INCLUSIVE DEVELOPMENT PARTNERS | JUNE 2026

When Programs End Overnight:

The Impact of the Dismantling of USAID on Persons with Disabilities

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Acknowledgments

This report would not have been possible without the contributions of many individuals and organizations who gave their time, expertise, and resources at a moment of significant uncertainty.

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List of Acronyms

ALDAC	All Diplomatic and Consular
APS	Annual Program Statement
CAAC	Children and Armed Conflict
CRPD	Convention on the Rights of Persons with Disabilities
DEC	Development Experience Clearinghouse
DEI	Diversity, Equity, and Inclusion
DOS	Department of State
ESF	Economic Support Fund
FGD	Focus Group Discussion
FY	Fiscal Year
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDP	Inclusive Development Partners
IRB	Institutional Review Board
KII	Key Informant Interview
LMIC	Low- and Middle-Income Country
MCSIE	Multi-Country Study on Inclusive Education
NGO	Non-Governmental Organization
OPD	Organization of Persons with Disabilities
OHCHR	Office of the High Commissioner for Human Rights
PHFFA	Promoting Human Flourishing in Foreign Assistance
UDL	Universal Design for Learning
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene

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1. Executive Summary

Disability-inclusive development works. That is what the evidence in this report shows, and it is precisely what makes the dismantling of the U.S. Agency for International Development (USAID) so consequential. USAID had built, over decades, a model that was producing measurable results: children with disabilities in school, adults with disabilities employed, communities understanding disability as a rights issue rather than a charity issue, and governments equipped to lead inclusive systems themselves. By January 2025, that model was accelerating. The October 2024 release of USAID's landmark "Nothing Without Us" Disability Policy had been embraced across the sector, with implementing partners already restructuring their programs in response. The closure of USAID ended these advances overnight, without warning, without transition planning, and without replacement. Persons with disabilities paid the steepest price, and without concerted, immediate action, the communities, systems, and institutions this report documents may not recover for decades. This report is both a record of what was lost and a call to rebuild what was dismantled in a stronger, better format.

Rehabilitation services in Haiti. Photo credit: USAID

What This Report Found

This study was conducted by Inclusive Development Partners (IDP), a woman-owned small business specializing in disability-inclusive development, and documents the specific and disproportionate consequences of the USAID closure for persons with disabilities across eight countries where IDP had existing programs, staff, and community relationships: Bangladesh, El Salvador, Kenya, Liberia, Malawi, Nepal, Nigeria, and Pakistan. Data were collected through a global survey of staff from 82 projects across 80 implementing organizations, supplemented by key informant interviews (KIIs) and focus group discussions (FGDs) with government officials, organizations of persons with disabilities (OPDs), implementing partners, adults with disabilities, and parents and caregivers of children with disabilities.[1]

Finding 1: USAID made disability-inclusive development work in ways that no other donor has replicated, and it was positioned for expanded impact at the moment of closure.

Programs were making health, education, political participation, and employment services meaningfully accessible to populations that traditional delivery systems had long excluded. The 2024 “Nothing Without Us” Disability Policy had been embraced across the sector, with implementing partners convening senior leadership meetings to deepen inclusion across their programs. The closure ended these advances at a moment of momentum, eliminating a system that had proven it could work precisely when it was positioned to do the most good.

Finding 2: The abrupt closure caused immediate and disproportionate harm to persons with disabilities and their families.

Children stopped attending school. Therapies and rehabilitation services vanished. Life-saving medications went out of stock. Families, disproportionately mothers, absorbed the full weight of care with no transition plan, warning, or replacement support. In multiple countries in Africa, organizations have documented a sharp rise families reporting the need to place their children with disabilities in institutionalizations following USAID’s closure, driven by the removal of the community-based supports that had made family-based care possible. Eighty-seven percent of persons with disabilities working with USAID programs lost their jobs entirely, compared to 72% of those without disabilities. Job loss triggered cascading losses of health insurance, medication access, housing stability, and economic independence. Additionally, how programs ended mattered as much as the fact that they ended. Families had no time to prepare, OPDs had no opportunity to protect years of relationship-building, and governments received no advance notice. The harm was real and severe, and the absence of any transition planning, warning, or replacement support ensured that its full weight fell without preparation on the communities least able to absorb it.

Finding 3: The closure triggered a systemic collapse that experts warn could take decades to repair.

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[1] This research was funded through a GoFundMe campaign launched by IDP and was not paid for by an individual donor.

Trained specialists in inclusive education, disability-disaggregated data, assistive technology, and community-based rehabilitation have dispersed. Likewise, coordination mechanisms built over the years have dissolved. OPDs have now redirected their energy from rights-based advocacy toward organizational survival. Across all eight study countries, respondents described an active reversal, with systems returning to conditions that preceded disability-inclusive programming. The disability-inclusive development ecosystem responds to the withdrawal of funding with collapse, and rebuilding it requires starting over.

Finding 4: No government, donor, or multilateral actor has stepped in to fill the gap, and the communities, institutions, and systems that depended on that leadership are operating without the technical and financial support previously provided.

Host governments are managing a technical gap as significant as the fiscal one. Other donors are contributing genuine efforts, but none have the scale, disability-specific technical depth, or funding levels that USAID provided. Eighty-three percent of respondents reported little to no gap-filling by other actors. The replacement gap reflects a longstanding structural reality: the international development system has too often treated disability inclusion as a niche concern rather than a cross-cutting issue with equal weight and value, and closing that gap requires dedicated disability-specific investment at scale.

A woman in Laos receiving assistive devices. Photo credit: USAID

Finding 5: The closure has done more than end development programs. It has affected trust, hope, and U.S. credibility and global standing in ways that restored funding alone cannot address.

Eighty percent of respondents now view the United States negatively as a result of the closure. Government officials, OPDs, and implementing partners across all eight countries described the absence of warning, transition planning, or consultation as deeply problematic, with many noting that the manner in which programs ended was as harmful as the fact that they ended. Communities drew a direct lesson: that donor commitments are conditional and that investing trust in externally funded programs carries real personal risk. Parents who had begun to believe their children could learn, find employment, live as independent citizens, and participate in community life described uncertainty about whether that progress could continue. The January 2025 executive orders targeting diversity, equity, and inclusion (DEI) did not define what constitutes a DEI program, and in that absence, disability-inclusive practices were treated as falling within their scope, leading organizations to remove sign language interpretation, accessible materials, and disaggregated data collection from their programs to protect their awards. Even with those changes, projects were cut. Disability inclusion is a proven development practice and a domestic legal obligation, and its suppression fell hardest on those least able to absorb the consequences. Any future U.S. re-engagement will need to rebuild trust alongside programming.

Inclusive education in Ghana. Photo credit: USAID

Call to Action

The findings demand action by six groups, each with a distinct role in whether disability inclusion is rebuilt or abandoned.

- **For the U.S. Congress:** Clarify in law that disability-inclusive programming, including sign language interpretation, accessible materials, and disaggregated data collection, is legally distinct from DEI and protected from elimination by executive order. Require the U.S. Department of State (DOS) to adopt USAID's 2024 "Nothing Without Us" Policy, protect dedicated disability funding through appropriations, restore the technical expert positions eliminated in the reductions in force, and hold oversight hearings on the closure's impact on persons with disabilities.

- **For bilateral and multilateral donors:** Adopt the "Nothing Without Us" Policy, or an equivalent framework, as the baseline standard so inclusion is built in from the start rather than added when resources allow. Require disability-disaggregated data across all funded programs, engage OPDs as genuine partners rather than service-delivery mechanisms, fund inclusion at scale rather than as isolated pilots, and make transition planning a standing requirement so communities are protected when programs end.
- **For host governments:** Make disability inclusion a formal condition for development partners operating within the country's borders, grounded in existing CRPD obligations and national legislation. Embed inclusion in national budgets, sector plans, and institutional mandates so it endures beyond external funding cycles, and establish government-led coordination mechanisms sustained through domestic resources.
- **For private foundations:** Fund disability inclusion as a core priority rather than a supplementary grant. Support OPDs directly, fund the independent research and documentation the sector depends on, and invest in OPD capacity as a standalone priority so organizations led by persons with disabilities have the institutional strength to lead.
- **For corporations:** Make disability inclusion standard in operations, hiring, and supply chains. Create employment pathways for persons with disabilities, require accessible practices from suppliers, and partner directly with OPDs so that investments are designed with persons with disabilities and grounded in their priorities.
- **For implementing partners:** Build inclusion into every program from the start, whether or not there is a donor requirement. Engage OPDs as paid partners from the earliest design stage, collect and report disaggregated data as standard practice, treat accessibility as a core budget line, and ensure exit and transition planning specifically accounts for persons with disabilities so communities are protected when programs close.

This report documents real harm to real people. It also documents proof that disability-inclusive development works. When persons with disabilities are treated as central to development rather than as an afterthought, the results are measurable and lasting. What comes next depends on whether that knowledge is acted upon and whether the people who paid the highest price for this collapse are placed at the center of efforts to build a better, more inclusive world.

2. Background

2.1 The U.S. Agency for International Development (USAID)

USAID was established in 1961 to "lead the international humanitarian and development arm of the U.S. Government" (U.S. Congress, 2026). The mission of USAID was to "partner to end extreme poverty and to promote resilient, democratic societies while advancing the security and prosperity of the United States." As of 2024, USAID was the largest international development aid and humanitarian assistance agency in the world. In 2023, USAID provided $62 billion in foreign assistance, which was the same as the combined total of the next three largest donors, Germany, Japan, and the United Kingdom (van Teutem & Richie, 2025).

Organizations of persons with disabilities in Georgia. Photo credit: USAID

In January 2025, the Trump Administration began its efforts to dismantle USAID by first issuing a stop-work order and then terminating the vast majority of funding; by July 2025, the Agency was essentially dismantled (Kates et al., 2025). At the time of closure, USAID operated approximately 6,200 active awards globally, representing decades of sustained investment across more than 130 countries. Of these, 86% were terminated, with projects supporting diversity, equity, and inclusion (DEI) specifically targeted for elimination (Cahill, 2025; Kaiser Family Foundation, 2025; Center for Global Development, 2025). Few projects remained, mainly those related to health and some humanitarian services; however, the Trump Administration ended virtually all democracy, environmental, employment, education, and water, sanitation, and hygiene (WASH) projects. When Department of State (DOS) awards are included, of the 11,004 contracts and grants tracked across both agencies, only 28% remained active by August 2025, representing the most sweeping reductions in U.S. foreign assistance in the Agency's six-decade history (Development Aid, 2026).

This abrupt termination of programs negatively impacted low-income countries worldwide. An estimated 23 million children lost access to education, and 95 million lost access to healthcare (Oxfam America, 2025). One study estimated that the closure of USAID could result in 14 million preventable deaths by 2030, including 4.5 million deaths of children under age five. These deaths are projected to result primarily from the loss of HIV/AIDS treatment, malaria and tuberculosis programs, maternal health services, and nutrition support (Cavalcanti et al., 2025).

For six decades, USAID had been among the first to respond to humanitarian crises around the world (Council on Foreign Relations, 2025). A humanitarian crisis is defined as a series of events representing a critical threat to the health, safety, security, and well-being of large populations across a wide area (Concern Worldwide, 2022). The Agency's abrupt termination triggered a cascade of consequences that, by this definition, constitute a humanitarian crisis. Unlike humanitarian crises caused by natural disasters or armed conflict, this one was the result of a deliberate U.S. executive order, making it a man-made humanitarian crisis of global scale. While broader estimates of impact continue to emerge, this report documents the specific and disproportionate consequences for persons with disabilities. The findings confirm what prior research on humanitarian crises had predicted: persons with disabilities, in our study, were severely affected, losing access to services, employment, assistive devices, and community-based supports that had no alternative source and have not been replaced. Past research established that persons with disabilities are disproportionately impacted by humanitarian crises and less likely to access foreign assistance (UNICEF, 2019). The findings of this study demonstrate that this pattern has continued.

2.2 The Value of U.S. Foreign Assistance

U.S. foreign assistance has been one of the most consequential investments the United States has made in global stability, health, and human development. Representing less than one percent of the federal budget, it has delivered returns that far exceed its cost (Oxfam America, 2025; van Teutem & Richie, 2025). Independent analyses have estimated that USAID interventions over two decades were associated with millions of lives saved and significant reductions in poverty, disease, and instability across the countries where it operated (Cavalcanti et al., 2025). For every dollar invested, the returns in health outcomes, economic development, and diplomatic relationships have been substantial.

Foreign assistance also advances U.S. strategic interests in ways that are sometimes less visible, but no less important. Countries that receive sustained development support tend to become more stable, more prosperous, and more reliable partners. They develop the institutions, trained workforces, and governance systems that make long-term partnerships viable. The Harvard Political Review found that for every $1 spent on development aid, it is estimated to save at least $16 in defense spending, a significant return given that the U.S. defense budget for FY2023 alone totaled $813 billion, while USAID represented less than 1% of the total U.S. federal budget at approximately $43 billion (Wu, 2022). In this sense, foreign assistance is not charity. It is an investment in the kind of world in which American businesses, diplomats, and citizens can operate safely and effectively.

USAID's approach to disability-inclusive development reflected these broader principles. Often in response to governments expressing a desire for support in implementing their existing policy commitments, USAID programming was designed not to create permanent dependence on external funding (as actors sometimes claimed this aid did for political purposes), but to build local capacity, strengthen government systems, and transfer ownership to host governments and communities over time. Government officials across all eight countries in this study described USAID programs as evidence-based, locally grounded, and cost-effective, a characterization consistent with independent evaluations of the Agency's work more broadly. Most disability-inclusive programs were terminated by the Administration before their transition and sustainability plans could be completed, which is one reason the impact of the closure was so immediately felt.

Disability inclusion is a central and essential component of effective foreign assistance and is vital in ensuring that aid reaches populations that need it the most. It is consistent with U.S. domestic law; is a treaty commitment under the United Nations Convention on the Rights of Persons with Disabilities (CRPD), to which the United States is a signatory;[2] and is a documented driver of better development outcomes across sectors (National Council on Disability, 2018; USAID, 2024). Programs that include persons with disabilities from the start reach more people, produce stronger outcomes, and build more resilient communities than those that do not.

The United Nations defines an OPD as an organization where the majority of its members identify as having disabilities and where persons with disabilities govern and lead the organization (UN Committee on the CRPD, 2018).

2.3 Previous U.S. Commitment to Disability-Inclusive Development

The U.S. Government had a long-standing commitment to including persons with disabilities in its programs with varying degrees of success (National Council on Disability, 2018). In 1997, USAID articulated its commitment to the inclusion of persons with disabilities by developing the USAID Disability Policy. The goal of the policy was to advance a clear vision and framework for the Agency's disability-inclusive development efforts (USAID, 2005). In October 2024, USAID adopted the new "Nothing Without Us": USAID Disability Policy with the goal "to empower and elevate the lives of persons with disabilities in partner countries by supporting USAID and our partners to recognize, respect, value, meaningfully engage, include and be intentional in supporting persons with disabilities and their respective organizations to benefit from our work as equal partners" (USAID, 2024, pg. 4). This policy was developed in a fully collaborative manner, receiving multiple rounds of input from the international disability community, OPDs, organizations working in foreign assistance, and USAID staff (March 30, 2026). Interviews indicate that the policy was embraced by the disability community, with larger USAID implementing partners holding strategy meetings to determine how best to implement it to ensure that persons with disabilities benefited.

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[2] As of the release of this report.

Inclusive education in Kenya. Photo credit: USAID

Although USAID was the only of the two agencies to have a formal disability policy, both USAID and DOS had earmarked funding for disability inclusion prior to the closure. At its peak in 2024, combined disability-focused and disability-inclusive programming across both agencies totaled approximately $160 million annually, as shown in the table below.

Exhibit 1: Earmarked Funding for Disability Inclusion

Funding Stream	Agency	Annual Amount (2024)
Disability Program Fund (established 2006)	USAID	$20 million
Disability-targeted or inclusive programming across all sectors	USAID	$120 million
Disability-specific programming	DOS	$20 million
Total	**Both agencies**	**$160 million**

While $120 million in broader inclusive programming represented only a small percentage of total USAID programming, it reflected the trajectory the Agency was on. With the release of the 2024 “Nothing Without Us” Disability Policy, implementing partners had begun restructuring their programs with the expectation that disability inclusion would become a meaningful and systematic requirement across sectors rather than an occasional feature. That shift was underway but not yet complete at the time of closure. Characterizing pre-closure programming as fully inclusive would overstate what had been achieved; what the policy represented was a credible and concrete path toward that goal.

Unlike USAID, DOS does not implement a formal disability policy in the same way. Policy approaches at DOS are typically communicated through diplomatic cables, including All Diplomatic and Consular (ALDAC) cables sent to all posts, and through statements and priorities set by senior department officials (U.S. Department of State, 2024). Over the years, DOS has issued numerous ALDACs promoting disability-inclusive diplomacy; established annual campaigns, such as Disability Employment Month in October; and created a cable tag system to help ensure that disability-related content is identifiable and can be routed to relevant staff. In November 2024, DOS published its inaugural International Disability Rights Handbook, underscoring disability inclusion as a foreign policy priority (U.S. Department of State, 2024). However, the degree of emphasis on disability-inclusive diplomacy has historically been subject to the changing priorities of different administrations. The position of the Special Advisor on International Disability Rights, originally established under the Obama Administration, has historically been subject to the priorities of each administration, with some choosing to fill it and others leaving it vacant (Congressional Budget Office, 2020). Although the position was filled under the Biden Administration, the position was not filled during either the Trump Administration, and during those periods, the U.S. was noticeably absent from international disability rights forums (Heumann, 2019).

Fiscal Year 2026 (FY26) appropriations legislation continues the annual Congressional directive for the USAID Disability Program Fund, albeit at a reduced level of $15 million, and there appears to be bipartisan interest in supporting disability programs through DOS. However, the findings of this study document serious concerns about whether that interest is translating into meaningful implementation. All technical experts on disability within both USAID and DOS were affected by the 2025 reductions in force. At the time of this study’s data collection, no evidence of substantive disability-inclusive programming within DOS had been documented by respondents. The distinction between Congressional intent and institutional capacity is significant: the technical expertise that gave previous programming its quality and credibility cannot be replaced by funding alone, and its absence represents a gap whose consequences this report documents throughout.

2.4 Increasing Government Commitment to Disability-Inclusive Systems

Local disability rights movements, led and sustained by persons with disabilities themselves, had been advocating for legal recognition, accessible services, and policy reform long before international donors made inclusion a programmatic priority. This pattern was consistent across each of the eight countries examined in this study, and reflects a broader global trajectory in which domestic advocacy and government commitment to disability inclusion have developed independently of, and in many cases preceded, external donor engagement. The CRPD, now ratified by 193 States Parties, is the most authoritative expression of the breadth and independence of this government-led commitment, representing a legal obligation that governments have assumed on their own terms, entirely distinct from any donor conditionality (United Nations Division for Inclusive Social Development, 2026). USAID's role in this context was not to lead the disability-inclusive development agenda but to respond to governments seeking support in fulfilling commitments they had already made. What was lost when that support was abruptly withdrawn was not direction or commitment. What was lost was a partner that supported governments in achieving their own goals.

USAID did not arrive in partner countries with a disability inclusion agenda of its own and ask governments to adopt it. It arrived in response to governments that already had an agenda. USAID's own 2024 Disability Policy made this explicit, stating that its role was to complement and support the conditions necessary for effective CRPD implementation in countries that had already assumed that obligation as States Parties to the treaty. In practice, this meant responding to governments that had made formal commitments to disability inclusion under domestic law and international treaty frameworks but lacked the resources, technical expertise, and implementation infrastructure to act on them. Government officials across multiple countries identified the absence of inclusive service delivery frameworks, trained workforces, and disability-disaggregated data as the primary barriers to realizing priorities their own governments had already set. USAID provided the financing, technical assistance, and partnerships needed to begin closing those gaps. USAID was the partner governments often turned to when they were ready to deliver on their agendas. However, the dismantling of USAID did not eliminate those commitments. What it eliminated was the support that was helping governments fulfill them, disrupting a government-led trajectory toward inclusive systems at precisely the moment it was gaining momentum.

3. Methodology

This study employed a mixed-methods design to document the impact of USAID program terminations on persons with disabilities, their families, and the organizations and systems that served them across eight countries: Bangladesh, El Salvador, Kenya, Liberia, Malawi, Nepal, Nigeria, and Pakistan. Data were collected concurrently through three methods: a global survey, key informant interviews (KIIs), and focus group discussions (FGDs). Findings from all streams were triangulated during analysis. The study was conducted under Institutional Review Board (IRB) approval from the University of Massachusetts Boston. A full description of the study design, instruments, sampling approach, analysis procedures, and limitations is provided in Annex A.

The Reason Behind This Research

IDP is a research and technical assistance organization with over two decades of experience in disability-inclusive development across education, health, livelihoods, and governance. Like many implementing organizations, IDP was left in a financial crisis when the U.S. Government abruptly terminated its programming, owing IDP hundreds of thousands of dollars for work already completed, and leaving millions in payments unpaid to organizations around the world. IDP launched a GoFundMe campaign to cover final payroll obligations while awaiting those payments, to avoid bankruptcy resulting from unpaid USAID invoices. More than 140 individuals contributed to that campaign, with donations as small as $15. As funding was eventually recovered and payroll obligations were met, IDP recognized that the human cost of the USAID closure on persons with disabilities was going undocumented and largely unfunded by any other donor. Rather than allow that gap to persist, IDP decided to direct the GoFundMe contributions toward this research, honoring the generosity of those individuals by ensuring their support produced something lasting and meaningful for the communities most affected. This funding also allowed IDP to re-engage members of its local country teams, many of whom have disabilities and had been unable to secure full-time employment following USAID's closure, ensuring that the people most affected by these events had a direct role in documenting them.

The global survey was completed by staff from 82 projects across 80 implementing organizations and captured data on project characteristics, job loss, service gaps, and shifts in perceptions of the United States. To provide context for the scale of the sample, USAID operated approximately 6,200 active awards globally at the time of closure, of which 86 percent were terminated (Kaiser Family Foundation, 2025; Center for Global Development, 2025). The 82 projects captured in this study's survey, therefore, represent a small but meaningful slice of a much larger disruption, and the figures reported here on job loss, beneficiary reach, and service gaps should be understood as indicative of broader patterns rather than comprehensive estimates of total impact. KIIs and FGDs were conducted with five stakeholder groups across all eight study countries: government officials, staff and leadership from OPDs, parents/caregivers of children with disabilities, adults with disabilities, and implementing partner staff.

Given the political context in which this research was conducted, participant protection and data security were prioritized throughout. Many respondents, including government officials, OPD staff, and implementing partner personnel, faced professional or reputational risk in speaking about the consequences of the USAID closure, particularly those whose organizations retained U.S. Government funding or were subject to the provisions of the Promoting Human Flourishing in Foreign Assistance policy.[3] Informed consent was obtained verbally or through sign language

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[3] The Promoting Human Flourishing in Foreign Assistance (PHFFA) Policy is a set of three binding rules issued by the U.S. DOS in January 2026, effective February 26, 2026: Protecting Life in Foreign Assistance, Combating Gender Ideology in Foreign Assistance, and Combating Discriminatory Equity

at the outset of every session, with participants reminded of their voluntary participation. Recordings were made only with explicit consent. All data were stored securely with access restricted to the core research team, and identifying details have been removed or generalized throughout this report where their inclusion could expose individual respondents. Organizational affiliation was not required in the survey, and the locations of specific FGDs have been anonymized at participants' request for additional confidentiality.

3.1 Limitations

Like all research conducted under difficult conditions, this study has limitations that are important to acknowledge. The eight countries included were selected based on IDP's former USAID programming and existing relationships, which provided strong access and community trust. Findings cannot be assumed to be generalizable or represent the full global picture. The political context in which the data were collected created real constraints: many respondents faced professional risk in communicating openly, and some chose not to participate or to limit what they shared, which may mean the most vulnerable perspectives are underrepresented rather than overrepresented. The survey sample of 82 projects across 80 organizations, while substantive, captures only a portion of the programs affected, and the figures reported here on beneficiaries and job loss should be understood as indicative rather than comprehensive.

Reaching respondents was itself a significant challenge. The abrupt closure of USAID programs disrupted the communication channels and reporting systems that would normally have made contact possible. IDP conducted a full mapping of potential respondents across all eight study countries, but the dispersal of staff, the shutdown of organizational infrastructure, and the professional risks many individuals faced meant that not all identified contacts were reachable or willing to participate. The sample that was ultimately achieved reflects both the strength of IDP's existing relationships and the very real limits imposed by the circumstances of the closure. Finally, data collection took place between January and March 2026, and conditions in all eight study countries continue to change. The patterns documented here reflect what respondents experienced and observed during that period, and some circumstances may have shifted since data collection concluded. None of these limitations diminishes the consistency or weight of the evidence. They are noted here in the interest of transparency and to support the appropriate interpretation of findings.

Ideology in Foreign Assistance. The rules add mandatory award terms to all non-military foreign assistance administered by DOS and restrict what implementing partners are allowed to do even when using their own non-U.S. funds (U.S. Department of State, 2026). Its relevance to disability inclusion stems from its prohibition on activities classified as DEI. Because the policy does not define DEI with precision, disability-specific programming, such as sign language interpretation, accessible materials, and disability-disaggregated data collection, has been interpreted by some implementing partners as potentially falling within its restrictions, causing organizations to self-censor or remove disability-inclusive elements from their programs out of concern that such activities could jeopardize their awards.

4. Findings

The five findings below reflect patterns that emerged consistently across countries, stakeholder groups, and data collection methods. Together, they provide a comprehensive account of the documented consequences of the USAID closure for persons with disabilities and the systems that served them.

4.1 Primary Finding 1: USAID was recognized as a global leader in disability-inclusive development and positioned for expanded implementation following the release of its 2024 Disability Policy.

> *"How can you shut down something that is already moving forward? People lost their jobs, communities placed their hopes in an intervention that was actively underway… Funding cuts happen, but not like this."*
>
> **– Government official, Pakistan**

4.1.1 Persons with disabilities and their families were accessing life-changing services such as education, employment, assistive devices, governance participation, and life-saving medications, many for the very first time.

> *"Previously, my child was not able to read. Now, she can read for me when I ask her at home."*
>
> **– Mother of a child with a physical disability, Malawi**

Before the USAID shutdown, inclusive programs were delivering tangible, measurable change in the lives of persons with disabilities and their families across all eight study countries. **Survey respondents estimated that the projects collectively aimed to help approximately 349,000 beneficiaries with disabilities at the time of closure, with approximately 137,000 in Africa and 65,000 in Asia.**[4] These figures represent only those captured through the survey sample of 82 projects across 80 organizations, which itself represents only a fraction of the more than 5,300 USAID awards that were terminated globally. The true number of persons with disabilities who lost access to services as a result of the closure is likely many times larger, and survey findings should be understood as a significant undercount of the total population affected. The projects represented in the survey had completed an average of 2.3 years of a planned 4.5-year

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[4] A proportional estimate extrapolating from the survey sample to the full population of terminated awards has not been calculated because the 82 projects represented in this survey were not randomly selected and cannot be assumed to be representative of the broader universe of USAID programming. Projects with a stronger disability focus, larger implementing organizations, and existing relationships with IDP were more likely to respond, which means the sample likely overrepresents disability-intensive programming relative to the full portfolio. The 349,000 figure should therefore be understood as a floor, a documented minimum, rather than a basis for an estimate of total impact.

duration, with an average of 2.2 years of planned programming remaining at the time of termination. In most cases, programs were terminated before the sustainability and transition components of those projects could be implemented.

A child attending school for the first time in Ethiopia. Photo credit: USAID

With USAID support, children who had previously been excluded from education were enrolling or re-enrolling in general education schools, equipped with assistive devices such as large-print materials, and supported by trained staff. Parents gained access to learning materials, inclusive healthcare, and the practical tools needed to support their children's development. Government officials corroborated these accounts, offering uniformly strong assessments of the tangible difference USAID programs were making in the lives of persons with disabilities. In Northeast Nigeria, a cohort of students with disabilities was completing an accelerated basic education program that represented, according to one government respondent, the first time in Nigeria's basic education history that out-of-school children had been enrolled continuously from the foundational level through junior secondary. In Malawi, Bangladesh, and elsewhere, parents had begun to believe that their children with disabilities could learn alongside their peers in general education schools, a shift in expectation that government officials independently confirmed. As one mother in Malawi described, *"My daughter had dropped out of school, but she was able to start going again because of this program… they even provided her with a wheelchair."* Another mother from Malawi spoke about how sign language classes offered through a USAID program allowed her and her family to communicate with their deaf child for the first time. *"For the first time, I was able to understand my child,"* she said, noting that this knowledge of sign language reduced her child's isolation and greatly improved their family dynamic. Focus group participants shared success stories across sectors, including health, education, and livelihoods.

Equally significant was what these programs offered to parents and caregivers themselves. For mothers in particular, peer support networks in Bangladesh, El Salvador, Malawi, and Nepal broke through years of isolation, offering community and solidarity that many described as the first time they had not felt alone. These programs also equipped mothers with advocacy skills and a sense of collective voice. In El Salvador, Liberia, and Nepal, livelihood activities were specifically designed to account for the realities of caregiving, allowing families to earn income without leaving a child with a disability unattended. "*This livelihood activity supported families like mine,"* one participant explained, *"because I cannot leave my child alone. It allowed us to take care of our children while also earning an income at the same time*." Central to this work were OPDs, which mobilized families, facilitated peer connections, and built the social capital and trust within communities that had long felt invisible to formal systems.

Perhaps most powerfully, participants across sectors described how these programs generated hope. Parents spoke about beginning to believe that their children could learn, communicate, attend school, and participate in community life. "*They explained that children like mine can also learn in regular schools with the right support,"* said one mother. For many families and communities, this was the first time inclusion had felt not only possible, but real.

4.1.2 USAID was globally recognized as a positive example of disability-inclusive development, implementing organizations were actively restructuring to deepen inclusion, and stakeholders were accelerating toward even greater inclusive progress at the time of closure.

> *"There was a lot of work left to do, but the program was terminated."*
>
> **– OPD representative, Nepal**

Across all eight study countries, government officials, implementing partners, and OPDs consistently described USAID as globally recognized for disability-inclusive development, a reputation they attributed not only to policy articulation but also to the sustained, systematic construction of inclusive systems in contexts where equivalent infrastructure had not previously existed. Research has recognized USAID's 1997 Disability Policy as a globally influential initiative that helped establish disability inclusion as a standard expectation within bilateral development assistance (Altali et al., 2025), and stakeholders across sectors described the decades of programming that followed as building on that foundation in concrete and measurable ways.

Government respondents rated USAID's programmatic contributions prior to closure as strong, evidence-based, locally contextualized, and comparatively cost-effective. USAID-funded programs were described as making health, education, and HIV services meaningfully accessible to populations that traditional service delivery systems had long struggled to reach through the provision of disability inclusive systems, such as sign language interpretation, accessible materials, and tailored outreach functioning as essential conditions of participation. As one government official observed: "*In our socio-economic context, external support plays a* *big role*." Another stated directly: "*The program created a strong platform for inclusion and advocacy. Its closure interrupted that progress.*" These gains represented a fundamental departure from the baseline conditions that long-serving field staff had documented firsthand. *"USAID mandated disability considerations in all its program designs… When I started 17 years ago in rural villages in Africa, it was not uncommon to see disabled children ostracized. They were lucky to go to school, which was rare, and would be the first to go hungry when food ran out. Food would be allotted to able-bodied children,"* recalled a USAID Agreement Officer and survey respondent, whose two decades working across rural Africa give particular weight to the observation. Respondents noted that USAID's engagement did not merely enhance existing services. In many contexts, it helped formalize and accelerate an institutional commitment to disability inclusion that governments were already pursuing but lacked the resources or technical support to fully realize.

Respondents also described a field that was actively accelerating at the time of closure rather than holding steady. Implementing partners interviewed for this study reported that their organizations were already responding to USAID's new disability policy requirements prior to the policy's formal adoption in October 2024. One implementing organization reported convening a senior leadership meeting prior to the policy's formal release to identify ways to deepen disability inclusion across its programming. Staff inside USAID described the policy's significance in equally direct terms. *"USAID had released an updated Disability Policy in October 2024… This policy had tremendous potential as a platform to spotlight the need to expand and increase disability-related programming and activities,"* observed a USAID employee based in Kenya, reflecting a view shared widely among staff who had seen the policy's development firsthand. Government respondents confirmed that partners had begun convening meetings to discuss the changes needed to align their programs with the new policy requirements. In December 2024, just six weeks after the policy's launch, Chemonics International co-hosted a Disability Inclusion Summit alongside IDP, Gallaudet University, and the U.S. International Council on Disability. Chemonics' Global Practice Lead of Gender Equality and Social Inclusion described the 2024 policy as "*a bright light reinforcing values of inclusion,"* a characterization that reflected the sector's broader readiness to act (Gallaudet University, 2025).

Respondents consistently characterized the closure of USAID as the sudden and total collapse of a model that was working and being actively strengthened. Implementing organizations described examining their own practices, identifying gaps, and taking concrete steps to deepen inclusion across their programs. Government officials described a policy environment that had begun to formalize accountability for disability inclusion across all bureaus, missions, and program cycles. The evidence base was growing, the relationships between USAID, OPDs, and government counterparts were deepening, and the institutional infrastructure for the next generation of programming was being built.

One tangible example of USAID's efforts to increase accountability was its publication of an evaluation guide on measuring disability inclusion in education programs. This resource was released in September 2024, just ahead of the new Disability Policy's launch, and provided practical guidance about how to collect, monitor, and evaluate data on learners with disabilities. The guide was developed based on lessons learned from USAID's Multi-Country Study on

Inclusive Education (MCSIE), conducted by IDP, which examined three of the Agency's targeted inclusive education efforts in Cambodia, Malawi, and Nepal (IDP, 2024).

The USAID closure ended all of these advances just as they were gaining momentum. Although their products and efforts already conducted will have a lasting impact, the projects were unable to meet their full potential. Implementing organizations were already restructuring programs, revising training materials, and preparing new inclusive frameworks that the closure prevented from ever reaching the communities they were designed to serve. *"We had revised and updated training manuals in collaboration with government and other partners… It saddens me to think that we couldn't continue implementing that work,"* said the Project Manager of a USAID program in Bangladesh, describing training materials revised in close collaboration with government partners that never reached the classrooms for which they were intended.

Family in Uganda accessing agricultural programs. Photo credit: USAID

4.1.3 OPDs were partners in program design and implementation, though full and equal engagement remained a work in progress.

> *"We were left with a debt of many things we still wanted to accomplish."*
>
> **– OPD representative, El Salvador**

Prior to the USAID shutdown, OPDs were increasingly recognized as essential partners in the design and delivery of inclusive development programming. OPDs were actively engaged in outreach, beneficiary identification and mobilization, advocacy, and service delivery, functioning as the primary bridge between donors, government agencies, and the communities they served. For many OPDs, USAID-funded programs represented the first sustained opportunity to move beyond service provision toward genuine participation in the broader systems shaping the lives of persons with disabilities. This distinction is significant. Service provision places OPDs in the role of delivering support to their communities, which is valuable but ultimately limited in its reach and influence. Participation in systems design and policy development means that persons with disabilities are not simply recipients of decisions made by others, but active contributors to the frameworks, policies, and institutions that determine what support exists, who receives it, and how it is delivered (IDP, 2024). The closure ended that shift before it could fully take hold, returning many OPDs to the margins of a system they had only recently begun to shape.

Central to the shift was USAID funding, which served as the operational backbone of many OPDs engaged in programming, meaning it covered the core institutional costs, including staffing, communications, and administration, that enabled these organizations to function day-to-day. This sustained multi-year funding allowed organizations to plan, grow, and engage as genuine partners rather than organizations struggling to survive from one short-term contract to the next. It enabled OPDs to hire and retain staff, conduct systematic community outreach, sustain advocacy efforts over time, and engage consistently with government and community partners. That consistency was itself a form of credibility. It is important to note, however, that even at its most expansive, this funding was neither sufficient nor universally available. Many OPDs across the eight study countries remained outside the reach of USAID programming entirely, and those that did receive support frequently described it as inadequate to meet the full scope of their mandates or the needs of their communities. The gains documented in this report, therefore, represent only a fraction of what was possible, and they were fragile. In Bangladesh, for example, OPDs described direct access to government offices as one of the most significant gains of the partnership period, representing years of relationship-building through which OPDs had established themselves as credible, rights-based actors within systems that had historically excluded them. The full consequences of losing that foundation are documented in Finding 3.

Yet, even where those relationships were strongest, the evidence suggests that the partnerships between USAID and OPDs, while meaningful and productive, had not yet reached their full potential. OPDs consistently described themselves as implementers rather than co-designers of programs. They managed outreach and delivery, but were rarely consulted on program design, exit planning, or sustainability strategies. Research from inclusive education programs across multiple countries found that OPD engagement throughout the full program cycle, from design to evaluation, was instrumental not only in identifying and removing barriers to learning but in transforming community attitudes in ways that sustained inclusion beyond the program period (IDP, 2024; Sightsavers, 2024). The principle of “Nothing Without Us” was gaining traction in policy but had not yet been fully operationalized in practice.

This structural gap was compounded by chronic underfunding: “*OPDs are the most meagerly funded entities in any context. The USAID funding cut has impacted them severely,“* observed the Project Manager of an inclusive governance program, a view echoed consistently across country contexts. One OPD in Pakistan reflected, “*It is very unfortunate that even after 35 years, our state was not able to ensure self-sufficiency and sustainability of initiatives.*” The 2024 USAID Disability Policy moved to address this directly, making OPD engagement an explicit operational requirement and directing implementing partners to engage with OPDs early, often, and throughout the full project lifecycle, to ensure that design, implementation, and evaluation were undertaken with, and not for, persons with disabilities (USAID, 2024). That this policy was issued just months before USAID was dismantled makes its loss particularly consequential.

Despite these structural constraints, the trajectory was one of growing institutional confidence and expanding influence. OPDs were building the technical knowledge, government relationships, and community trust that are the prerequisites for durable advocacy, not because the system had been fully fixed, but because they had fought for every inch of ground within it. Many were beginning to engage meaningfully in policy processes, contribute to national strategies, and articulate a rights-based vision for disability inclusion that extended well beyond the scope of any single project. The USAID closure did not find OPDs at the beginning of that journey. It interrupted them in the middle of it.

4.2 Primary Finding 2: The abrupt closure of USAID caused immediate and disproportionate harm to persons with disabilities and their families.

4.2.1 The termination of USAID programs resulted in immediate and documented harm to adults and children with disabilities and their families, with evidence across all eight study countries indicating that those with the fewest alternative resources experienced the greatest losses.

> *“The shutdown of this project and others around the world has made an already vulnerable population more vulnerable.”*
>
> **– Survey respondent, Nigeria**

When USAID programs shut down, the impact on persons with disabilities and their families was immediate and devastating. There was no transition plan, no communication, and no handover. Programs that had taken years to build simply stopped overnight. Children with disabilities who had been attending school regularly stopped going. Therapy and supports vanished. When assistive devices broke, there was no repair system in place. Life-saving medicines were no longer being distributed. Parents spoke about their shock at how abruptly everything ended and about the poor communication surrounding the sudden loss of services that had fundamentally altered their lives. Government officials described the closure as a massive shock, expressed extreme disappointment and frustration, and expressed serious concern for community beneficiaries who had lost access to services they depended upon.

Educational gains that children with disabilities had worked hard to achieve quickly began to regress without the consistent support and technical materials that had made progress possible. *“Now he just stays at home. Doesn’t go to school regularly. Teachers also don’t check on him,”* said one caregiver, capturing the quiet collapse that followed the closure. Teachers who had just begun receiving training and support on inclusive instruction, classroom management and addressing long-held cultural beliefs on disability and, without the planned follow-up and coaching, stopped providing the same level of care to students with disabilities in the classroom. Government officials confirmed this pattern directly: *"Without follow-up training, teachers are less confident, and parents are less willing to send children with disabilities to school."* One mother of a child who is deaf in Bangladesh asked, *"Now I keep thinking, who will understand him as they did before?"* As a result, there has been a significant increase in the number of children out on the streets rather than in school. In Nigeria, where communities have experienced significant violence linked to Boko Haram, focus group participants expressed concern about rising violence and idleness among children, including children with disabilities, following the closure of USAID-supported schools. "*Our children are out on the streets due to the closure,"* said one mother from Northern Nigeria. One government respondent in Nigeria described approximately 75 percent of students in an accelerated education program dropping out of school and returning to the streets following project closure, adding, *"We hoped these children would become our future leaders. However, the project was sadly discontinued."*

The health consequences have been equally alarming. Health funding represents the largest funding sector within USAID, with $3.3 billion for HIV/AIDS, $2.8 billion for basic health, and $1.37 billion for maternal and child health in 2024 (Tamonan, 2025). According to the survey, 24% of respondents reported that their project included a health component. **The abrupt closure of clinics and the sudden lack of life-saving medicines have placed children with disabilities in acute danger.** One individual working on health issues witnessed firsthand how children were struggling and dying after services were stopped, **estimating that children with disabilities are three times more likely to experience malnutrition and death without access to support.** Government respondents independently confirmed this crisis, citing worsening symptoms of epilepsy due to drugs being out of stock after USAID stopped procuring them, inconsistent treatment of HIV/AIDS due to distribution failures, and citizens avoiding healthcare facilities because the specialized care they require is no longer available. As one government official in Kenya observed, *"They are unable to buy the medication… their life is at risk."* Health programs that do still exist are often not inclusive, and several organizations still working in this space reported being required to cut programs specifically targeting persons with disabilities.

Photo credit IDP: Local researcher and family in Northern Nigeria

The harm has not fallen evenly. Families in rural areas have faced the greatest losses, with fewer alternative services available and longer distances to whatever fragmented support remains. A father of a child with a disability in Nepal said, "*We do not have therapy services in our area, and we cannot afford to get services in the cities. He has multiple disabilities*." Government respondents observed that among children with disabilities, closure has resulted in increased difficulty performing daily tasks, regression in early childhood development milestones, declining foundational literacy outcomes, and heightened isolation, particularly in rural areas.

Children with complex disabilities, particularly those who are deaf, have autism, or have an intellectual disability, were reported to have faced the most significant challenges. The specialized, inclusive support they depended on is the least likely to be replicated by other government services or international aid support, and parents of these children expressed the highest rates of anxiety about the future. The consequences extended beyond lost services to lost opportunities. A survey respondent from the Republic of Georgia reported that an effort to create the first rehabilitation services for adults with autism had been on the verge of securing USAID funding when the closure occurred: "*There are no services for people with autism once they turn 18 in Georgia. The funding was nearly secured through USAID; however, it was stopped*." For adults with autism in Georgia, the closure did not end existing support. It prevented it from ever beginning.

The withdrawal of programming also severed planned pathways for deaf children and adults, cutting off governance, leadership, and professional development opportunities before they could be realized. "*We had planned to train and empower deaf leaders in governance, policy, and advocacy through an exchange program. We also intended to train educational professionals in early childhood education (0–5 years) and in effective ways to work with parents of deaf children… However, the project closed without any prior notice*," reported a project staff member for a project in Africa. The most visible consequence was children reverting to idleness and, in many cases, returning to the streets. A non-governmental organization (NGO) worker in Kenya warned that this exposes children to serious harm: "*On the streets, there are many risk factors including all manner of abuse, trafficking, exposure to harassment, etc*."

4.2.2 When programs ended, care responsibilities transferred entirely to families and disproportionately to mothers, while hope, mental health, and trust in future programming collapsed.

> *"Now everything depends on me, but it's very difficult for me to take care of the household and then give extra attention to her."*
>
> **– Mother of a child with a disability, Bangladesh**

When USAID programs ended, focus group participants across all eight study countries stated that the support they had provided was not replaced by governments or other donors. This gap reflects not dependency, but an abrupt withdrawal: most programs ended before governments and communities were ready to assume these responsibilities. This was reinforced by survey data and KIIs with international organizations. KII participants also reported that the costs and responsibilities previously covered by programming were transferred directly to families. **Families are now expected to pay out of pocket for therapies, assistive devices, and educational support that were previously provided at no cost**. Government respondents corroborated this assessment, acknowledging that the financial burden was increasingly borne by parents and caregivers of children with disabilities, particularly mothers living in low-income households. One parent in Bangladesh said, "*We don't know where to go, and we can't spend that much,"* and another noted, "*There is no support for the extra costs we have because of her condition*." Families in rural areas face additional barriers due to transportation costs. While the cost of reaching services is roughly US$10, this amount is prohibitive for many households and has, in practice, prevented families from accessing assistive devices for their children.

Within families, the responsibility to provide for their child with a disability has fallen disproportionately on mothers. Within families, the responsibility to provide for their child with a disability has fallen disproportionately on mothers, reflecting international gender patterns in which women assume the primary caregiving responsibility when formal support systems are removed. In the absence of community-based supports, therapy, school, and peer networks, mothers have become the primary providers of support that was previously delivered by trained program staff. For many, this means managing a child's educational, medical, and developmental needs alongside existing household responsibilities, with no formal training, additional resources, or external support. "*As women and mothers of children with disabilities, we cannot work because we need to take care of our children*," said one participant from Bangladesh, illustrating the direct economic consequence of this shift onto female caregivers. This pattern is consistent with broader research on the topic. A 2025 World Bank study on employment and inclusive childcare for mothers of children with disabilities in Kenya and Uganda, conducted by IDP, found that mothers of children with disabilities face a double layer of labor vulnerability, stemming from both broader gender inequalities in the labor market and the intensified caregiving demands specific to raising a child with a disability. The study found that mothers of children with disabilities were 1.9 times more likely to frequently lose their jobs, 2.1 times more likely to quit their jobs, and 1.7 times more likely to take unplanned leave due to caregiving duties than mothers of children without disabilities, with 97.3% reporting feeling overwhelmed with responsibilities (World Bank, 2025).

The removal of peer support networks has compounded this burden in ways that extend beyond the practical. Those networks had provided many mothers with their first access to community, information, and collective advocacy. Their loss has contributed to a significant deterioration in maternal mental health, with mothers across multiple countries reporting heightened anxiety, exhaustion, and depression. The sudden closure of USAID programs removed services and, subsequently, eliminated access to hope and the belief that things could improve for their children. Research shows that hope is a critical resource for parents of children with disabilities and is linked to parental well-being and quality of caregiving (Lloyd & Hastings, 2008). Caregivers expressed that these programs had provided a form of support and recognition they had not previously experienced. For many, they represented the first-time external systems had actively responded to their needs.

When programs ended without warning, without transition plans, and without explanation, caregivers reported feeling abandoned and uncertain about where to turn. "*When the program was there, we had hope that his life could improve. Now we are worried about what will happen to him,"* said one father of a child with a disability in Malawi. "*For a girl with a physical disability, [who lives] in a rural area, every day is a challenge. So, initiatives like this actually made us hopeful that there are people thinking about us, our children. When the project ended, that made us lose that hope*," said one mother in Bangladesh. **Parents described feeling not just frustrated by the loss of practical support, but cut off from the future they had begun to imagine for their children**. According to one implementing partner, "*During the life of the project, many caregivers expressed renewed hope because they felt recognized and supported. When services ended, some caregivers reported feeling abandoned or uncertain about where to seek assistance. For families already facing stigma related to disability, the loss of organized community engagement can reinforce isolation*."

Staff working directly with communities described witnessing this collapse of hope. For those who had dedicated years to building inclusion alongside the communities they served, the abruptness of the closure carried a particular weight. The Senior Project Manager for a project in Nigeria spoke of children whose progress had been halted mid-stride: *"Life became worse for them after the closure… Their dreams to become somebody great were shattered*." This sense of loss extended to the systems of trust that programs had painstakingly built. The senior staff member for a project in Liberia described how participants had found genuine purpose, encouragement, and support through the program, and had committed their own limited resources in good faith, trusting that help would follow. When it did not, the coordinator reflected: "*We gave them hope. They waited. They believed. Now, it is painful to face the weight of their disappointment… It is not just a setback. It feels like a loss—of momentum, of confidence, of hope."* This reflection captured both the personal cost and the institutional damage that abrupt closure leaves behind.

Photo credit IDP: mother and daughter in El Salvador

4.2.3 Families forced to give up children to institutionalizations rising as families are stripped of the community-based supports that had made institutional placement unnecessary.

For some families, the collapse of community-based support described above has had consequences that extend beyond financial strain and mental health deterioration. Across multiple countries in Africa, organizations reported a sharp and sudden rise in cases in which families feel they have no choice but to give up their children with disabilities and place them in institutions. This was occurring directly and immediately in the weeks following program closures. Respondents were consistent in attributing this not to any change in family attitudes toward disability but to the removal of the practical supports (such as community supports, access to education, assistive devices, etc.) that had made institutional placement unnecessary. Families who had been managing, with support, found themselves suddenly struggling to manage without it, overnight and without warning.

The drivers of this trend are structural and were consistently identified across multiple country contexts. Unfortunately, the very existence of residential institutions as a place of detention and care for persons with disabilities stems from a failure of policies that pre-dated the demise of USAID. That segregated system had never been adequately addressed by previous USAID programming, and families have long reported pressures to place children due to the lack of community-based care and the lack of funding for disability advocacy groups working on deinstitutionalization. (Disability Rights International 2023; Rosenthal, et. al., 2022, Rosenthal, 2018; Mental Disability Rights International 2002). That said, the problem has greatly increased since the closure of USAID. Families who had relied on USAID-funded therapies, assistive devices, peer support networks, and accessible schools to support their children at home found themselves without any of these supports simultaneously and without transition. Transportation costs, distance from fragmented remaining services, the collapse of referral pathways, and the absence of technical expertise among remaining providers have compounded the loss of those supports in ways that have made community living increasingly impossible to sustain.

The dismantling of USAID has set in motion a trend that decades of research warn against. Institutionalization causes profound and often irreversible harm, particularly to children, and the rise being documented across these country contexts is not a temporary service gap that future programming can easily correct (Rosenthal, 2021) Studies from international organizations also document that armed conflict significantly increases the risk of institutionalization for children with disabilities, as the breakdown of community services, family displacement, and caregiver separation drive placement in residential facilities, often without adequate protection or care (DRI 2023) UN Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2022; UNICEF, 2022; Human Rights Watch, 2022). Given the extra pressure to place children with disabilities in institutions in times of emergency and war, it is especially important that funding comply with the UN Guidelines on Deinstitutionalization, including in emergencies. (Rosenthal, et.al, 2022).

Decades of studies have consistently shown that institutional placement deprives children of the one-to-one nurturing caregiver relationships essential to healthy development, with research documenting measurable decreases in brain activity, delays across physical, cognitive, motor, and emotional development, and increased rates of depression and behavioral difficulties among institutionalized children compared to those raised in family settings (Bos et al., 2011; Sheridan & McLaughlin, 2010). For adults, long-term institutionalization is associated with chronic isolation, loss of autonomy, heightened vulnerability to abuse and neglect, and systemic exclusion from education, employment, and community life (Human Rights Watch, 2018). The UN Committee on the Rights of Persons with Disabilities has concluded that institutionalization is inherently incompatible with the rights guaranteed under Article 19 of the CRPD, which establishes the equal right of all persons with disabilities to live in the community with choices equal to others, and has formally classified institutionalization as a form of violence against persons with disabilities (UN Committee on the Rights of Persons with Disabilities, 2022)

What is being documented in this study is, therefore, not simply a service delivery failure. The findings document a pattern of rights violations with consequences that research shows consistently are difficult to reverse and, in the case of young children, may be permanent.

Institutionalization in this context reflects not a decision made by families for their own convenience but reflects the removal of everything that had made that decision unnecessary and community living possible. Multiple organizations have reported witnessing children being placed in institutions specifically to access food, medical care, or education, resources that had previously been available in the community due to USAID support. Plans to provide assistive devices and specialized services across rural, peri-urban, and urban settings were never realized. No other organization, whether an NGO, government agency, or other body, has stepped in to restore those conditions, and the gap those programs were designed to fill is now wider than it was before programming began.

4.2.4 Adults with disabilities lost not only employment but also their only accessible pathways to economic participation, healthcare, and dignity that existed for them.

> *"Because of the disability, there's no one to employ me… my life crashed."*
>
> **– Adult with a disability employed in a USAID program, Kenya**

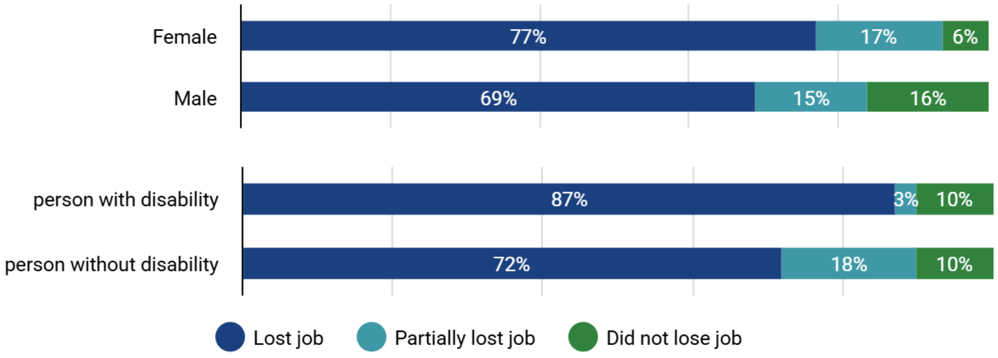
USAID had long championed employing persons with disabilities as staff within its programs, viewing lived experience as a core programmatic asset. The 2024 "Nothing Without Us" Disability Policy formally recognized that representative staffing strengthens program implementation. The programs described by focus group participants did not exceed their mandate in hiring and consulting adults with disabilities. They were fulfilling it precisely as intended.

Before the shutdown, USAID-funded employment programs laid the foundation for adults with disabilities to participate in public life in contexts where no such pathway had previously existed. These programs functioned simultaneously as employers, healthcare access points, gateways to assistive devices and workplace accommodations, and sites of social recognition in which the lived experience of disability was treated as expertise. For many participants, USAID projects were the only employment contexts that included them. Adults with disabilities were employed as staff, engaged as consultants, and supported through tailored accommodations, including sign language interpreters, accessible transport, and sustained relationships with trusted colleagues. For many, this employment was inseparable from access to health insurance, medical treatment, and the assistive services that sustained independent functioning in daily life.

Respondents consistently described these programs as catalytic. Employment was experienced as both a socio-economic benefit and an entry point into broader participation. Workplace inclusion generated social recognition, built professional identity, and created the relationships through which adults with disabilities could advocate for themselves and others. For adults who had long been excluded from economic and civic life, participation was foundational, conferring dignity, autonomy, and a credible sense of the future that few had previously encountered in systems designed without them in mind.

Survey data indicate that job losses affected staff broadly across USAID and its implementing partners, with persons with disabilities losing their jobs at a higher rate than those without. Among survey respondents who were employed by USAID, **87% of persons with disabilities reported losing their jobs completely, compared to 72% of those without disabilities**. Women lost jobs at a higher rate than men, at approximately 76% compared to 69%, respectively. (See Exhibit 2) Regional variation was also documented, with 78% of respondents living in Africa reporting complete job loss. Of the 33 persons with disabilities represented in the survey, 28 lost their jobs entirely, and one lost their position partially, representing a 97% rate of full or partial job loss among this group.

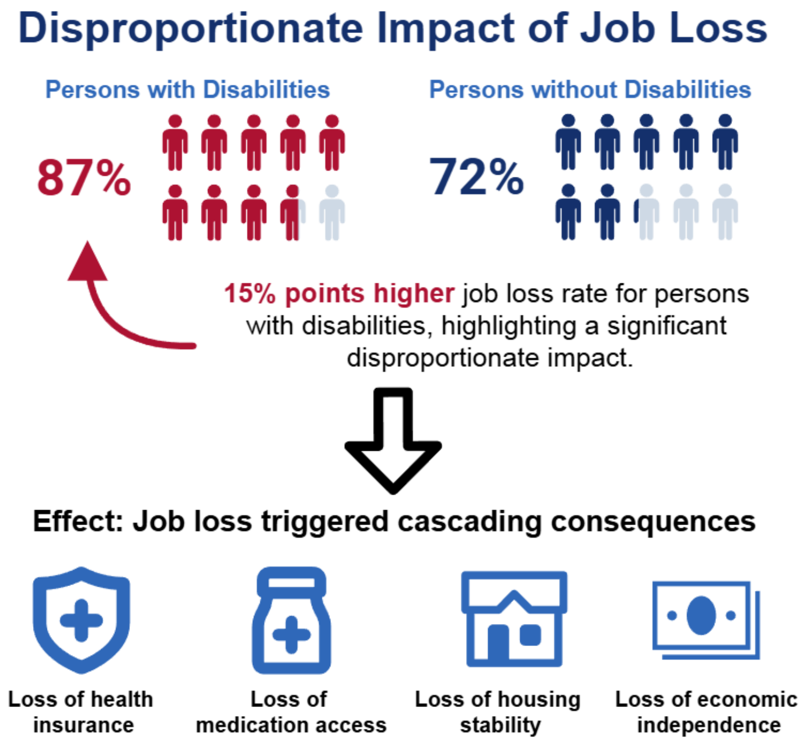
Exhibit 2: Job Loss by Gender and Disability



When these programs ended, the losses were immediate and cascading. **Job loss triggered a chain of consequences: loss of health insurance and medication access, inability to pay for housing, food insecurity, interrupted treatment, and renewed dependency on family members**. *"When the project ended, everything ended at once. The salary, the insurance, the support,"* said one respondent. "*Because of the disability, there's no one to employ me. My life crashed."* For many, USAID-funded roles had represented the only viable pathway into professional life in systems that had otherwise excluded them entirely. What compounded the harm was the near-total absence of accessible alternatives: no sign language interpreters, no accessible transport, no trusted relationships, no tailored supports built over years. The result was not substitution but the immediate reassertion of exclusion.

For many adults with disabilities, USAID-funded employment had also functioned as a form of recognition, signaling that they were valued, capable, and deserving of investment. Closure without acknowledgment, without transition planning, and without any indication that their contribution had mattered was experienced as abandonment. "*When they left, it was like we were forgotten,"* said one respondent. "*You start to ask yourself if you matter at all."* Program managers witnessed this rupture directly and were unambiguous about what it meant in practice. The Chief of Party for a project in Malawi described a closure that gave neither individuals nor organizations any time to prepare: "*Staff with disabilities… lost their jobs. Staff working for organizations representing people with disabilities lost their jobs. Overnight. There was no soft landing or advance warning*." Respondents across all eight study countries were consistent on this point: the shutdown did not return people to their prior circumstances. Those who had restructured their lives, routines, and economic dependencies around participation in USAID programs faced compounded losses when those programs ended.

Exhibit 3: Employment Loss and Its Consequences



4.3 Primary Finding 3: The closure triggered a systemic collapse of the disability-inclusive development ecosystem that experts warn could take decades to repair.

4.3.1 The closure has produced a structural regression in disability-inclusive development that experts warn could take decades to reverse.

> *“We aren’t just standing still. We are moving backward.”*
>
> **– Government official, Malawi**

Across all eight study countries, the evidence suggests the dismantling of USAID represents a structural **regression rather than a temporary interruption, which experts state may take years, and in some cases decades, to reverse.** One implementing partner working in disability-inclusive development captured the scale of the setback directly: “*I feel like I will be spending the last few decades of my career just to get back to where we were right before USAID was dismantled.*” Survey respondents reported that, on average, individuals had 4.3 years of experience in USAID-funded disability inclusion work, indicating growing expertise in this area. USAID-supported systems were built incrementally over many years, accumulating technical expertise, institutional relationships, trained workforces, community trust, and policy momentum. Government officials described the situation not as a pause but as active regression, with systems reverting to pre-program conditions almost immediately after closure.

The regression is documented across every sector. In education, teacher confidence has declined, and exclusionary classroom practices have returned. In the health sector, medication supply chains have collapsed, and community-based rehabilitation services have ceased. In governance, technical working groups and multi-sectoral coordination mechanisms that took years to establish have dissolved. In Malawi, coordination meetings between ministry departments and stakeholders have stopped because the funding that sustained those platforms has ceased. In communities, awareness campaigns that had begun to shift attitudes toward persons with disabilities have stopped, and stigma is re-emerging, with exclusionary attitudes returning in areas where inclusion had only recently begun to take hold. As one government official summarized: “*The system has gone back to the drawing board.”*

A boy with a disability in Malawi. Photo credit: IDP

At the center of this regression is the dispersal of the technical workforce, which government officials and implementing partners identified as among the most significant and lasting consequences of the closure. Trained specialists in inclusive education, disability-disaggregated data collection, Universal Design for Learning (UDL), assistive technology procurement, and community-based rehabilitation have lost their positions, with many moving to other sectors or countries. In countries such as Malawi and Pakistan, respondents confirmed that the specialist workforce has dispersed without replacement.

Government officials who had received training and technical assistance through USAID collaboration to lead inclusive programming described managing collapsed systems without the technical support that had made their leadership viable. **This loss extends beyond USAID staff and implementing partners to include emerging technical capacity within government structures that had been supported by USAID funding.** Implementing partner interviews further revealed that organizations previously dedicated to disability inclusion, which once employed multiple staff working on this issue, have been significantly scaled back, in many cases retaining only one person or reassigning the work to someone who can dedicate only a fraction of their time to inclusion.

Government respondents confirmed that the **technical expertise concentrated in USAID-funded staff was not replaceable in the short term**. In Malawi, social workers trained through USAID programs have no institutional home and no salary to continue their work. Rehabilitation specialists whose roles had been sustained by USAID-funded staff have no locally trained replacements. In Pakistan, teacher training has reverted to traditional methods that do not incorporate inclusive education approaches. The specialized knowledge needed to deliver disability-inclusive instruction and inclusive education approaches had been introduced but not yet fully institutionalized, and the withdrawal of technical support came before government systems had developed the independent capacity to sustain them. "*We have a huge gap of human resource in these particular skills that USAID had just started to address,"* said one Pakistani official.

Experts working in this space have warned that rebuilding inclusive education systems, disability-disaggregated data infrastructure, trained specialist workforces, and OPD advocacy capacity to pre-closure levels could take a decade or more, assuming comparable investment were to resume. The loss is compounded by the inability to plan for transitions, given the speed at which programs were terminated. The knowledge of what had been built and how it worked has not been systematically documented or preserved.

The closure resulted in the loss of both programming and institutional knowledge. When USAID was dismantled, the administration also removed USAID's research and information resources. USAID's Development Experience Clearinghouse (DEC), a database of more than 150,000 documents detailing six decades of international development knowledge, was taken offline. Although organizations have worked to archive portions of the DEC, the DEC's removal has reduced access to a vast repository of evidence, lessons learned, and technical expertise that had informed development efforts worldwide (Publish What You Fund, 2025).

Child receiving first glasses in Cambodia. Photo credit: USAID

A staff person for an inclusive USAID program in Pakistan warned that the consequences of closure extend beyond systems and into the attitudes that those systems had only begun to change: "*The impact of USAID closure is that systems, including education, social structures, and cultural perspectives, are likely to remain shaped by stereotypes toward persons with disabilities. Without practical initiatives to promote inclusion, institutions may take many more years to adopt the concept of 'disability confidence*.'"

4.3.2 The closure interrupted decades of progress on disability rights, forcing organizations and governments to redirect their focus from inclusion and advocacy to basic organizational and community survival.

> *"Instead of remembering those 35 years, they will remember the way it ended."*
>
> **– OPD representative, Pakistan**

OPD representatives interviewed as part of this study described a sector that, prior to the shutdown, had been moving with purpose: toward rights-based frameworks, toward contributions to national policy processes, and toward holding governments and donors accountable. They described implementing partners as deepening inclusive practices and a policy environment that had begun to reward rather than merely tolerate their advocacy. That trajectory has now been reversed.

Representatives from OPDs stated that they have largely been forced to abandon advocacy and policy engagement to focus on organizational survival. This represents a significant loss of ground built through decades of deliberate U.S. investment. As the first bilateral donor to adopt a disability policy in 1997, USAID established OPD engagement as a core component of its programming from the outset (Josa & Chassy, 2018). Over the subsequent decades, USAID missions funded OPD capacity-building grants across multiple countries, supporting organizational development, advocacy capacity, cross-disability coalition-building, and leadership training. In Uganda, USAID dedicated up to $6 million to strengthen OPDs' capacity and leadership (USAID/Uganda, n.d.). In Bangladesh, USAID-funded grants were exclusively for locally registered OPDs, requiring that all programs verified meaningful involvement of persons with disabilities in the design, implementation, and evaluation (USAID/Bangladesh, n.d.). The 2024 "Nothing Without Us" Policy formalized and deepened these commitments, directing implementing partners to engage OPDs early and throughout the project life cycle and requiring program budgets to explicitly account for accessibility and reasonable accommodations (USAID, 2024). The rights-based framing that this investment had helped embed in programming, partnerships, and policy discourse is now giving way to emergency response. International disability advocates echoed this concern, raising questions about who would fill the void left by the withdrawal of U.S. engagement on disability rights and OPD partnership.

OPDs described the USAID withdrawal not simply as the end of a project but as an organizational rupture. When funding abruptly stopped, with no transition plan and in many cases no direct communication, OPDs experienced immediate and cascading institutional shocks: staff layoffs, halted activities, unpaid rent, and suspended branches. "*This is not just a financial loss, but a loss of technical support*," said one OPD representative in Nigeria, capturing what respondents across all eight countries described: the simultaneous collapse of financial stability, institutional capacity, and the relationships that had taken years to build. The infrastructure that USAID had helped build over the years was not gradually wound down. It collapsed overnight. Post-closure, OPDs reported losing paid staff and volunteers, pivoting toward survival fundraising, or going dormant. In Liberia, OPDs reported abandoning expansion and advocacy entirely to focus on keeping their organizations alive. The consequences extend beyond operations. Communities that had begun to embrace disability inclusion are at risk of returning to charity and medical models as the organizations that drove that progress struggle to survive. The consequences for those organizations extended beyond their programs and into their governance and leadership structures as well. In El Salvador, one respondent described how funding loss and collapsing institutional credibility reached into the decision-making structures of organizations themselves: "*Leadership boards of disability organizations were also demotivated and unable to continue organizational and management processes."*

The reputational damage was swift and severe. **Because OPDs had been the visible face of USAID-funded programs in their communities, they bore the full weight of community anger when programs ended.** "*They said we lied to them,"* reported one OPD representative in Liberia. Another OPD in Liberia was labeled dishonest and fraudulent by community members who had been mobilized around commitments that could no longer be honored. In Nigeria, one OPD representative reflected: "*We have lost our voices in the community as a result of the USAID project closure."* The relational capital these organizations had spent years building was dismantled by a single decision made without consultation. The loss of legitimacy extended to government partners, with OPD access to government offices diminishing directly as a result of project closure.

4.4 Primary Finding 4: No government, donor, or multilateral actor has stepped in to fill USAID’s role at scale, and the communities, institutions, and systems that depended on that leadership are now operating without the technical and financial support previously provided.

4.4.1 Host governments cannot absorb disability-inclusive programming at scale due to structural, fiscal, and technical constraints.

> *“USAID left an oversize[d] shoe behind, with expectations that the government will fit in—the gap left by USAID is huge and cannot be filled in the short term.”*
>
> **– Government official, Malawi**

Government officials were candid and consistent: t**he expectation that domestic systems could absorb USAID-funded disability programming at any meaningful scale is not grounded in the fiscal or technical realities these governments face**. USAID-supported programs had functioned as system-enhancing investments, enabling breadth, speed, and quality that domestic budgets could not sustain. They were not yet, however, system-owned. Although USAID projects required sustainability plans, most projects were terminated mid-programming. Therefore, in most cases, the efforts to transfer services and ownership had not yet begun. Most initiatives were never transferred into recurrent financing, embedded in institutional mandates, or integrated into civil-service routines. When funding was withdrawn, governments were suddenly asked to absorb responsibilities they had never been primed to absorb. They lacked the fiscal mechanisms to fund programs and, in many cases, lacked the technical expertise to deliver them. The result was not a managed transition; it was an active regression

The fiscal constraints are structural and, in most cases, insurmountable in the near term. For example, in Malawi, donor funding has comprised between 54% and 70% of total health expenditure and over 40% of social protection funding, reflecting the country’s deep dependence on external financing for basic public services (World Bank, 2020). When development aid collapsed, the consequences spread rapidly across systems that were deeply interconnected. The loss of one program removed the support that made the next one viable: health services lost medications and supplies, education programs lost their trained staff, and community-based services that connected persons with disabilities to government systems simply ceased to exist. Each loss compounded the next, and for persons with disabilities, who were already navigating systems not designed to include them, there was nothing left to fall back on.

Government respondents identified specific categories of expenditure that USAID had covered and that domestic budgets simply cannot replace: assistive devices; specialized teacher training at scale; subsidies for medications benefiting persons with disabilities; salaries for volunteer teachers and healthcare workers; social protection benefits including cash transfers, disability grants, and case management; procurement of devices, medications, and printed materials; sign language interpreters; and data and technology systems including referral networks and disability-disaggregated data collection. In Maiduguri, Nigeria, a memorandum of understanding with a local hospital that was supposed to provide free healthcare for children with disabilities is no longer honored. In Malawi, plans to build a national disability database have been abandoned. "*We try to support through existing programs, but it is not enough*," said one official in Bangladesh.

Macroeconomic pressures compound these constraints significantly. In Malawi, respondents cited high inflation, fuel shortages, difficulty exchanging foreign currency, and climate shocks as compounding factors. In Northeast Nigeria, the ongoing Boko Haram insurgency continues to devastate education and health systems. These are not temporary conditions. They are structural features of the contexts in which USAID programs operated, and precisely why external financing was necessary in the first place.

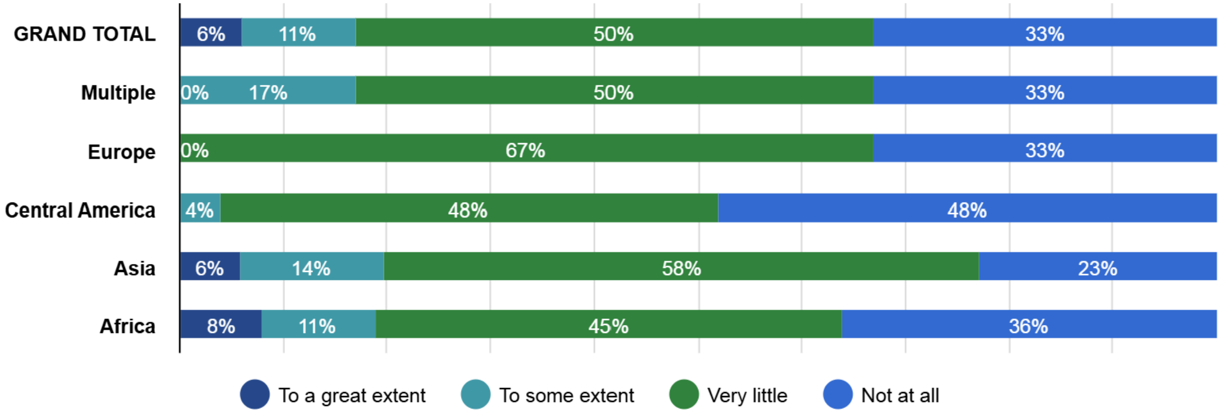
The technical gap is as significant as the fiscal one. USAID programs provided niche technical assistance in areas where governments lacked in-house expertise to lead independently: the collection of reliable disability data, screening and referral systems, UDL, and the procurement of appropriate assistive devices. "*We used to get guidance and direction from the project side. But now we have to manage with existing knowledge and resources*," said one official in Bangladesh. In Pakistan, although independent funding was secured to continue teacher training, the training reverted to segregation and non-inclusive practices because the technical knowledge to deliver inclusive education had departed with the project. The replacement efforts that do exist operate only at a community or district level, which represents a documented gap in service access for persons with disabilities. Even where political will to sustain inclusive programming exists, the budget architecture to support it does not. As one respondent in Liberia observed, "*USAID's closure can feel like the microphone got turned off for people who already struggle to be heard. When funding and coordination stop, disability inclusion can slide from a national priority to a 'nice idea,' and families feel it quietly, through schools that cannot adapt, county plans that do not reflect their needs, and [persons with disabilities] that have less support to mobilize and advocate*."

Disability Advocate in Pakistan. Photo credit: IDP

4.4.2 No other donors have stepped in at scale. Disability inclusion is viewed as a low priority in the broader international donor landscape.

Respondents reported that no other donor has stepped in to fill the gap left by USAID with anything approaching the scale, quality, or disability-specific focus of USAID. Of the survey respondents, **83% reported that little to no progress has been made by other entities, including other donors and governments, in filling the gap left by USAID's closure**. This figure was even more pronounced in Central America, where approximately 96% of respondents indicated that no one has stepped in to fill the gap on inclusive development.

Exhibit 4: Regional Response to Other Donor Engagement in Disability-Inclusive Development[5]



While respondents state that some international donors, such as UNICEF and the World Bank, have contributed to activities, there is a perception that their efforts are operating at a fraction of the scale of USAID. Beyond scale, participants interviewed as part of this research consistently observed that most international donors operate through a broader social inclusion lens in which disability is assumed to be covered without being specifically addressed, resulting in programming that is disability-aware at best but rarely disability-designed. As a result, marginalized individuals are not receiving the benefits of the existing donor portfolio. In Pakistan, World Bank projects were described by multiple respondents as less cost-effective, less evidence-based, and significantly less focused on inclusion than USAID's work. In Nepal, respondents stated that the USAID-established focus on disability inclusion is not being replicated by incoming development partners, each of whom brings their own strategic priorities. Program staff at international implementing partners additionally confirmed that "*other donors are also reducing their funding due to the current situation in the world*," further narrowing the pool of actors available to respond.

The April 2025 Global Disability Summit in Berlin, co-hosted by Germany, Jordan, and the International Disability Alliance, produced the Amman-Berlin Declaration and over 800 new commitments from governments, development partners, and private sector actors to accelerate

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[5] Values shown in the graph are rounded to the nearest whole number (from the first decimal place), so the total may exceed 100%.

disability inclusion across sectors. The Declaration includes a quantifiable “15% for 15%” target, calling for at least 15% of international development programs to explicitly pursue disability inclusion as an objective by 2028, compared to the current rate of approximately 6% (Global Disability Summit, 2025). While this represents a significant multilateral signal of intent, respondents in this study reported no evidence that these commitments have translated into programming at the country level in any of the eight study countries. The Summit’s outcomes underscore the gap between global policy commitments and on-the-ground replacement of the technical, financial, and relational infrastructure that USAID provided.

This gap is not incidental. Disability inclusion has historically been a low priority across the bilateral and multilateral donor landscape. USAID’s 1997 Disability Policy and its 2024 update were internationally recognized as exceptional precisely because so few equivalent frameworks existed or currently exist. Certainly, none at the scale of USAID. The Project Manager of Family Care First confirmed that this was already “*an underserved sector*” before the closure, with “*a very small number of people with disabilities catered through effective interventions*” at any given time. **The data from this study demonstrates that the assumption that other donors would absorb USAID’s disability-inclusive programming was unsupported by evidence and has not been borne out in practice across the countries studied.**

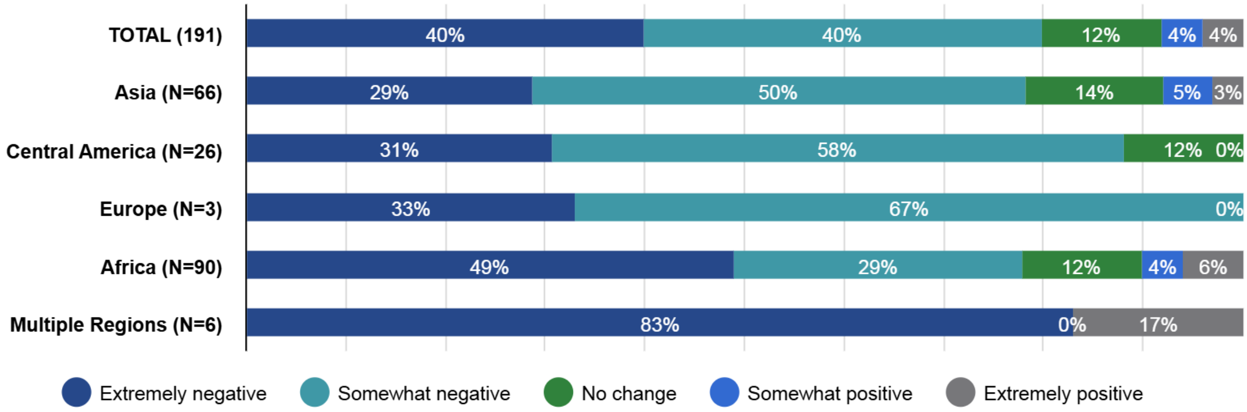
The result is a widening documented equity gap. In countries where USAID has brought disability-inclusive programming to a national scale, replacement efforts are reaching only small fractions of the populations previously served. The majority of individuals who had been within the scope of USAID programming now have no equivalent access to services, advocacy support, or inclusive systems. The geographic coverage, technical depth, and disability-specific focus that USAID provided have not been replicated, in whole or in part, by any actor currently operating in these contexts. The Analysis section examines what this gap tells us about how disability inclusion has been treated across the development system, and what genuine replacement would actually require.

4.5 Primary Finding 5: The USAID closure has done more than just end development programs; it has affected the credibility and global standing of the U.S., which may present long-term challenges for future U.S. re-engagement.

4.5.1 The harm extends beyond the loss of programming. The technical workforce has dispersed, institutional infrastructure has collapsed, and trust has been broken in ways that a future funding commitment cannot reverse.

The reputational damage is measurable and widespread: **80% of survey participants, including past beneficiaries, staff from organizations around the world, and U.S. citizens, reported that the USAID closure has given them an extremely or somewhat negative perception of the United States**. Exhibit 5 below provides the views on the United States by region and stakeholder. Worldwide, government officials, OPDs, and implementing partners consistently described the absence of warning, transition planning, and consultation as ethically indefensible. Several government respondents used the word “*unethical*” to characterize the withdrawal. Others described it as a betrayal of trust built over years of partnership. Respondents did not characterize the abruptness as a difficult policy decision made under constrained circumstances. They described it as evidence that U.S. commitments to partner governments and communities were conditional, revocable, and ultimately unreliable.

Exhibit 5: View of the United States Since the USAID Closure by Region[6]



Government officials emphasized that even where they accepted that funding could not have continued indefinitely, the complete absence of notice made any manageable transition impossible. Across multiple countries, officials described receiving no forewarning, no guidance on transition planning, and no opportunity to consult with U.S. counterparts before programs were terminated. Several noted that had they received advance notice, they would have deprioritized unsustainable activities, concentrated remaining resources on what was most critical, and worked to preserve institutional gains that were subsequently lost. In each country, the closure was communicated not through diplomatic or programmatic channels but through public announcements and social media. Government officials who had been engaged as partners in the design and implementation of programming described learning of the termination alongside the general public, with no mechanism for response, appeal, or transition planning.

Reputational damage extended far beyond government counterparts. Implementing partners reported that the communities they serve have drawn a direct lesson from this experience: donor commitments are conditional and investments of trust in externally funded programs carry real personal risk. Across multiple countries, organizations described communities directing their frustration not at the U.S. Government but at the local organizations closest to them, the very partners that USAID had relied upon to deliver results. Implementing partners consistently noted that this loss of community trust will pose a tangible barrier to any future programming, with communities having direct experience on which to base their skepticism. The Project Manager for a past USAID project in Nepal confirmed that "*most of our USAID grant beneficiaries with disabilities are now doubtful of whether they will be supported through any*

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[6] Values shown in the graph are rounded to the nearest whole number (from the first decimal place), so the total may exceed 100%.

other grant from now on," describing a loss of confidence that would present a structural challenge to any future programming in the country.

In several countries, respondents described a generalized erosion of confidence in external development partners extending beyond USAID to the broader international development architecture. Where USAID had served as the anchor of disability-inclusive development, respondents reported that its abrupt departure had undermined confidence in donor-supported development as a whole. Government officials, OPDs, and community representatives indicated that the experience had shaped how they would approach future donor partnerships, with several explicitly stating they would not allow the same degree of programmatic dependence on external support. What may appear to be a lesson in self-sufficiency is more accurately a symptom of broken trust, and the wariness it produces will make future investment in disability inclusion harder to translate into the deep, sustained partnerships that meaningful change requires.

Several implementing partners raised a further concern: that any attempt by DOS to assume responsibility for disability-inclusive programming would be compromised from the outset by the elimination of technical experts across both USAID and DOS in the reduction in force. Respondents warned that without specialized knowledge to oversee funding design and implementation, reconstituted programs risked causing active harm to persons with disabilities. As one implementing partner stated directly: "*I am deeply concerned that the DOS would implement programs that reinforce segregation, which may be worse than not having any funding at all.*"

Across stakeholder groups, respondents identified what they considered the minimum conditions for meaningful re-engagement: accountability for what happened, transparent and enforceable commitments to continuity, genuine community consultation, and evidence of structural changes to how the United States designs and manages development partnerships. Several respondents noted that without those conditions, renewed funding risked repeating the cycle of mobilizing communities and institutions around commitments that experience had given them reason to doubt. This concern was echoed by international partners and technical advisors, who framed the USAID closure as a signal about the United States' standing as a global actor. As a former USAID implementing partner observed, "*USAID's closure is making the United States less relevant across the globe,*" a judgment widely shared among respondents in all of the countries where USAID previously worked.

4.5.2 Fear of anti-DEI scrutiny is actively suppressing disability-inclusive practice in programs that remain operational, eroding both service access and the evidence base for future restoration.

Respondents across implementing organizations identified two related patterns in how the current political environment has affected the programs that remain operational. The first is the removal of disability-specific elements, including sign language interpretation, accessible materials, targeted outreach, and disability-disaggregated data collection, which have been scaled back or eliminated, not because of funding constraints but because of reputational risk.

One organization reported that it is still implementing former USAID programming under DOS, but was required to remove activities targeting persons with disabilities to protect the broader program. Another was told by their DOS representative to remove sign language interpretation from their budget on the grounds that it might be flagged as DEI and put the entire project at risk. The second pattern is concealment: organizations that have continued to provide disability-inclusive programming are doing so without documentation, reporting, or public acknowledgment. Respondents described actively avoiding any language or visibility that might draw scrutiny to inclusion-related work, with several noting that disability inclusion had effectively become something to be practiced quietly rather than reported or built upon. As one respondent described it: "*It is sort of a don't ask, don't tell environment.*"

The uncertainty driving these patterns is rooted in a fundamental definitional failure. The administration's executive orders on DEI, issued on January 20, 2025, did not define what constitutes a DEI program with any precision. The Office of Personnel Management's subsequent guidance stated only that unlawful DEI includes taking action motivated, in whole or in part, by protected characteristics, a formulation broad enough to encompass legally mandated disability inclusion programs that disability rights lawyers and advocates argued were constitutionally and legally distinct from race- and sex-based affirmative action (Ezell, 2025). The executive orders required federal agencies and their grantees to certify that they did not operate programs promoting DEI, but provided no guidance on whether disability-specific programming, accessible materials, sign language interpretation, or disability-disaggregated data collection fell within that prohibition. Implementing partners operating in that vacuum made the rational choice: when in doubt, remove it.

DOS and USAID have not defined what DEI means in the context of their programming, leaving implementing partners, staff, and government officials without clear guidance. Many respondents drew a distinction between disability inclusion as a development practice and a legal obligation, and DEI as a proactive employment measure, and did not consider the two equivalent. Nevertheless, disability inclusion was treated as DEI during the USAID dismantling. Staff working on disability, gender, or other inclusion efforts were among the first targeted in early February 2025, with those positions specifically identified for removal. At many organizations, staff were asked to remove references to inclusion work from their professional profiles. One former DOS employee offered direct insight into how this happened: "*I honestly don't think the decision-makers really meant to target disability as part of DEI, but it was communicated that way, and projects were specifically cut. By the time they realized what had been done, the programs were terminated and there was no going back.*" Organizations continuing disability inclusion work are doing so through other donor funding or unrestricted organizational resources rather than through U.S. Government programming.

A further layer of uncertainty has been introduced by the DOS's Promoting Human Flourishing in Foreign Assistance (PHFFA) Policy, which took effect on February 26, 2026. The PHFFA Policy consists of three coordinated award-term rules, specifically Protecting Life in Foreign Assistance, Combating Gender Ideology in Foreign Assistance, and Combating Discriminatory Equity Ideology in Foreign Assistance, and applies as a binding condition to grants, cooperative agreements, and voluntary contributions administered by DOS (U.S. Department of State, 2026). Critically, the policy's flow-down provisions extend these restrictions beyond U.S.

Government funding, meaning that recipient organizations may not use funds from any source, including other donors, to support activities deemed inconsistent with the policy. Several implementing partners interviewed for this study referenced the PHFFA policy directly, reflecting divergent interpretations of its scope. Some partners expressed the view that disability inclusion falls within the policy’s prohibition on discriminatory equity ideology, while others did not interpret it that way and considered disability-specific programming to be legally and conceptually distinct. However, all agreed that the policy introduces an additional deterrent to inclusive programming, regardless of its intended scope. In a context where organizations are already self-censoring disability-inclusion work to avoid DEI scrutiny, the introduction of a binding policy with financial consequences and no clear definition of disability creates conditions in which organizations face incentives to limit disability-inclusive activities.

Respondents with existing DOS funding reported that they are no longer able to disaggregate data by disability status, leaving implementing organizations without a reliable means to determine whether persons with disabilities are accessing their services or what outcomes those individuals are experiencing. USAID had been making measurable progress in tracking the inclusion of persons with disabilities across its programs prior to the shutdown, and respondents confirmed that monitoring capacity has not carried over into DOS programming. Implementing organizations reported that practices maintained without documentation are not being shared across the implementing community, and that staff who carry institutional knowledge of inclusive practice are leaving positions without a record of what they knew or how they worked. Several respondents noted that inclusion work continuing under other donor funding or unrestricted organizational resources was deliberately kept off the record, meaning that even when positive practices persist, they generate no evidence, no shared learning, and no institutional record that would survive staff turnover. Outcomes that are not measured are not entering the evidence base, and the evidence base that does exist is no longer being built upon. This concern is further borne out by the DOS’s newly released Advancing Global Health Annual Program Statement (APS), representing $4.5 billion in global health funding, which contains no mention of persons with disabilities, a notable absence that suggests disability inclusion is not being carried forward as a requirement in reconstituted U.S. global health programming (U.S. Department of State, 2025).

5. Analysis

This study aimed to document the consequences of USAID’s closure for persons with disabilities across eight countries, with the survey open to all international partners. The evidence reveals that consequences go beyond immediate harm. The five findings, taken together, constitute an argument that disability-inclusive development works when it is properly resourced and sustained; that the model being built was functioning and accelerating at the time it was ended; that the way it ended caused harm that was largely avoidable; that no other actor in the international development system has stepped in at the scale required; and that what communities lost was not only services but the belief that inclusive systems are possible and that they will not be abandoned. Each of those points is examined in the sections that follow.

Disability-inclusive development works: the evidence is clear.
Before examining what went wrong, it is worth acknowledging what the evidence shows went right. Across all eight study countries, USAID was not simply one actor among many. It was a globally recognized positive example of what disability-inclusive development could look like in practice, and the field was gaining momentum when it ended. Governments described USAID programs as evidence-based, locally grounded, and cost-effective. OPDs described the partnerships it enabled as the first time their organizations had been treated as credible partners with valuable expertise to contribute rather than solely serving as recipients of aid. Families described outcomes they had never thought possible for their children. Additionally, the 2024 "Nothing Without Us" Policy had set in motion a restructuring across sectors, donors, and implementors that was already underway before the policy was formally adopted. It was a system that had proven it could work and was in the process of becoming something larger and more robust. That context matters because it shapes how the global community understands both what was lost and what rebuilding would actually require.

The collapse exposed a structural problem: disability is still treated as an add-on.
When USAID programs ended, everything built around them ended too. Services stopped, trained staff dispersed, data systems went dark, and families lost the hope that had come from seeing real change in their children's and their family members' lives. This points to something the data makes clear: disability inclusion was treated as an add-on across the international development landscape, layered into programs when resources and political will aligned, and removed when they did not, causing disproportionate harm. It was not sufficiently recognized as a foundational priority within programs, which is why it did not survive them. Until disability inclusion is treated as a baseline requirement of any development program rather than an optional feature, it will remain vulnerable to exactly this kind of collapse, and persons with disabilities will continue to bear the full cost of that fragility.

How programs ended mattered as much as the fact that they ended.
Not all of the harm documented in this study was inevitable. Some loss would have occurred with any significant reduction in funding. Programs would have ended. Staff would have moved on. But the data clearly shows that what made this so damaging was the abruptness of its occurrence. Families had no time to prepare. OPDs had no opportunity to protect the relationships they had spent years building. Referral systems that children and adults depended on disappeared overnight. Governments received no advance notice and had no chance to put anything in place before services stopped. When people were asked what made this so hard, they did not only point to the loss itself. They pointed to the way it happened, without warning, without consultation, without transition, without respect, and without any plan for what would come next. The harm was real and avoidable.

Other donors are trying, but cannot fill the gap.
Most respondents (83%) reported little to no ability for other actors to fill the gap, which could be read as a temporary vacuum that future donors might fill. The evidence does not support that reading. Some bilateral and multilateral actors, including UNICEF, the World Bank, and several European bilateral donors, have continued to support disability-inclusive

programming in these countries. Their efforts are genuine, and they matter. But none of them has the scale, the disability-specific technical depth, or the funding levels that USAID provided, and the data shows their combined efforts are reaching only a fraction of the populations previously served. More fundamentally, the data reveal that disability inclusion has historically been a low priority across the bilateral and multilateral donor landscape. USAID's policies were recognized as exceptional precisely because so few equivalent frameworks existed elsewhere, and this remains the case. The replacement gap is, therefore, not a temporary shortfall awaiting a donor willing to step in. It reflects an underlying reality: the international development system has valued disability inclusion as a niche concern rather than a cross-cutting issue with equal weight as other issues. Closing that gap would require a fundamental reorientation of how multiple donors approach disability inclusion across their entire programming.

Disability inclusion is both a legal obligation and a proven best practice in effective development programming.
Domestically, the Americans with Disabilities Act (ADA, 1990), the Rehabilitation Act (1973), and the Workforce Innovation and Opportunity Act (WIOA, 2014) establish disability inclusion as a legal requirement, not a discretionary policy preference (U.S. Department of Labor, 2014; U.S. Department of Justice, nd). Disability rights are basic human rights, not special rights, and these are the basic principles underlying both the ADA and the CRPD (U.S. Department of State, 2021). Internationally, the CRPD explicitly requires that international cooperation, including international development programs, be inclusive of and accessible to persons with disabilities, an obligation ratified by 193 States Parties and signed but not ratified by the United States (UN Division for Inclusive Social Development, 2026; UN OHCHR, n.d.). These obligations predate the current administration, were established through bipartisan legislative and treaty processes, and have not been repealed. Beyond legal obligation, evidence demonstrates that social inclusion interventions have a substantial and positive effect on the social behavior, social skills, and broad-based social inclusion of persons with disabilities, with research consistently showing that disability-inclusive programming produces better outcomes across sectors (Saran et al., 2022). The evidence in this report demonstrates that disability inclusion occupies a distinct and independent legal and programmatic category whose continuation is required by law and supported by evidence, regardless of the political environment surrounding other inclusion efforts. The administration's executive orders did not define what constitutes a DEI program with any precision, and that definitional failure had consequences: disability inclusion was treated as a DEI program, programs were eliminated, and the evidence shows that concealing inclusion work did not protect those programs from being cut. Upholding disability inclusion is not a policy choice. It is a legal obligation and a development effectiveness imperative, and its elimination, as this report documents, caused measurable and lasting harm to some of the world's most vulnerable people.

> **What was lost goes beyond services.**
> Respondents described not only a loss of services. It is a loss of hope. Parents who had begun to believe their children could learn, work, and take part in community life now describe that belief as something that was taken from them. Hope is a documented predictor of parental well-being and long-term outcomes for children with disabilities (Lloyd & Hastings, 2008), and its loss has real consequences. Restored funding alone would not bring it back. The trained workforce has dispersed, OPD relationships with communities will take time to rebuild, and the evidence base that was growing has stopped being generated. The path back is longer and more complex than the path forward had been.

What this study ultimately shows is that the communities most affected are watching, they are skeptical, and they have direct experience on which to base that skepticism. Eighty percent of survey participants reported a negative perception of the United States. This is a story about real people: children who had started school for the first time; adults who had found work in systems that had always excluded them; mothers who had finally felt seen and supported. The cost of this collapse was not abstract, and rebuilding trust begins with recognizing that and placing the people who bore that cost at the center of what comes next. The evidence in this report points clearly to what needs to happen next, and the sections that follow outline specific actions that donors, governments, corporations, foundations, implementing organizations, and the U.S. Congress can take to ensure that the lessons of this collapse are carried forward rather than repeated.

6. Call to Action

The evidence in this report is not only a record of what was lost. It is a call to everyone who has a role in shaping how international development works going forward.

6.1 For the U.S. Congress

Require DOS to adopt the USAID 2024 “Nothing Without Us” Disability Policy and ensure that the decades of work that went into building it are not lost and that the United States continues to be a global leader in disability inclusive development. Congress has the authority and the responsibility to take the following steps:

- Congress should challenge the use of broadly worded executive orders that prohibit inclusion in federally funded programs. Explicit clarification from Congress is needed that the mandate for disability inclusion and accessibility is not the same as a policy of DEI. Disability-inclusive programming is a legal obligation, not an ideology, and such orders contradict the domestic law and bipartisan legislative commitments the United States has made.
- Require DOS to adopt the USAID 2024 “Nothing Without Us” Disability Policy across all foreign assistance programming.

- Given increased pressures on families to place children with disabilities in institutions, specific language should be added to appropriations prohibiting the use of U.S. funds to support large or small residential institutions.
- Restore dedicated disability funding through appropriations language that protects it from elimination through executive action.
- Require all foreign assistance programs to report on outcomes for persons with disabilities.
- Direct that disability technical expert positions eliminated in the reduction in force be restored and filled with qualified specialists within DOS or any other government agency providing foreign assistance.
- Hold oversight hearings examining the impact of the USAID closure on persons with disabilities and require the administration to report on how it plans to address the documented harm.

6.2 For Donors and Bilateral Agencies

Adopt the USAID 2024 "Nothing Without Us" Disability Policy, or an equivalent framework, as the foundation for disability-inclusive programming.

Specifically:

- Adopt or adapt the USAID 2024 "Nothing Without Us" Disability Policy as the baseline standard for disability inclusion across all programming, so that inclusion does not have to be rebuilt from scratch each time a new donor steps in.
- Require disability-disaggregated data collection and reporting across all funded programs, making it impossible to fund programs that do not track whether they are reaching persons with disabilities.
- Engage OPDs as genuine partners in program design, implementation, and evaluation rather than as service delivery mechanisms. This includes support for OPDs in programs not focused primarily on disability but for all foreign assistance and humanitarian aid funding.
- Fund disability-inclusive programming at scale rather than as isolated pilot projects, recognizing that inclusion only becomes durable when it is embedded across a full portfolio.
- Coordinate with other donors on disability inclusion standards so that the field is not dependent on a single actor, and so that the gap left by USAID does not simply replicate itself if any one donor changes course.
- Commit to transition planning as a requirement of all programming, ensuring that communities and governments are never left without warning or support when funding end
- Given the increased pressures for new placements of children or adults in institutions as a result of US government cuts, commit to targeted programming to support deinstitutionalization and ensure that funding includes support for OPDs. Funding should be explicitly prohibited from supporting institutions for children or adults with disabilities, and funding for children should support the right to live and grow up in a family.

6.3 For Non-U.S. Governments

Require disability inclusion as a formal condition for any development partner operating within the country's borders.

Specifically:

- Establish disability inclusion as a national standard that all development partners operating in the country are expected to meet, shifting inclusion from a donor-driven activity to a country-owned commitment.
- Use existing CRPD obligations and national disability legislation as the legal foundation for requiring inclusive programming from all external actors investing in the country's development.
- Require all development partners to engage OPDs in program design and to report on outcomes for persons with disabilities as a condition of operating in the country.
- Embed disability inclusion in national budgets, sector plans, and institutional mandates so that it does not disappear when external funding does.
- Establish coordination mechanisms between government ministries, OPDs, and development partners that are owned and led by the government rather than dependent on donor financing to survive.

6.4 For Private Foundations

Fund disability inclusion as a core priority, not a supplementary grant. Foundations have a unique role to play that goes beyond filling a temporary gap.

Specifically:

- Fund longer-term investments that embed disability inclusion from the design stage rather than adding it on afterward.
- Support OPDs directly rather than routing all funding through large implementing organizations, ensuring that the organizations closest to communities have the resources to lead.
- Require that persons with disabilities are partners in the design and evaluation of any program that foundations fund, not just as the recipients of services.
- Fund rigorous, independent research on disability-inclusive development so that the evidence base is built systematically rather than depending on implementing organizations to redirect their own resources. Research like this study exists because IDP redirected its own resources to make it happen. That should not be how the evidence base for disability-inclusive development gets built. Foundations can change that.
- Support the documentation and dissemination of what works, so that lessons from programs like those described in this report are preserved and shared across the sector rather than lost when funding ends.

- Invest in OPD capacity building as a standalone priority, recognizing that strong, well-resourced OPDs are the foundation of any durable, inclusive system.

6.5 For Corporations

Make disability inclusion a standard part of operations and investments in the countries where business is conducted, not a corporate social responsibility add-on that can be scaled back when priorities shift.

Specifically:

- Create employment pathways for persons with disabilities within the business's operations and require inclusive hiring practices from suppliers and partners.
- Fund community-based disability inclusion programs in the countries of operation, with commitments long enough for inclusion to take root.
- Use supply chain and procurement standards to require accessible practices from partners, making inclusion a condition of doing business rather than a preference.
- Partner with OPDs directly to understand what communities need and ensure that corporate investments are designed with persons with disabilities rather than for them.
- Report publicly on disability inclusion outcomes alongside other social impact metrics, creating accountability and visibility that drives continued progress.
- Advocate within the industry and with governments for disability inclusion as a business and development standard, using voice and influence to normalize inclusion across the sectors.

6.6 For Organizations Working in International Development and Humanitarian Assistance

Build in inclusion from the start, with or without a donor requirement to do so.

Specifically:

- Engage OPDs as paid partners in program design from the earliest stage, not as outreach mechanisms brought in after the program is already designed.
- Collect and report disability-disaggregated data across all programs regardless of whether a donor requires it, because organizations cannot serve a population they are not measuring.
- Treat accessibility as a core budget line rather than an afterthought, planning for sign language interpretation, accessible materials, accessible meeting venues, and reasonable accommodations from day one.
- Document and share what works, contributing to the evidence base, even when donors do not require it, so that knowledge survives staff turnover and program endings.
- Advocate within organizations and with donors for disability inclusion as a cross-cutting requirement rather than a standalone workstream.

- Ensure that exit and transition planning accounts specifically for persons with disabilities, so that communities are not left without support when programs end.

7. Conclusion

This report documents real harm to real people. Children lost access to school. Adults lost their livelihoods. Families lost the support that had allowed them to function. OPDs lost the credibility and resources they had spent years building. Communities that had finally begun to believe that inclusive systems were possible found themselves abandoned without warning. That loss is not abstract and not temporary. For many of the people represented in this data, the consequences will be felt for years, and for some, particularly children whose development was interrupted at a critical moment, they may never fully recover. That grief is real, and it deserves to be recognized.

At the same time, this study is not only a record of what went wrong. It is evidence of what is possible. Disability-inclusive development works, but only when it is adequately funded. The programs documented here changed lives in ways that were measurable, meaningful, and consistent across eight countries and five stakeholder groups. That is not a small feat. It is proof that when the international development community chooses to treat persons with disabilities as central rather than supplementary, positive results follow.

The question now is whether the lessons of this collapse will be carried forward. If and when foreign assistance is restored, the communities that lost the most must be the starting point, not an afterthought. Disability inclusion must be core to any restored investment from the first day of design, not layered in later to satisfy a requirement. The history of development assistance has too often repeated the same pattern of reaching the most marginalized last, if at all. This study shows what that pattern costs. We know what works. And we know what happens when funding for what works is taken away. What comes next depends on whether that knowledge is acted on and whether the people who paid the highest price for this collapse are placed at the center of rebuilding better, more inclusive systems.

Annex A: Methods

Study Design

This study employed a mixed-methods design combining quantitative and qualitative approaches to capture both measurable outcomes and lived experiences in Bangladesh, El Salvador, Kenya, Liberia, Malawi, Nepal, Nigeria, and Pakistan. These countries were selected based on the presence of USAID-funded disability-inclusive programming at the time of closure and the existence of local research networks. A desk review examined existing USAID project documents and relevant policies. Surveys collected quantitative data from former USAID program staff and implementing partners to assess the extent and effects of funding terminations. Key informant interviews (KIIs) and focus group discussions (FGDs) were conducted. This study employed a mixed-methods design combining quantitative and qualitative approaches to capture both measurable outcomes and lived experiences in Bangladesh, El Salvador, Kenya, Liberia, Malawi, Nepal, Nigeria, and Pakistan. These countries were selected based on the presence of USAID-funded disability-inclusive programming at the time of closure and the existence of local research networks. A desk review examined existing USAID project documents and relevant policies. Surveys collected quantitative data from former USAID program staff and implementing partners to assess the extent and effects of funding terminations. Key informant interviews (KIIs) and focus group discussions (FGDs) were conducted with parents and caregivers of children with disabilities, adults with disabilities, government officials, and organizations of persons with disabilities (OPDs) to provide qualitative insights into service gaps and adaptive responses.

Sampling and Recruitment

The study's desk review served as a key starting point for identifying sites, organizations, and potential participant groups (e.g., former implementing partners, program beneficiaries, and relevant government departments). This information helped locate communities or services directly affected by program closures, ensuring recruitment focused on those with firsthand experience of the issue.

The study used purposive and snowball sampling to reach additional participants referred by initial respondents and through networks. This approach was necessary given the dispersal of staff following program closures, the absence of centralized beneficiary lists, and the political sensitivity surrounding the USAID shutdown. Recruitment was conducted through organizations of persons with disabilities (OPDs), former USAID implementing partners and program beneficiaries, community-based organizations, and professional networks and referrals.

Recruitment materials were distributed electronically or in person by trained local researchers. No identifying information was retained for individuals who declined participation.

Desk Review

A desk review supplemented primary data collection, drawing on USAID project documents, program evaluations, and relevant national disability inclusion policies that were publicly available or shared by implementing partners. These documents contain no personally identifiable information.

Survey

A global survey captured quantitative data from 179 staff of 82 projects across 80 implementing organizations, USAID, or other NGOs and donors. The surveys required approximately 30–45 minutes to complete and were administered online, by phone, or in person.

Survey domains included program characteristics and duration, job loss and employment impacts, service disruptions, perceptions of U.S. credibility, and demographic information.

Key Informant Interviews (KIIs)

Semi-structured KIIs were conducted with 43 parents and caregivers of children with disabilities and adults with disabilities, 35 government officials, 13 OPD leaders, and 11 implementing partner program staff.

Interviews lasted 45–60 minutes and were conducted in private settings or via secure Zoom, with audio recording permitted only with consent.

Focus Group Discussions (FGDs)

Focus group discussions lasting 60 to 90 minutes were held with 25 parents and caregivers and 10 OPD representatives.

FGDs explored collective experiences, community-level impacts, and coping strategies.

Accessibility and Accommodations

Participation was offered in locally relevant languages; interpreters and disability accommodations (e.g., sign language) were provided as needed.

Ethical Considerations

The study received expedited approval from the University of Massachusetts Boston Institutional Review Board (IRB). The study posed no more than minimal risk and involved no collection of direct identifiers.

Informed Consent

Consent was obtained verbally or through an online click-through confirmation for the survey. Participants were reminded that participation was voluntary and could be discontinued at any time. For participants with limited literacy, consent scripts were read aloud in their preferred language.

Confidentiality

No names or direct identifiers were collected. Audio recordings were stored securely and deleted after transcription. All data were stored on encrypted, password-protected institutional servers and recorded using participant codes only.

Data Management and Quality Assurance

Data Storage

Survey data were stored in encrypted project repositories. KII and FGD transcripts were uploaded to secure OneDrive folders approved by the University of Massachusetts Boston.

Quality Control

Quality safeguards included enumerator training on ethics and disability-inclusive communication, daily monitoring and spot checks, transcription accuracy reviews, and double-coding of qualitative data to ensure reliability.

Data Analysis

Quantitative Analysis

Survey data were analyzed using descriptive and comparative statistics, including frequencies, percentages, and cross-tabulations. Analysis included comparisons across countries, gender, and disability status, as well as Likert-scale items measuring perceptions and service access. No power analysis was conducted, given the use of purposive sampling.

Qualitative Analysis

KIIs and FGDs were analyzed using rapid analysis. Themes were compared across countries and stakeholder groups to identify convergent and divergent patterns.

Triangulation

Findings from all data streams were integrated to strengthen validity. Survey data quantified the prevalence of service disruptions, qualitative narratives explained the mechanisms and lived consequences behind those patterns, and the desk review contextualized findings within broader system-level changes.

Limitations

As noted in the main report, sampling was dependent on existing IDP networks in a subset of countries affected by the USAID closure, and political sensitivity constrained participation in some contexts. The survey sample represents only a fraction of the terminated USAID programs globally.

Data reflect conditions between January and March 2026 and may not capture subsequent developments.

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