Global Protection Cluster

PROTECTION CAPACITIES UNDER PRESSURE

Inclusion Analytical Note | August 2026

Funding Constraints for Older People's Associations and Organisations of Persons with Disabilities: The Situation in Ukraine and Ethiopia

1. CONTEXT & RATIONALE

In 2026, the global humanitarian system is confronting severe and unprecedented reductions in protection funding. As financial support from major donors contracts, humanitarian actors are forced to make challenging operational decisions regarding the prioritisation of increasingly limited resources.

In practice, specialised programmes tailored for older people and people with disabilities are frequently among the first to be scaled back or categorised as non-essential, despite the critical role they play in saving lives, keeping people safe from harm and ensuring that their rights are protected.

To address these gaps, HelpAge International has developed this brief, which draws on insights from specialised age and disability organisations to examine how these funding cuts are directly impacting the safety, security, and support systems – known as the protection environment – available to marginalised groups. The analysis focuses on two distinct humanitarian contexts:

- **Ukraine:** Selected due to its unique demographic profile, often described as the world's 'oldest' humanitarian crisis[i]. Approximately 26 per cent of the population is aged 60 or older, meaning that a significant proportion of people have specific protection, health, and mobility needs that are severely affected by funding cuts.
- **Ethiopia:** Selected because it hosts a substantial and highly active network of Older People's Associations (OPAs) operating directly within a complex, protracted humanitarian context, offering vital insights into community-led inclusion efforts and how funding constraints have affected locally led protection efforts.

Across both contexts, the evidence demonstrates that the reduction of targeted support is increasing protection risks and systematically worsening the overall situation for the most at-risk demographics. These findings are drawn from targeted key informant interviews and focus group discussions with 12 local Older People's Associations (OPAs) and Organisations of Persons with Disabilities (OPDs)[ii].

2. PROGRAMMATIC IMPACTS: HOW BUDGET CUTS AFFECT DAILY SERVICES

When funding is reduced, the impact is felt across all areas of support. Budget cuts quickly weaken the basic support systems that local organisations provide. Evidence from Ukraine and Ethiopia highlights three main themes, showing how reduced funding undermines direct support for older people and people with disabilities.

THEME A: LOSS OF IN-PERSON OUTREACH AND EARLY SAFETY MONITORING

Across both contexts, interviewees reported that staff shortages and limited funding have forced teams to reduce in-person visits, moving to phone calls or informal community checks instead.

In **Ukraine**, funding cuts have significantly reduced home visits for older people and people with disabilities who cannot leave their homes. Frontline workers stress that phone calls cannot replace face-to-face contact. Without direct visits, it is difficult to spot early warning signs of severe neglect, malnutrition, psychological isolation, or a lack of winter heating.

VOICE FROM UKRAINE

" Only through direct contact during home visits can we fully assess people's real needs and respond in time to threats to their life, health, and safety."

Nina Zolotykh, Ingulets District Veterans Organization/OPA Ukraine *(2026)*

In **Ethiopia**, the reduction in outreach is driven by a severe shortage of staff. Financial constraints have forced the suspension of key technical positions and cut a significant portion of the community outreach workforce. The respondents reported that this translated directly to reduced service quality, delayed response times, and weakened field-level data management. Due to budget cuts and a lack of home-care kits, a few home-based care providers are left to support older people and people with disabilities who are unable to leave their homes in some areas. To cope, local OPAs and OPDs now run informal safety discussions during small community coffee and tea gatherings, and they rely on neighbourhood block leaders to verbally flag people in critical condition. While these local efforts help, they lack the regular resources needed to keep at-risk groups safe over time.

THEME B: LOSS OF SPECIALISED SUPPORT AND SERVICES

A major finding across both countries is that specialised support is being replaced by standard, one-size-fits-all aid distributions. In **Ukraine**, respondents noted that cuts to flexible cash assistance—which communities value most because it allows them to buy essential medicines not covered by state programmes—have left many people exposed to health risks. At the same time, the distribution of mobility items like wheelchairs, walkers, and canes has dropped sharply. When aid agencies distribute standard packages without consulting older people and people with disabilities, their specific needs are overlooked.

A similar trend is visible in **Ethiopia**. While some international partners still provide basic food rations and healthcare, specialised services like targeted cash support and legal aid have stopped. Furthermore, standard psychosocial programmes run by larger agencies focus almost entirely on women and adolescent girls. While important, this approach leaves the distinct protection and mental health needs of older people and people with disabilities completely unaddressed.

THEME C: CLOSURE OF SAFE SPACES AND COMMUNITY SUPPORT NETWORKS

Funding shortages have also led to the closure of safe community spaces that provide emotional support and a place for collective action. In **Ukraine**, respondents reported the closure of dedicated social programmes, such as the 'Unforgettable Cafe' for people living with dementia and their caregivers. Because over 75 per cent of people living with dementia and 95 per cent of their caregivers are women, closing these spaces leaves female family members under heavy emotional and financial pressure, deepening their isolation from peers who understand their situation.

In **Ethiopia**, formal community awareness sessions, rights training, and inclusive consultations have been suspended. As a result, OPAs and OPDs are forced to share information and raise awareness at crowded food and cash distribution sites. Frontline workers note this is highly ineffective, as people are entirely focused on collecting their basic survival rations. When specialised spaces close, advocacy is pushed to the sidelines, and community members lose their collective voice.

3. ORGANISATIONAL IMPACTS: WEAKENED SYSTEMS AND REFERRAL GAPS

The impact of funding shortages goes beyond individual projects. These cuts create broader structural problems that disrupt local coordination, weaken referral networks, and make it harder to sustain inclusive aid.

DISRUPTION OF JOINT PLANNING AND ADVOCACY WITH LOCAL AUTHORITIES

The suspension of formal meetings and joint planning has created a divide between local inclusion actors and official decision-makers. In Ukraine, respondents noted that working with the authorities to keep accessibility on the agenda requires extensive resources, staffing, and continuous engagement. Due to limited resources, organisations can no longer sustain these efforts. As a result, municipal authorities remain unaware of specialised disability needs, leaving people with disabilities in remote villages entirely isolated and cut off from information regarding available humanitarian aid. Geographic funding preferences have concentrated humanitarian assistance heavily in active frontline areas, causing duplication of aid in some locations while remote or rural villages remain completely neglected.

VOICE FROM ETHIOPIA

"Only one staff member comes occasionally, and there is no regular engagement like before. Sometimes we worry and feel as though we have been left entirely on our own."

Local OPA & OPD Leadership Focus Group Discussion/ *Bambasi and Sherkole Refugee Camps, Ethiopia (2026)*

In **Ethiopia**, the lack of advocacy budgets has disconnected local associations from formal humanitarian planning networks. To ensure that older people and people with disabilities are not completely sidelined, OPAs and OPDs must now rely on their weekly internal meetings to track protection risks. They are forced to rely on informal, word of mouth channels to flag these critical issues directly to individual staff of the few remaining partners on the ground, an ad hoc process that frequently results in urgent cases receiving no direct help from larger agencies.

LOSS OF CONTINUOUS CASE MANAGEMENT IN FAVOUR OF ONE-OFF AID

A concerning trend highlighted across both contexts is that donors increasingly prefer to fund short-term, direct material aid - such as food distribution and basic relief items (NFIs) - rather than the continuous, long-term support needed for complex protection cases. In **Ukraine**, international donors are reluctant to cover staffing costs for case management and individual accompaniment. This lack of funding has created organisational instability and acute workloads. Remaining staff are forced to absorb multiple technical, data management, and coordination responsibilities that would typically require a much larger workforce, driving high staff burnout. Furthermore, respondents reported that fluctuating donor priorities disrupt programming continuity, with critical projects frequently delayed or terminated right before launch. Frontline staff emphasise the need for dedicated workers to guide an individual from the moment a problem occurs until it is resolved.

In **Ethiopia**, formal case management and referral systems are no longer able to operate effectively due to severe budget cuts. This has pushed the entire burden onto informal community-based networks. In practice, this means unpaid local volunteers and neighbours must use their own limited resources to track risks and manually deliver food to older people who are unable to leave their homes. However, under prolonged strain, these local support mechanisms are completely exhausted and can no longer cope, leaving individual protection needs entirely unaddressed and unmonitored.

THE BREAKDOWN OF LOCAL REFERRAL NETWORKS

Finally, the shrinking presence of humanitarian agencies has broken local referral networks, causing systemic failures in both responses. In **Ukraine**, respondents noted that cross-organisational referral systems are failing because international and national partners are withdrawing from specific municipalities due to budget cuts. When local groups identify a high-risk protection case, their referrals are frequently met with responses stating that no operational partners are left in that area, creating large gaps in geographic coverage.

In **Ethiopia**, this breakdown has cut off communication between local and international groups. Local OPAs and OPDs report a complete lack of response from larger international partners when urgent protection cases are escalated. This silence leaves local associations stranded without the basic support or specialised resources needed to handle complex individual cases.

4. CONCLUSIONS

The budget cuts documented across Ukraine and Ethiopia show that scaling back specialised programmes leaves the most at-risk people without a basic safety net. To prevent further harm, the humanitarian framework must implement the following urgent shifts:

4.1 STRATEGIC PRIORITIES FOR DONORS

- **Provide Flexible, Direct Funding**: Allocate resources directly to local OPAs and OPDs that have trusted access to older people and people with disabilities. Transition from short-term, rigid funding to long-term investments that build lasting community resilience.
- **Fund Dedicated Inclusion Staff**: Increase programme budgets to explicitly cover dedicated age and disability experts. Inclusion must not be treated as a secondary objective; technical expertise must be integrated securely into every stage of the humanitarian programme cycle.
- **Enforce Strict Accountability**: Require strict monitoring, disaggregated data collection, and robust reporting on how funds directly support older people. Ensure all proposals include specific measures to protect older people from abuse and exploitation.
- **Fund Continuous Case Management and Accompaniment:** Donors must explicitly fund the dedicated staff time required for local organisations to conduct case management, facilitate referrals, and accompany individuals through the entire process of accessing complex protection and health services.

4.2 PRIORITIES FOR MAINSTREAM HUMANITARIAN ACTORS & CLUSTERS

- **Collect and Use Inclusive Data**: Regularly collect, analyse, report, and use data disaggregated by sex, age, and disability across all operational sectors. Use these insights to ensure standard programmes designed to meet basic needs are accessible, targeted, and responsive to distinct at-risk groups.
- **Integrate Accessible Delivery Options**: Include mandatory home delivery or targeted community outreach directly into general distributions. This ensures low-mobility individuals do not have to travel long distances or carry heavy humanitarian aid packages.
- **Strengthen Referral Pathways and Coordination**: Actively track, monitor, and respond to urgent protection cases referred by local specialised networks. Foster cross-sector coordination to ensure a comprehensive response that upholds the rights of older people and people with disabilities and prevents critical protection gaps.

EndNote

[i] *Ukraine: Humanitarian Response Plan 2022* (February 2022), https://reliefweb.int/report/ukraine/ukraine-humanitarian-response-plan-2022-february-2022-enuk

[ii] The primary data for this operational brief was independently collected through targeted assessments with OPAs and OPDs across Ukraine and two primary regions in Ethiopia: Assosa (Bambasi and Sherkole camps) and Gambela (Kule, Tierkidi, and Nguenyyiel camps).