reasonable

What future programmes should prioritise: Follow “do no harm” principles by implementing robust and inclusive safeguarding approaches, collecting only necessary data using accessible and inclusive methods. OPDs should be actively

Pillar 1: Make an explicit commitment to disability inclusion across your organisation

accommodation budgets, enabled projects to respond to changes in context, and evolving learning needs, focusing on improving outcomes for people with disabilities rather than adhering to outdated plans. Closing the disability inclusion evidence gap required intentional **investment in research, learning, and dissemination**. Ensuring OPD involvement in generating and using evidence is crucial, not just for projects but for their long-term goals. This investment fosters sustainability by equipping OPDs to advocate, influence decision-makers, and drive lasting policy change. **Mandatory collection of disability-disaggregated data** has also been vital for accountability and evidence-based decision-making to influence future programmes and policy decisions. However, it must be ethical, purposeful, and complemented by qualitative insights to prevent harm and reflect lived experiences.

involved in designing and interpreting data collection. **Build local ownership of evidence generation** by collaborating with national research institutions. This enhances credibility, promotes sustainability, and ensures contextually relevant findings are effectively disseminated to government stakeholders. Finally, **coordinate dissemination and advocacy** to amplify influence beyond the disability sector into mainstream development programming. Invest in joint advocacy efforts, strengthen cross-partner collaboration, and target broader audiences such as local governments and mainstream development spaces to drive systemic policy change.

The DID programme has shown what's possible when organisations commit to inclusion, partner meaningfully with OPDs, and build in flexibility to learn and adapt. The findings in this paper can support future programmes to implement disability inclusive development.

Introduction

Inclusion is a fundamental human right, yet people with disabilities – over 16% of the global population – face systemic exclusion in development programmes, especially in low and middle-income countries^v. Despite progress, disability remains a low priority in international development, with only 7.2% of Official Development Assistance (ODA) between 2018 and 2022 being disability inclusive^{vi}. In 2025, progress on disability inclusion has become increasingly under threat by diminishing ODA budgets. Globally, there is a shift towards defence spending, and government spending on international aid is under major scrutiny. Shrinking fiscal space means that disability inclusion is also slipping off government agendas in many countries.

There is still major underinvestment in creating the conditions needed for OPDs to participate meaningfully in international development. Although the importance of engaging OPDs is increasingly recognised, the practical implications of this shift are not yet fully

understood. More effort is required to ensure accessibility, address power imbalances, include those most at risk of exclusion, and strengthen OPDs so they can function as effective representative bodies. To turn commitments into real action, meaningful engagement must be backed by adequate investment in OPDs as essential partners^{vii}. Inclusion must be integrated into every programme, in collaboration with OPDs, to promote ownership and accountability, in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD)^{viii}.



Image caption: Risikat Toyin Muhammed, Executive Director of the Women with Disabilities Self Reliance Foundation, and a partner in our inclusive health project in Nigeria. © Adesegun Adeokun / Sightsavers

Sightsavers and the International Disability Alliance (IDA) led FCDO's flagship Disability Inclusive Development (DID) programme, which sits under the Inclusive Futures initiative, and supports FCDO's disability inclusion and rights strategy. The programme operated in Bangladesh, Kenya, Nepal, Nigeria, Tanzania, and Uganda, involving eleven consortium partners to deliver disability-inclusive approaches in health, education, and livelihoods. It aimed to challenge negative stereotypes and discrimination through collaboration with OPDs, governments, INGOs, research institutions and private-sector social enterprises. DID generated research and learning on successful inclusion strategies and influenced global action and funding. It also provided support to FCDO and UK government departments on disability inclusion research and policy.

Through its learning strategy, the DID programme gathered and shared practical learning on disability-inclusive practices. It focused on identifying effective practices and fostering continuous improvement to enhance outcomes for people with disabilities while helping others to do the same, using insights from across the programme.

At project level, context-specific learning informed local adaptation and influence. At programme level, learning synthesised insights across projects to inform practice for consortium partners and the wider development and humanitarian sectors. This paper explores how learnings from the DID programme can inform and strengthen disability-inclusive practices across development and humanitarian initiatives. It aims to inform future programme design so that disability inclusion is embedded from the outset. These insights can also shape donor frameworks and improve internal approaches, making inclusion a core element of all programmes.

Building on [Driving change: six principles for disability inclusive development](#), this paper reflects on our experience of implementing a disability-inclusive programme. It offers a deeper look at strategies that worked and how they can guide future efforts. The paper is organised around three “pillars” that emerged as central to advancing disability inclusion.

1. **Pillar 1: Make an explicit commitment to disability inclusion across your organisation** by embedding practical tools, mandatory training, accessibility and reasonable accommodation as standard practice, while adopting intersectional approaches and committing to longer timelines for systemic change.
2. **Pillar 2: Establish multi-level partnerships with diverse OPDs and partners** to ensure genuine engagement, localisation, and fair remuneration, while avoiding siloed delivery and strengthening OPD roles and funding.
3. **Pillar 3: Design flexible programmes that learn, adapt, and influence**, using adaptive management, ethical data practices, and coordinated advocacy to close evidence gaps and drive systemic change.

Audience

This paper was created to share programme learning with our partners and FCDO to help improve disability inclusion in future programmes. It explores the lessons that emerged from designing and delivering a disability inclusive programme – what went well, what didn't, and what future programmes could do differently – using real examples and experiences. We decided to make it publicly available because these insights could also help other organisations and donors outside of the programme to be more disability-inclusive. Whether you're starting your inclusion journey or looking to go deeper, we hope that these practical lessons help you make your programmes more inclusive of people with disabilities.

Methodology

This learning paper employs a mixed-method qualitative approach, incorporating both a desk review of external and internal sources from the DID programme. Eleven consortium partners participated in key informant interviews (KIIs), and eight OPDs and local partners engaged in focus group discussions (FGDs), led by an external consultant, in September 2025. A confidentiality approach was used, allowing data from KIIs and FGDs to be shared while keeping participants' identities anonymous and encouraging open, honest discussions. Consortium partners and technical experts also provided review and validation at key stages.

Over eight years, DID evolved significantly, with diverse approaches from different partners and projects leading to varied, sometimes conflicting experiences. We've synthesised these views to highlight lessons for future programming, while recognising that our learning may not reflect everyone's experiences.

Lessons from disability-inclusive programming: what worked well and what future programmes should prioritise

We've organised our learning into three pillars. For each, we share what worked well and the challenges we faced, offering priorities for future programmes.

Pillar 1: Make an explicit commitment to disability inclusion across your organisation

What worked well:

a. Building staff understanding and commitment in disability inclusion by starting simple and building momentum

Disability inclusion can be straightforward and doesn't have to be complicated. By using existing frameworks and taking small, practical steps, organisations can build commitment and momentum. This can be achieved by providing practical tools and guidance like those developed under Inclusive Futures, making disability inclusion training mandatory, incorporating disability inclusion into staff inductions and providing training on relevant policies. These efforts will help to align all staff, foster organisational commitment, and equip everyone with the knowledge and skills to implement disability inclusion effectively.

"...it shouldn't be that difficult to be more inclusive! People think it's more complicated or mysterious than it really is. Accessibility helps everyone. It's quite easy to build in small elements, and from planting those seeds, you learn as you grow. Don't be afraid of getting started."

Consortium partner staff

b. Establishing reasonable accommodation as core practice from the outset supports inclusion

The definition and practice of reasonable accommodation (RA) in programme delivery continues to evolve. According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, Article 2):

“Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”^{ix}

There is no universal standard for RA costs in development programming, as they depend on the sector, programme design and context. Inclusive Futures is a disability-focused programme that took a comprehensive approach to ensure meaningful engagement of OPDs. This included removing barriers, enhancing accessibility by effectively applying RA to project participants, and enabling full participation in decision-making^x.

To support inclusion effectively, it’s therefore critical to make reasonable accommodation budgeting a core practice in all programmes and projects, treating it as standard practice rather than an add-on. This can be done by working with people with disabilities and OPDs to co-create organisational guidelines that integrate reasonable accommodation throughout programme budgets, covering assistive devices, communications, travel, venue accessibility, and personal assistance. Take a person-centred approach by asking individuals what they need. It helps to build in budget flexibility, as reasonable accommodation requirements can’t always be predicted at the design stage. Train all staff to understand and implement these guidelines. DID’s experience showed that earmarked reasonable accommodation funds in its innovation phase were overlooked, but as the programme matured, clearer guidance and dedicated allocations became vital for the broader participation of people with disabilities in projects.

For further insights on this topic, refer to our Inclusive Futures paper: [Budgeting for inclusion: Lessons from Inclusive Futures on effective reasonable accommodation budgeting](#).

What future programmes should prioritise:

a. Look internally – ensure your organisation models the inclusion you promote

If you want to embed disability inclusion across all programmes and projects, it’s important to start internally so that your organisation ‘walks the talk’ by modelling the inclusion you promote.

“Having inclusion policies in your own organisation [...] is essential. If you are delivering a disability inclusion programme, this is essential...Every organisation that is thinking of disability inclusion rights, justice, they must have their own policy in their organisation first and foremost.”

Consortium partner staff

This includes establishing minimum disability inclusion standards in policies and practice, such as recruitment, communication and information formats, events, meetings, and safeguarding. This can help to foster an inclusive workplace where people with disabilities are represented and supported. Many consortium partners enhanced their organisational approach to disability inclusion by reviewing and changing existing policies. One partner reviewed disability inclusion in their policies, created action plans, and established working groups, resulting in employment policies that now include reasonable accommodations that are integrated into company standards and communicated to staff. As a result, the organisation is now recognised as a Disability Confident Committed Employer.

b. Commit to longer timelines for disability inclusion within your organisation to create meaningful change

Longer timeframes for disability inclusion in your organisational strategy, which extends beyond projects and programmes, are vital for influencing policy and addressing stigma, both key to achieving disability inclusion. Many barriers facing people with disabilities require structural and legislative change, which takes sustained advocacy and influence. Experience from DID shows that stigma and discrimination are equally powerful obstacles. Stigma and discrimination reduction needs context-specific approaches built into programme design from the start. Achieving policy influence and reducing stigma require longer durations than typical projects, requiring commitment from both organisations and donors beyond individual project lifecycles. Even with eight years, DID’s experience showed that sustainable change in disability inclusion is a longer-term endeavour requiring extended commitment from organisations and donors.

Within the aid sector, there is a trend towards shorter-term projects. This doesn’t always fit very well with disability inclusion work... especially if you are being participatory and consultative, involving people at a grassroots level.

Consortium partner staff

Our learning product on [Breaking down barriers to inclusion: tackling disability stigma](#) provides deeper insights into what works to tackle disability stigma in development and humanitarian projects.



Image caption: Radio drama cast members read their lines during a recording session of BBC Media Action’s Madubi radio drama designed to change attitudes around disability and family planning. © Gateway Studios/Sightsavers

c. Address gender and disability together through intersectional approaches

Adopting an intersectional approach that considers gender and disability, at a minimum, can enhance outcomes for people with disabilities. Remember, for intersectional approaches to be successful, they need to be context-informed and utilise participatory approaches. What works for women with disabilities in an urban livelihoods project may not work for girls with disabilities in rural schools. Although gender mainstreaming guidance was not available at the start of the programme, we developed it mid-programme to respond to the gap. It was subsequently applied to larger projects, which included gender plans in design. However, we lacked a centralised technical resource on gender to support implementation, and some projects struggled to implement their plans effectively. They adapted over time, but future programmes should embed gender and disability as a cross-cutting theme from the outset, with an intersectional framework and technical expertise to guide implementation.

“...gender inclusion was part of DID but it didn’t go very far. It was included in data, it was gender sensitive, and there was a session about ensuring an equal balance of numbers. But there was no specific planning in terms of programme design with regards to gender, e.g. making women and girls aware of their rights. There could have been more emphasis on this.”

Local partner staff

For more detail on this, see Inclusive Futures’ [learning hub on including women and girls with disabilities](#) and our [gender mainstreaming guidelines](#).

Pillar 2: Establish substantive multi-level partnerships with diverse OPDs and partners.

What worked well:

a. Programme leadership by OPDs must be substantive, not tokenistic

The DID programme was jointly led by IDA and Sightsavers, and this partnership evolved over the course of implementation. In the initial stages, IDA played a central oversight role, ensuring that consortium partners upheld the principles of the CRPD and remained accountable to them. This developed into a shared vision for delivery, working together to find practical solutions that translated the CRPD from theory into practice. This shift from oversight to shared vision and consultation meant that the programme developed an approach to meaningful OPD engagement. This approach represented a significant departure from conventional programme governance models. By positioning IDA – a core actor within the global disability movement – at the centre of decision-making, the programme gained access, legitimacy, and influence that would otherwise have been unattainable. IDA’s ability to enter global forums, shape agendas, and direct engagement strategies fundamentally shifted the programme’s reach and credibility.

To ensure meaningful implementation of our approach, we also established mandatory requirements for OPD involvement across all projects. We committed to operationalising this at every level, adapting it to various organisations, contexts, and project types. A critical aspect was localisation – actively involving national and local OPDs throughout all stages of project implementation to help us better respond to the lived realities of people with disabilities in the communities where they live. Meaningful engagement involves more than one-off consultations; it requires integrating OPDs into project governance and formal decision-making roles. This involvement should include fair cost recovery for their time and expertise, recognising their essential contribution to disability-inclusive programming.

“People with disabilities were involved in every level of the project cycle, by design, which means we see that they are in the forefront of every stage of the project and every decision that is made.”

Consortium partner staff

b. Holistic, multi-level approaches drive systemic change

We learnt that achieving systemic change at scale in disability inclusion requires holistic, multi-level approaches. DID worked at three levels simultaneously to promote lasting change: individuals/families, systems, and policy. In education, for instance, DID engaged children with disabilities and their families in communities, worked with schools and support services to improve accessibility, and advocated for inclusive education policies at local and national levels. By simultaneously working in these three areas, we were able to create synergies and partnerships which fostered more sustainable change. This synergy played out across countries in our education projects. In Kenya, the success of school-based inclusion teams convinced county governments to invest in inclusive centres across the region. In Bangladesh, school-level achievements secured sub-national mandates for government schools to allocate improvement funds towards disability inclusion. Each project had different entry points, but all showed that addressing barriers at multiple levels simultaneously amplifies impact and sustainability.

“Programmes should include an intention of advocacy and influencing to change policy. Without this, there is no sustainability because there is no change in policy supporting inclusion”.

Local partner staff

We also partnered with people with disabilities and OPDs to help access existing social protection entitlements in our countries of implementation. OPDs’ expertise and community connections make them essential allies in navigating government systems, reducing the need for programme-funded reasonable accommodation, while ensuring people get the support they’re entitled to – a more sustainable and strategic use of resources.



Image caption: Nanda conducts outreach to connect community members with information and services provided by local municipal offices. © Humanity & Inclusion

c. Bringing together diverse expertise deepens collective impact

The DID programme brought together 11 consortium and over 200 OPD partners, each with unique experience and expertise in disability inclusion. For example, Humanity and Inclusion offered humanitarian expertise, Sense International specialised in supporting people with multiple and complex disabilities and ADD International strengthened OPDs' organisational capacity. IDA's leadership role ensured CRPD alignment and brought OPD networks and advocacy expertise that no INGO could replicate. This diversity deepened collective impact.

OPDs brought lived experience, community trust, and practical insights that shaped more effective interventions. INGOs and OPDs contributed technical capacity, expertise and resources. When partners learned from each other rather than working in parallel, the programme avoided duplication and generated innovations that no single organisation could achieve alone.

Our learning product on how building collaborative alliances supports disability inclusion provides deeper insights **for successful partnerships between INGOs, OPDs and governments.**

What future programmes should prioritise:

a. Avoid siloed delivery across all partners and teams

Diverse expertise among consortium partners, OPDs, research institutions, and technical advisors is a strength, but without intentional coordination, it can lead to siloed delivery and weaken influence. Intentional coordination matters because moving the needle on disability inclusion requires a clear, coordinated and unified voice to use evidence to influence change, ensuring that governments and stakeholders adopt more disability-inclusive approaches in their work. When OPDs and NGO partners aren't aligned and are working in silos, it undermines the collective credibility and influence needed to drive systemic change. Fragmented efforts dilute impact and miss opportunities to demonstrate the transformative potential of inclusive programming. Breaking down silos requires deliberate structures: joint planning sessions from day one, shared learning agendas that benefit all partners, and cross-partner working groups with clear roles and accountability mechanisms where OPDs participate as decision-makers.

b. Strengthen OPD partnerships through adequate funding and clear roles and responsibilities

In discussions, OPDs were clear about what would strengthen future partnerships with INGOs. OPDs expressed a desire for increased funding from us. In 2021/2, our third year of implementation, we allocated 4.9% of our total programme budget to OPDs (excluding IDA). By 2025, this had increased to 10% (excluding IDA)^{xi}, and we were partnering with 200 OPDs. However, the feedback we received from them indicated that this amount was still insufficient. OPDs require compensation not only for work packages they oversee and attendance at meetings, but also for their operational costs, including salaries and fixed expenses, which are often not covered. Lastly, in terms of sustainability, OPDs noted that practical support in applying for and managing funds effectively would be beneficial moving forward.

“Yes, we have done great work, but we need to build our capacity also in accessing funding. This is a gap that we are facing globally.”

OPD representative

Defining clear roles and responsibilities for all partners proved easier in some projects than others. Several OPDs reported that, while other INGO consortium members had well-defined responsibilities, their own responsibilities were unclear, which limited their ability to contribute and engage fully. Additionally, some OPDs reported being excluded from key activities, such as meetings and evaluations, due to poor communication or receiving late invitations. Some OPDs were engaged mid-project, after plans were finalised, and brought in to deliver rather than design. This limited the meaningful engagement and ownership of OPDs and weakened sustainability and effectiveness.

“OPDs were engaged in the middle, after the project had already started. During the initial planning of the project, we were not involved. If we had been involved at the initial stages, we could have advised the project.”

OPD representative

While DID went further than many programmes in meaningfully engaging OPDs, the feedback demonstrates that more must be done. Future programmes should ensure that partnerships with OPDs are equitable. We need to monitor these partnerships to understand their meaning and better respond to the needs of OPDs. OPDs should be engaged from the design phase of the programme and should control budgets that include cost recovery. It is important to establish clear roles and ensure equal decision-making power within these partnerships. Projects should also prioritise capacity sharing between OPDs and other partners outside the project’s scope. This could involve offering additional responsibilities to help OPDs learn about various areas, facilitating knowledge exchange, and learning from one another. By investing in organisational capacities on both sides and providing more growth opportunities, we can foster a more collaborative environment.



Image caption: Eunice, a member of Voice of Disabled Women in Tanzania – a grassroots organisation representing women with disabilities – and a partner in our inclusive education project in Tanzania. © Rachel Butoto / ADD International

c. Engage the full diversity of the disability movement by actively involving organisations representing the most marginalised people with disabilities

To maximise impact, our findings indicate the importance of engaging a broad and diverse range of OPDs, particularly those with weaker networks with low membership or representing the most marginalised groups. Some projects primarily involved well-established OPDs, limiting representation across the disability movement for organisations that represent the people with disabilities most left behind, such as women and girls and people with multiple and complex disabilities. Our learning product provides more information on [what works to meaningfully include people with multiple and complex disabilities in development and humanitarian projects](#).

Many OPDs have male-dominated leadership and management structures. While efforts were made to include and amplify diverse voices in the disability movement, particularly women OPD leaders, more work remains to be done. Relying on a limited number of OPDs does not reflect the full diversity of the disability movement. Therefore, future programmes must assess how well the OPDs they are partnering with represent the disability movement in its entirety, and take steps to engage a wider range of OPDs to maximise representation and avoid replicating existing exclusion and marginalisation.

“DID had to tread a really fine line between working with OPDs as partners ... and in some ways challenging how they were set up and how they operated. This was an elephant in the room... If DID is in the business of OPDs, the question around equity and representation within OPDs themselves didn't seem to be addressed.”

Consortium partner staff

For more learning about how to build successful partnerships with OPDs, see our [Inclusive Futures guide](#).

Pillar 3: Design and run flexible programmes that learn, adapt, and influence

What worked well:

- a. Adaptive management enables responsive, learning-oriented, inclusive programming**

Disability-inclusive programming is difficult to design perfectly from the outset, requiring flexibility that traditional development approaches don't always allow for. DID addressed this by adopting an approach to programme design and implementation that builds flexibility into budgets and monitoring systems. This allowed projects to respond to the reasonable accommodation needs of people with disabilities and to respond to project learning that better reflected their experiences and barriers, rather than sticking to outdated plans.

This flexible approach is crucial for monitoring, evaluation, and learning in disability-inclusive programmes, where there is a major gap in evidence to show what works, and knowledge of effective strategies is limited. DID defined success as progress towards outcomes, like improved service access, rather than achievement of output targets, like the number of people trained. This allowed projects to adjust their activities to meet changing needs while keeping meaningful change as the priority. Regular reflection spaces and check-ins between partners ensured activities remained aligned with emerging insights. This adaptive approach promoted inclusivity and continuous improvement. This is vital for advancing disability inclusion given the limited evidence available and is applicable to all mainstream programming.

“Flexibility is essential, to change approaches, to have time to test for accessibility. Disability inclusion is not a one-size-fits-all.”

Consortium partner staff

Flexible budgeting also proved effective. Since even experienced organisations are still learning the most effective approaches in disability inclusive programming, an adaptive approach is essential for enhancing project responsiveness, allowing for reflection on learning that helps to achieve better outcomes for people with disabilities. As shown earlier, flexibility in reasonable accommodation budgeting is essential to ensure the participation of people with disabilities. However, flexibility in budgets is also key to ensuring that programmes can adapt and respond to the needs of people with disabilities, adjusting approaches and activities based on what's most effective in achieving outcomes. Having said this, the flexibility in budgets we could offer in the programme was not always easy to implement in practice, as finance teams are used to very fixed and regulated budget allocations.

b. Generate and disseminate learning and evidence to close the disability inclusion gap

DID's approach to learning matured over time. Initially, learning and evidence generation focused internally with projects learning to improve their own work with limited effort to package insights for external audiences or share them more widely.

Later in the programme, learning, evidence generation and dissemination became mandatory requirements. Projects had to identify and address evidence gaps, write for external audiences beyond their own teams, develop targeted dissemination strategies, and

make findings publicly available. This required significant investment, and we learned that allocating dedicated staff time, resources, and expertise to support partners in documenting learning, synthesise insights across projects, and coordinate dissemination was essential.

“Make [learning and evidence] simple and digestible, create a personal connection, make it accessible for a wide range of audiences, not technical, something that people can easily understand, and removing jargon.”

Consortium partner staff

Generating and sharing learning and evidence took multiple pathways. Project-level learning influenced local actors, institutions, and governments, and this contributed to numerous examples of changes to policy and practice at a local level. Programme-wide synthesis brought together cross-project insights to provide practical guidance for the broader development and humanitarian sector. Academic research contributed to the disability inclusion evidence base, aiming for longer-term policy and practice shifts. OPD-led evidence generation and dissemination proved particularly powerful, combining lived experience with strategic dissemination to strengthen both the insights produced and OPD organisational capacity in research and advocacy. This is not solely helpful for the project's needs, but for OPDs' long-term goals. That's what makes this kind of investment sustainable. When OPDs have the evidence they need, they're better equipped to advocate, influence decision-makers, and push for lasting policy change.

“We will be using these learning products way beyond the lifeline of the project. The OPD network has confidence to say that OPDs were engaged, and it was really meaningful.”

OPD representative

c. Mandatory disability disaggregated data across programmes strengthens evidence and accountability

The DID programme made disability disaggregated data collection mandatory across all projects, helping to address data gaps while improving programme quality.

“Mandatory collection of inclusive data... makes a huge difference [and] is way more powerful than just [saying] 'collect data on disability inclusion'”.

Consortium partner staff

As with evidence of what works, there is a global shortfall of reliable data on people with disabilities, which limits our understanding of their needs, experiences and the barriers they face.

We used Washington Group question sets across the DID programme. These standardised tools for identifying functional impairment allowed us to aggregate and compare data across different contexts. They were also used in research and for screening and identification in education and health projects. We paired quantitative data with qualitative research, most effectively when OPDs led it, to understand the range of barriers people with disabilities face and how to address them.

Integrating disability disaggregated data collection into national systems, rather than creating parallel processes, proved crucial. In Nepal, the programme collaborated with the government to integrate the Washington Group Child Functioning Module into the national Education Management Information System. This process built on field demonstrations, involved extensive OPD consultation and aligned with government structures. Once embedded, disability data collection became routine rather than project-dependent, improving both the data the government collected and how they used it.

However, challenges remain. We learnt that valuable disability disaggregated data must be collected with a clear purpose, safety and high quality to build a reliable evidence base for future programming and policy decisions.



Image caption: Allan, a researcher working on our inclusive education project in Kenya, uses the International Development and Early Learning Assessment (IDELA) tool with a pupil. © Ninth Wonder Productions / Sightsavers

What future programmes should prioritise:

a. Ensure ethical data practices throughout collection and use

Data collection practices must do no harm to avoid putting people with disabilities at risk. This entails implementing inclusive safeguarding approaches, protecting data confidentiality, and adhering to ethical standards at all stages, all of which are particularly important due to the stigma associated with people with disabilities and the potential exposure of their data. To minimise risks, only collect data that is necessary and relevant. Methods must be accessible and inclusive, ensuring informed consent and meaningful participation, in line with CRPD principles. OPDs should be actively involved in the design of data collection processes and in interpreting and discussing the results.

“Yes, we should disaggregate data, but unless we use that data to inform [programme] design and delivery, it’s unnecessary. And because disability is stigmatised, by identifying disabled people you can put them at risk – if the data is not used, this is an unnecessary risk.”

Consortium partner staff

Future programmes also need to budget realistically for quality data collection. Tools like the Washington Group questions require substantial preparation, technical capacity and training. Without adequate time and resources, data quality suffers and the evidence base becomes unreliable.

b. Build local ownership of evidence generation and dissemination

Some partners noted missed opportunities to engage local research institutions in evidence generation. While not expected to conduct research themselves, partners faced challenges in balancing local and international researchers. National research institutes, like universities, often carry more weight with governments, possess a deeper understanding of local contexts, and can communicate their findings effectively. Collaborating with them builds capacity in disability research. However, international researchers bring valuable cross-country experience and perspectives. Future programmes should seek partnerships that combine local credibility with international support, such as local universities leading with international collaboration, to enhance influence and dissemination.

c. Coordinated dissemination and advocacy can amplify influence

The DID programme missed opportunities to enhance cross-partner collaboration on global advocacy. National and local advocacy efforts were often effective, but a lack of coordination at the global level limited the programme’s ability to leverage national advocacy achievements into greater impact internationally. Annual programme meetings

focused on updates rather than fostering deeper engagement among consortium partners, encouraging them to collaborate at a global level.

We developed a communications strategy focused on influencing mainstream programmes, which then evolved into a dissemination strategy. However, this integration didn't happen from the outset; we realised too late that dissemination should have started earlier in the process. It's crucial to integrate a dissemination strategy right from the beginning, particularly when crafting your Monitoring, Evaluation, and Learning (MEL) strategy. This means clearly identifying your audience, public engagement tactics, and how best to share findings to maximise impact. Ensuring this integration from the start can enhance the effectiveness and reach of your work. To effectively influence mainstream development practices, we needed to better target governments, multilateral agencies, mainstream international development organisations, funders, and practitioners in health, education, and livelihoods – entities that often do not adequately consider disability inclusion in their projects. While we developed a dissemination strategy in the later stages of the programme, which included presenting at mainstream conferences, establishing a dissemination network among partners, and targeting audiences beyond the disability sector, our overall impact was smaller than it could have been if we had done this from the beginning.

To strengthen advocacy impact, future programmes should agree on advocacy objectives from the outset and share practical learning that can be contextualised. Create spaces for consortium leaders to build joint strategies and unified messaging, not just share updates. Find entry-points to target mainstream development audiences with a unified voice. Showcase how partners have integrated disability inclusion in practical, replicable ways that inspire others. This coordination takes time and resources, but it's essential for moving beyond the echo chamber to influence the broader development sector, where disability inclusion still isn't standard practice.

“If the project has finished, at least one or two years of advocacy need to continue. If you are not part of a pressure group, yes you have done your work, but if you don't continue the work after completing the project, if the research has happened but the research is not disseminated everywhere, it will not have the impact.”

Local partner staff



Image caption: Jhorna, an 11-year-old girl from Sirajganj, Bangladesh with speech and hearing impairments does her homework after a busy day at school. © Sightsavers

Conclusion

DID went further than most programmes in integrating people with disabilities into development and humanitarian programming, demonstrating that it's achievable for any organisation. The three pillars in this paper represent what we got right and where future programmes can go further; **commit to disability inclusion across your organisation, partner with OPDs from design, and build in flexibility to learn, adapt, and influence.** We've shared what we learned about disability inclusive programming honestly so that future development and humanitarian programmes can build on our progress, avoid our mistakes, and move beyond rhetoric to meaningfully improve the lives of people with disabilities.

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ⁱ Federal Ministry for Economic Cooperation and Development, International Disability Alliance (2025), Global Disability Inclusion Report – Accelerating Disability Inclusion in a Changing and Diverse World. Available at:

https://www.globaldisabilitysummit.org/wp-content/uploads/2025/03/GIP03351-UNICEF-GDIR-Full-report_Proof-4.pdf (Accessed: 7th October 2025).

ⁱⁱ This data is based on an analysis of the OECD DAC marker on the empowerment and inclusion of persons with disabilities reported by OECD DAC members within the OECD's Credit Reporting System (2024). This is the percentage of allocable ODA which is marked as either 1 or 2 against the disability marker. Analysis of the marker and more information on methodology is available at: [OECD DAC Dashboard](#)

ⁱⁱⁱ International Disability Alliance (2022), Not just ticking the box? Meaningful OPD participation and the risk of tokenism. Available at:

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^{iv} Inclusive Futures (2025), Disability Inclusion Helpdesk – Learning what works to include people with disabilities. Available at:

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^v Federal Ministry for Economic Cooperation and Development, International Disability Alliance (2025), Global Disability Inclusion Report – Accelerating Disability Inclusion in a Changing and Diverse World. Available at:

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^{vi} This data is based on an analysis of the OECD DAC marker on the empowerment and inclusion of persons with disabilities reported by OECD DAC members within the OECD's Credit Reporting System. This is the percentage of allocable ODA which is marked as either 1 or 2 against the disability marker. Analysis of the marker and more information on methodology is available at: [OECD DAC Dashboard](#)

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^{viii} Inclusive Futures, Disability Inclusive Development Programme (2021), Theory of Change, October 2021 revision, [unpublished report].

^{ix} United Nations (2006), [Convention on the Rights of Persons with Disabilities](#) (Accessed: 4th February 2026).

^x Inclusive Futures (2025), Budgeting for inclusion, Lessons from Inclusive Futures on effective reasonable accommodation budgeting. Available at:

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^{xi} Inclusive Futures Annual Reports (2022 – 2025), data verified and uploaded into MyCLAIMS, [unpublished report].



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