

The Humanitarian Inclusion Standards: Evidence of Uptake, Influence and Impact

HelpAge International

Margaret A. Cargill PHILANTHROPIES

cbm global disability inclusion

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Executive summary

The Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) were first published in 2018 by the Age and Disability Consortium as part of the ADCAP programme. The HIS are one of eight standards that form the Humanitarian Standards Partnership (HSP). HelpAge International and CBM Global are the current custodians of the HIS. It is customary for standards within the HSP to be reviewed after a minimum of five years. As part of their commitments to the Humanitarian Standards Partnership, HelpAge International and CBM Global have commissioned this review of the Humanitarian Inclusion Standards following seven years of implementation.

This research examined how the Humanitarian Inclusion Standards (HIS) align and integrate within the broader humanitarian architecture and assessed their ongoing relevance, utilisation, and the challenges affecting uptake. The study also explored whether a formal revision of the standards is required or whether alternative actions would more effectively strengthen their sector-wide use and impact.



Jorge Panchoaga / Fairpicture / HelpAge International

Between March and November 2025, researchers conducted a comprehensive mixed-methods study, combining a review of 83 academic and grey-literature sources; a multiple-language online survey with 226 respondents; 33 key informant interviews; three country consultations (in Bangladesh, Kenya, Ukraine); and three thematic good-practice case studies. The perspectives of diverse stakeholders were included via contact with Older People's Associations (OPAs) and Organisations of Persons with Disabilities (OPDs).

Findings indicate that the HIS remain a unique and valued resource for guiding inclusion of older people in humanitarian action. For disability inclusion however, more recent tools such as the IASC Guidelines both complement and compete with the HIS. Awareness of the HIS (and the IASC Guidelines) is limited, especially among OPDs and OPAs. Integration of the HIS across the Humanitarian Standards Partnership varies, with strong examples in the Education and Child Protection standards but weaker signposting elsewhere.

The research found evidence of HIS uptake and influence across policy, programming, and research. Awareness and utilisation are highest among global-level staff, while national and local-level teams, local organisations, OPAs, and OPDs remain significantly less familiar with the standards, reflecting broader patterns of exclusion from coordination mechanisms. The HIS have shaped organisational strategies, improved mainstreaming of inclusion, supported rapid assessments, and provided a foundation for advocacy, including efforts to influence local government planning and budgeting. Alumni of the ADCAP programme remain strong champions of the HIS, which contributes to their continued relevance and use.

Despite shifts in sector priorities since the HIS were created in 2018, a full revision of the standards is not recommended. While there are gaps in content that need to be addressed, particularly around humanitarian response in climate emergencies and anticipatory action, most efforts should be focused on supporting dissemination and using the HIS for advocacy.

With resources across the sector under pressure and inclusive practice under threat, identifying opportunities for alignment and simplification across standards, stronger dissemination strategies, and intentional integration of inclusion considerations into the upcoming Sphere Standards review should be prioritised. These steps are likely to have the greatest impact in ensuring the HIS remain relevant and effective in supporting the inclusion of older people and people with disabilities in humanitarian action.

Introduction

The Humanitarian Inclusion Standards for Older People and People with Disabilities (hereafter called "the HIS") were developed in 2018 by the Age and Disability Consortium as part of the Age and Disability Capacity Programme, building on an earlier 2015 version (see Box 1).

The HIS are now a recognised instrument within the Humanitarian Standards Partnership[a] (HSP, a Sphere initiative[b]) for coordinating the quality and accountability of humanitarian action by promoting humanitarian standards.

[a] The HSP aligns and promotes initiatives that share a common approach to humanitarian standards, supporting practitioners in their use through training, outreach, and advocacy.

[b] Sphere is a global initiative to improve the quality of humanitarian assistance.

Shifting humanitarian landscape

Since the development of the HIS, the humanitarian landscape has changed dramatically. In March 2025, in response the sector's unprecedented funding crisis and demands to improve efficiency and effectiveness, the UN Under-Secretary-General for Humanitarian Affairs launched the Humanitarian Reset – galvanizing collective commitment by the humanitarian community to deliver for people in crisis by making the system faster, lighter, more accountable, and more impactful. This reset comes amid the updating of multiple humanitarian standards, including:

- **the IASC Guidelines on Inclusion of Persons with Disabilities were released in 2019;**
- **the Core Humanitarian Standards (CHS) were updated in 2024;**
- **a review of the Sphere standards will be completed in 2028.**

Purpose of this report

Against this backdrop, this report aims to use evidence from a broad range of stakeholders with varying levels of engagement with the HIS to:

- **explore how the standards fit within the existing humanitarian architecture;**
- **generate evidence on current use of the HIS and their perceived continued relevance, how they have been used in practice and at what level, and what challenges exist to uptake and implementation;**
- **determine appropriate next steps for the standards in terms of revision to ensure continued relevance and uptake by key stakeholders.**

Box 1: About the Humanitarian Inclusion Standard

The HIS help organisations responding to crises to successfully identify and reach those most at risk, always upholding the humanitarian principles by which all humanitarian actors must abide.

They were designed both to strengthen the accountability of humanitarian actors to older people and people with disabilities, and to support the participation of older people and people with disabilities in humanitarian action. The standards are designed as guidance for programming and as a resource for training and advocacy, particularly to influence organisational policies and practices to be more inclusive.

The HIS consist of nine key inclusion standards, derived from the Nine Commitments of the Core Humanitarian Standards on Quality and Accountability (CHS 2014), and seven sets of sector-specific inclusion standards: protection; water, sanitation and hygiene; food security and livelihoods; nutrition; shelter, settlement and household items; health; and education.

The HIS were developed with guidance from the consortium of CBM Global, DisasterReady, Humanity & Inclusion, HelpAge International, International Federation of Red Cross and Red Crescent Societies, Oxford Brookes University and RedR UK.

HIS and the humanitarian architecture: where they stand

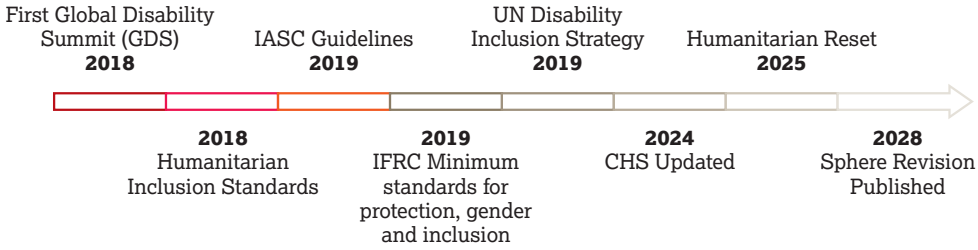
Key finding

The HIS remains unique as a resource with a detailed focus on older age inclusion. Outside of the HSP, resources on disability inclusion both complement and overlap with the HIS. While more resources are available, awareness and use of either the IASC Guidelines or the HIS are not widespread across the sector. For those who are still new to disability and older-age inclusion, the HIS and IASC Guidelines are still seen as valuable resources. In addition, with space for inclusion under threat in the humanitarian sector, there is a need to specifically make the case for disability and older age inclusion, which starts by maintaining a focus on the basic principles and minimum standards (as set out in the HIS).

Since the HIS launch in 2018, the humanitarian sector's focus on disability inclusion (in particular) has developed significantly, reflecting HIS value and relevance. This section reviews existing humanitarian standards to assess HIS added value, and to understand gaps and overlaps. It also reviews important resources developed since 2018, including the 2024 Core Humanitarian Standards (CHS), the UN Inter-Agency Standing Committee (IASC) Guidelines, and the International Federation of the Red Cross (IFRC) Minimum Standards for Protection, Gender, and Inclusion (Figure 1).

Figure 1. Key milestones since the 2018 launch of the HIS

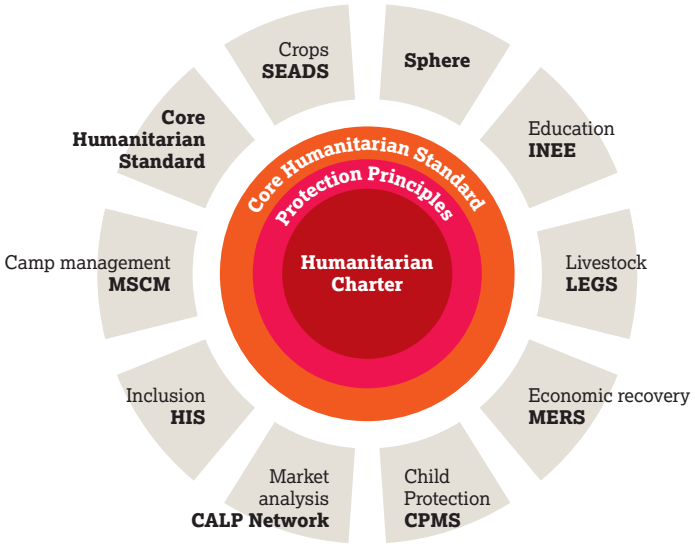
Sphere and the Humanitarian Standards Partnership



Sphere brings together a wide range of humanitarian agencies to improve the quality and accountability of humanitarian assistance. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, is founded on Sphere's Humanitarian Charter, Protection Principles and the Core Humanitarian Standards (CHS), which apply across all humanitarian sectors and actors. The handbook includes standards addressing four sectors: water supply, sanitation and hygiene promotion; food security and nutrition; shelter; and settlement and health. Sphere hosts and manages the Humanitarian Standards Partnership (HSP) and associated standards from sectors not included in the Sphere Handbook.

The HIS comprise one of eight standards included in the HSP, with the others covering education (INEE), camp management (MSCM), livestock (LEGS), child protection (CPMS), crops (SEADS), market management (MISMA) and economic recovery (MERS). These standards complement the four Sphere Standards listed in the previous paragraph (Figure 2).[1]

Figure 2. Humanitarian Standards Partnership charter, principles and standards



The HSP encourages the periodic review and update of these standards after a minimum of five years' implementation to allow for each version to gain legitimacy and credibility. The HSP has grown and included new standards over time, with the HIS becoming a partner in 2018 and SEADS in 2022.

All of the standards have been revised since the publication of the HIS (except for MERS), and the HIS are at a minimum referenced in all revised standards. The following section summarizes how the HIS are used in the standards and the extent to which content on disability and older age inclusion is integrated.

The Minimum Standards for Education (INEE) were updated in 2024, with strengthened guidance on disability inclusion. Children with disabilities are referenced throughout the document and disability is recognised not only as a cross-cutting issue alongside other intersectional aspects of identity, but also as a consideration across the standards. The HIS are referenced as a resource throughout the INEE (alongside other documents) to support education for children with disabilities. Older age is only mentioned twice, in relation to the risk factors and increased vulnerability associated with living in a household headed by older people.

The updated version of the INEE also adopts the HIS practice of using the commitments in the CHS (2014) as a foundational framework, with its first standards domains aligning to the CHS.[2] Interview respondents found that this alignment adds value (making it easier for users to understand the connections between the different standards and commitments) and felt that it is a practice other standards holders should be encouraged to follow.

The Camp Management Standards (MSCM) were updated in 2023 and encourage data disaggregation by sex, age and disability as a minimum. MSCM recommend engaging with disability groups as part of community consultations to identify appropriate sites for camps, and to identify a focal person to join the site management team. MSCM includes a Disability Inclusion Monitoring Checklist as an annex to monitor the inclusiveness of a site which references the HIS and encourages the Washington Group Short Set Questions to monitor inclusion of people with disabilities. There is an occasional reference to older people as a high-risk group with specific accessibility needs, but without a cross-reference back to the HIS. Older people (specifically "Older persons without family or community support and /or with responsibility of children aged under 18") are identified as a vulnerable group. They are referenced a few times alongside other groups such as adolescents and people with disabilities as having specific needs, but no detail is provided.[3]

The Livestock Emergency Guidelines and Standards (LEGS) were updated in 2023. Under Principle 2: Ensuring Community Participation, older people and people with disabilities are identified as at-risk groups that may experience barriers to participation, and the HIS are cross-referenced as a resource. Older people and people with disabilities are included in a checklist on understanding the nature and impact of an emergency. Guidance for designing and building livestock shelters includes universal accessible design principles.

In addition to the standards themselves, LEGS has a range of dissemination methods. Since 2010, LEGS has held 37 "Training of Trainers" courses, producing 706 trainers across 85 countries. Its website hosts case studies that illustrate how the standards were put into practice across different contexts, along with e-learning modules. Interview participants highlighted both Training of Trainers and case studies as gaps in dissemination for the HIS, therefore the LEGS experience could be drawn on as a model for future dissemination efforts.[4]

Minimum Standards for Child Protection (CPMS) were updated in 2019. Children with disabilities and their specific barriers and needs are included throughout the document, including specific sections that directly focus on children with disabilities and inclusion actions. "Non-Discrimination and Inclusion" is the second of 10 principles that frame the CPMS, with the HIS included as an additional resource. The Human Resources section includes specific actions for inclusive recruitment, and the inclusion of children with disabilities is considered in sections focused on monitoring and needs assessment.

While the CPMS focus on children, there is brief reference to grandmothers as an important stakeholder in family decision-making. Caregivers are a key stakeholder in the standards; however, they do not describe the specific issues that may affect older people as caregivers. In recognising the needs and capacities of children with disabilities throughout the standard, the CPMS are a good example of how inclusion can be systematically integrated into a standard as a whole, rather than as a separate section. It is an approach that could be followed by other standards to integrate both disability and older age inclusion more comprehensively.[5]



Ganesh Bista / Ageing Nepal / HelpAge International

Standards for Supporting Crop-related Livelihoods in Emergencies (SEADS) were updated in 2022. Principle 2 focuses on a participatory approach that briefly references people with disabilities and older people alongside other vulnerable groups. There is only a passing reference to people with disabilities in the standards themselves and only one reference to older people related to infrastructure planning. The HIS are not referenced as a resource beyond being listed among other standards. Given the technical focus of these standards, the limited integration of the needs of people with disabilities and older people is understandable. However, there is potential to explore opportunities to address these gaps across the SEADS.[6]

Minimum Standard for Market Analysis (MISMA) was updated in 2024. The introduction includes a summary table of how market-related content complements each of the other HSP standards. It identifies how the HIS can be used to ensure that a market analysis has an inclusion lens – a simple yet effective way of signposting users of the MISMA to the HIS and highlighting the added value of referring to both standards. Beyond the initial table, the HIS are not further signposted. MISMA includes specific questions to consider, ensuring an inclusive approach to market analysis and recommends people with disabilities be included in analysis teams. An annex contains a tool that provides key questions that prompt decision makers to consider the specific requirements and experiences of men, women, older people and people with disabilities in relation to market access.[7]

The Minimum Economic Recovery Standards (MERS) were last updated in 2017 and therefore do not reference the HIS. However, as part of the 2017 revision, particular care was taken to address cross-cutting issues of gender, disability, preparedness, resilience, protection, and the environment, and to incorporate this into relevant sections across the standards.[8] Good practices from other standard revisions, such as the summary table of complementary elements of each standard and integration of people with disabilities and older people into tools and indicators, could be encouraged if MERS are revised in the future.

Core Humanitarian Standards Revision 2024

The CHS were updated in 2024, with a greater focus on a people-centred approach and the rights, participation and capacities of affected people. The most significant changes relevant for the HIS (which are currently structured around the nine commitments of the CHS 2014) are in commitment one, which now reads, “People and communities can exercise their rights and participate in actions and decisions that affect them.” The evolution of the CHS aligns with participation principles central to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Maintaining the alignment between the HIS and CHS is a way to maintain relevance and usability.[9]

International Federation of Red Cross and Red Crescent Societies (IFRC) Minimum standards for protection, gender & inclusion

The second edition of the IFRC Minimum standards for protection, gender and inclusion in emergencies were published in 2018 and are accompanied by the IFRC Protection, gender and inclusion in emergencies toolkit (2018–2019). The standards focus on gender, age, disability and other diversity factors, across humanitarian sectors. The standards are structured around these sectors, and (like the HIS) include WASH, food security, shelter, health and education. Within each of these sections the HIS are referenced and linked to as a resource for further guidance. While the IFRC standards do not have a section on nutrition, they do include sections on non-food items, cash-based interventions and disaster risk reduction. Cash-based Interventions and disaster risk reduction are issues that have been identified by key informants as gaps in the current version of the HIS. There have been initial discussions between Sphere and IFRC for the IFRC Minimum standards for protection, gender, and inclusion in emergencies to become part of the HSP standards. The IFRC plans to develop a third edition of the standards.[10]

UN Inter-Agency Standing Committee Guidelines

The UN Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, published soon after the HIS in 2019, include a detailed introduction on definitions, barriers, enablers, and the legal and policy frameworks for disability inclusion, which the HIS does not include. While the HIS is structured around the CHS, the IASC Guidelines follow the CRPD more closely. Each section sets out "must-do actions" under Promote Participation, Remove Barriers, Empower and Support Capacity of People with Disabilities, and Disaggregate Data. Like the HIS, the guidelines cover each humanitarian sector, and these headings broadly mirror the HIS focus on data and information management, barrier removal, participation, and capacity strengthening. The IASC Guidelines also cover preparedness, response, and recovery, which the HIS does not. However, despite disability becoming more common with age, they refer far less often to older people with disabilities than to children with disabilities.

Interview respondents were asked specifically about how they perceived the HIS in comparison to the very prominent IASC Guidelines. Following their publication, some interview respondents shared that efforts were made to distinguish between the HIS "standards" and IASC "guidelines." However, most interview participants did not identify this distinction. The main factors they identified were firstly that the HIS focuses on older age (which remains a unique feature compared to wider guidance), and secondly that the IASC Guidelines come from within the UN system, whereas the HIS comes from civil society.

Many respondents saw the HIS and IASC as complementary. On disability inclusion, IASC Guidelines are perceived as having had greater reach and impact than the HIS (and to some extent eclipsed them), with momentum around dissemination and donor attention focused on them.

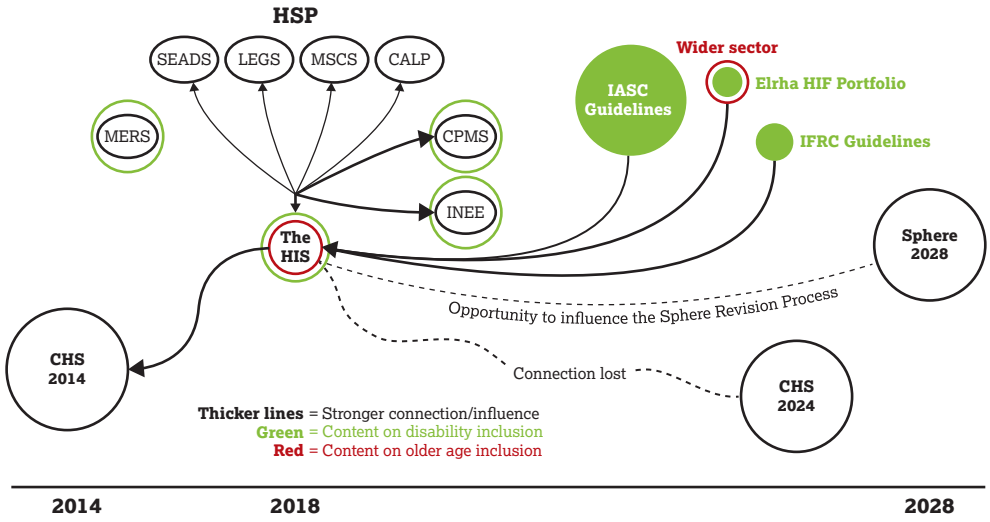
There are several reasons for this. First, the IASC Guidelines are a UN initiative that were subject to wider consultation with organisations of people with disabilities and endorsed by the International Disability Alliance, so therefore have greater status and perceived legitimacy than the HIS. Second, the IASC Guidelines are more detailed than the HIS and include an introduction covering key disability concepts and definitions, which is of value to those with no technical knowledge. Third, a Disability Reference Group (DRG, initially created to support the early development of the ISAC Guidelines) continues to support guideline use, meeting monthly under the auspices of UNICEF, Humanity and Inclusion, and the International Disability Alliance. It has hundreds of active members, and a commitment to promoting disability-inclusive humanitarian responses, **supporting the dissemination and implementation of essential guidance materials**, and enhancing the quality and accountability of humanitarian action.[11]

Interview respondents identified continued DRG dissemination as a successful strategy for the IASC Guidelines – an advantage over the HIS. For one respondent, the guidelines mattered less than the conversations and coordination they enabled, and the IASC Guidelines have succeeded on this more than the HIS.

While the IASC Guidelines are more technically detailed than the HIS (which benefits users with a technical specialism in, or focus on, inclusive humanitarian action), the relative simplicity and clarity of the HIS benefits practitioners and mainstream organisations without such specialist knowledge.

Both the IASC Guidelines and HIS were developed when there was a gap in the sector for simple, principle-based resources that covered the basics of disability- or older-age-inclusive practice. Since then, many organisations have made strategic commitments to disability-inclusive practice and moved beyond the basics, developing their own internal resources and guidelines. As a result, the demand for more detailed technical expertise has developed. One organisation interviewed said that their technical teams now receive requests for guidance on how to make feedback mechanisms more accessible for people with intellectual disabilities, or on determining appropriate disability top-ups for cash-assistance programmes. There are now more resources and guidelines on disability inclusion, yet the HIS remain the only standards to focus on older age.

Figure 3. Evolution of inclusion within the humanitarian sector since publication of the HIS



To summarise, all HSP partnership standards that have been updated since the HIS were published reference the HIS and recognise the need of people with disabilities and older people to be considered within different humanitarian sectors and specialisms. The Minimum Standards for Education and Minimum Standards for Child Protection both comprehensively mainstream disability through the standards, using the HIS as a resource to provide additional detail and guidance – but their content on the role of older people could be improved. The other standards do not mainstream the HIS into their own content; rather, they signpost to it as the resource for inclusive practice within these areas. There is therefore scope for further integration of HIS content within these standards in future revisions.

The alignment of the HIS to the CHS is a valuable asset. With the 2024 revision of the CHS, this alignment has weakened, making the HIS appear out of date.

Who is using the HIS, and how?

Key finding

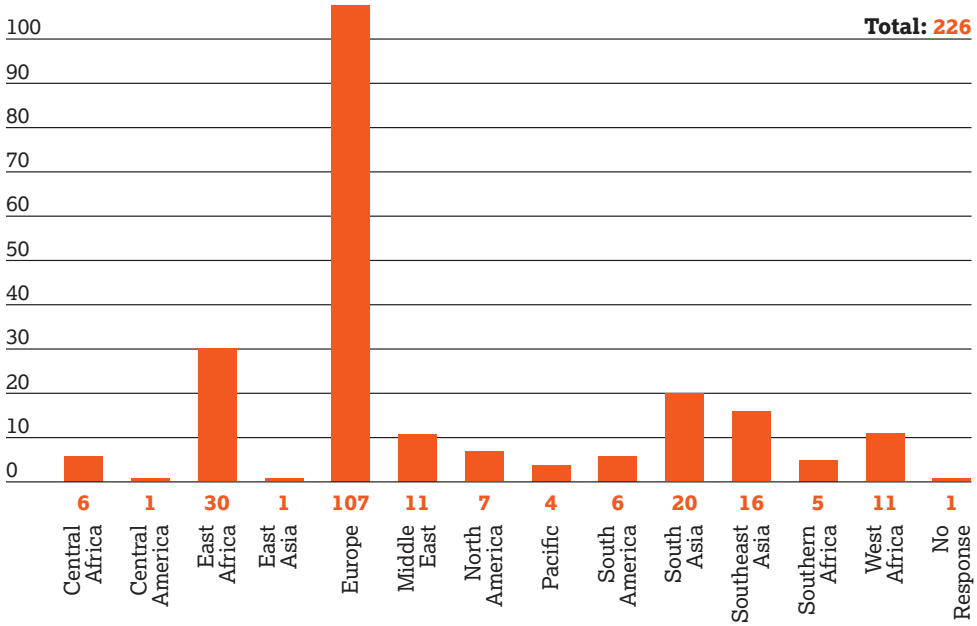
There is greater awareness and use of HIS at INGO management level, but national level staff and local organisations are less familiar and involved. This is not necessarily an issue if the HIS are being integrated into organisational policies and procedures at a national and local level. Therefore, clarity on primary audiences for any future revisions are important considerations. Awareness levels are notably low amongst OPAs and OPDs, which is exacerbated by their experience of exclusion from humanitarian coordination mechanisms.

This section analyses the online survey responses, key informant interviews and in-country consultations to identify which humanitarian actors are using the HIS, and how the HIS are influencing policy and practice – both by those involved in the ADCAP programme (where the HIS were first piloted and developed) and of other actors in the sector. It also looks at what has helped and hindered HIS uptake and their perceived continued relevance.

Who uses the HIS?

Of the 226 online survey respondents, most (107) were from Europe (including 46 respondents who used the HIS in Ukrainian or Ukrainian and English, indicating that they were residing in, or involved in, humanitarian action in Ukraine). Other respondents were from East Africa (30), from South Asia (20), Southeast Asia (16) and 11 from both West Africa and the Middle East, respectively (Graph 1).

Graph 1. Location of survey respondents

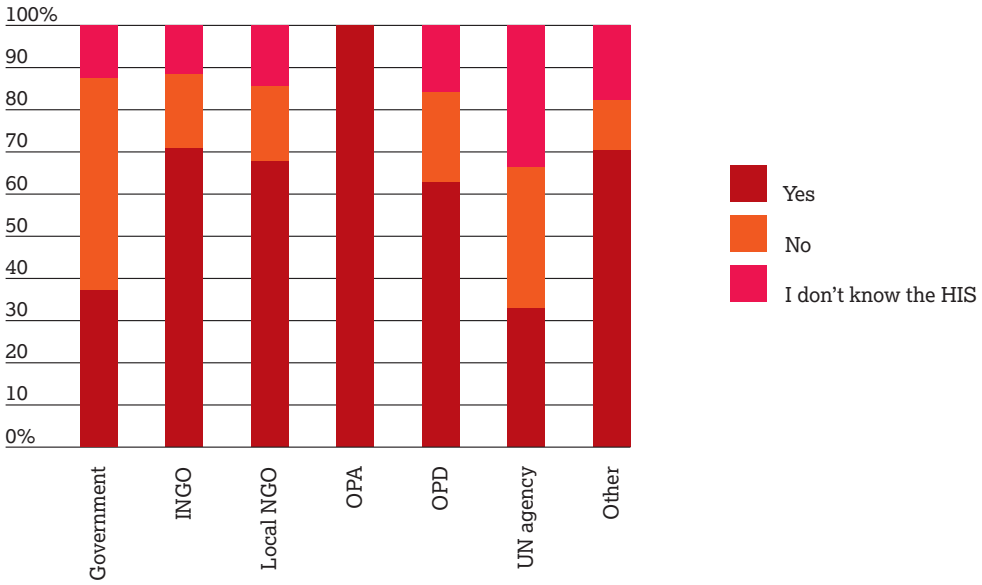


Respondents were asked, “Have you used or applied the Humanitarian Inclusion Standards in your work?”. The majority of respondents replied “Yes” (65%), however a significant proportion responded “No” (20%) or “I don’t know the HIS” (15%) – but still took the time to complete the survey.

The highest positive responses regarding HIS use by **type of organisation** was 71% among INGOS, 68% among local NGOs, and 63% among OPDs.[c] Only a third of respondents from government agencies or UN agencies replied “Yes” to ever using the HIS (Graph 2).

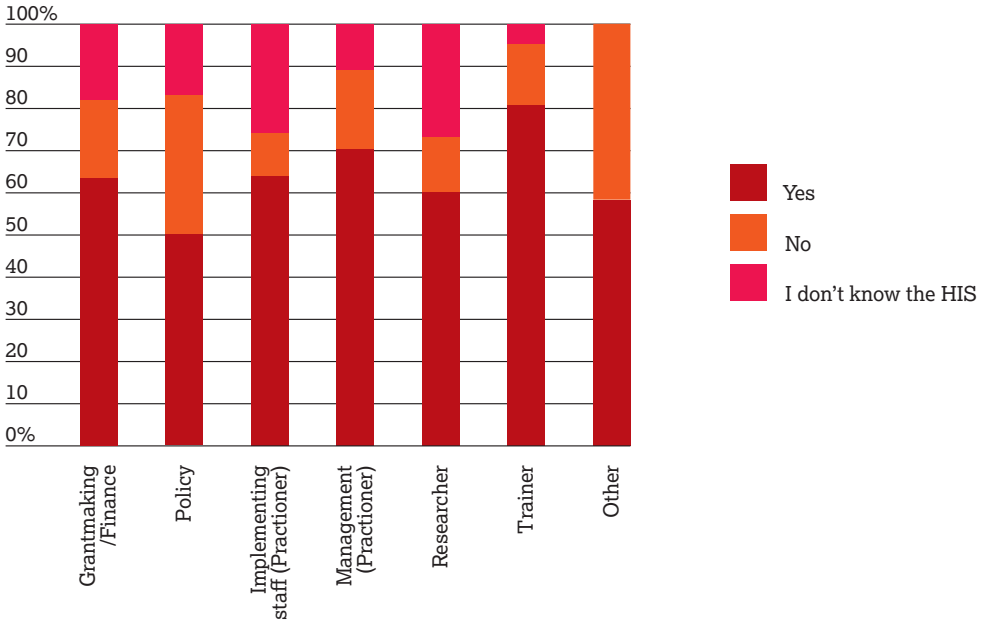
[c] This analysis does not include the OPA result since only one OPA responded to the online survey.

Graph 2. Type of responding organisation and whether they have used or applied the HIS



Of those that provided data on their **job role** (n=190), the highest responses received were from people who identified as Management – Practitioner (92) and Implementing staff practitioner (39). Among practitioners, those in management were more likely to report using the HIS (71%) than Implementing staff (64%). Twenty-one trainers completed the survey, of which 81% reported using the HIS (Graph 3).

Graph 3. Respondent role, and whether they have used or applied the HIS

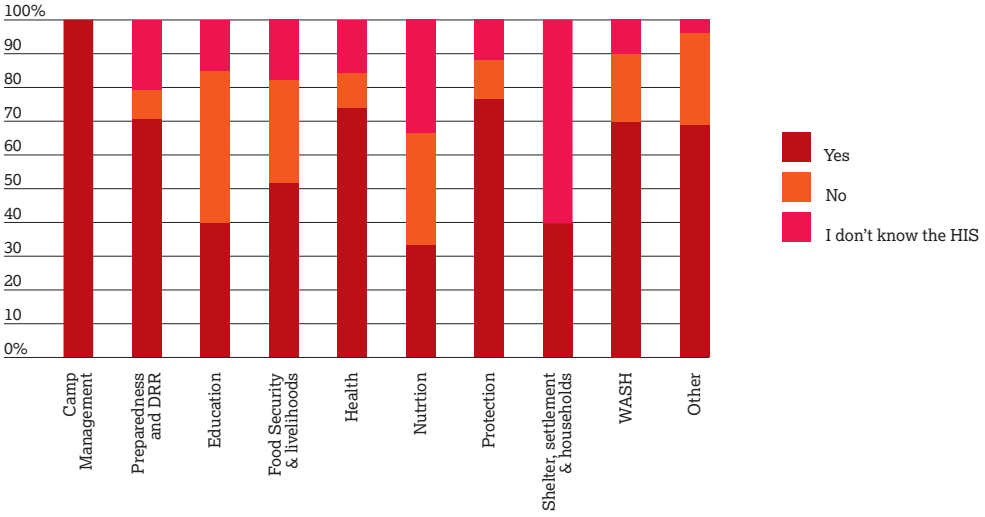


Of those that responded "No" or "Don't Know the HIS" and provided data on their job role (n=190), Policy workers (33%) were the least likely to report using HIS, followed by Practitioners – Management and Grant making/Finance (both at 18%). Of those who said they "Don't Know the HIS", Researchers were the largest group (27%), followed by Practitioners – Implementing staff (26%) and Grant making/Finance (18%).

In terms of the **sector** respondents worked in, the highest number of responses were received from people who identified as working in Protection (60), of which 77% reported using the HIS.

Of those who responded "No" or "Don't Know the HIS" and provided data on the sector in which they work (n=182), those in education (45%) were the least likely to report using the HIS, followed by those in nutrition (33%) and food security (30%). Of those who said they did not know the HIS, those working in shelter (60%) were the most likely to report not having heard of them, followed by those in nutrition (33%) and disaster preparedness (21%). 17% of those in food security also reported not being aware of HIS (Graph 4).

Graph 4. Main humanitarian sector in which survey respondents work, and whether they have they used or applied the HIS



A post-survey follow-up interview with some online survey respondents who reported not having heard of the HIS said this was because they were not directly working in the humanitarian sector or were too specialised in their work to either have been referred to the HIS by their organisation or to have come across it themselves. For example, a physiotherapist working with the Red Cross in Botswana, well aware of the organisation's contribution to humanitarian work, had not heard of the HIS.

Country consultations in Bangladesh and Kenya highlighted that, especially at local level and among government agencies and grassroots partners (e.g., refugee-led organisations, OPDs, and OPAs), there was only limited awareness of the HIS. In Ukraine, OPDs and OPAs in small rural areas had no idea the HIS existed. The consultation in Ukraine revealed a more fundamental issue: some older people's organisations have no contact with the humanitarian coordination system, are not informed about capacity-building events, and have age and disability inclusion only as a temporary requirement attached to one of their projects.

In Bangladesh, the consultation revealed that some national and many international organisations were likely to know and use the HIS, particularly in the Rohingya response and climate-vulnerable coastal areas. In Kenya, of 14 organisations participating in the consultation, only Humanity and Inclusion (HI) and the Lutheran World Federation (LWF) understood and used the HIS.

Mapping HIS roll-out from inception

Key finding

For most ADCAP programme organisations that participated in the research for this report, the HIS continue to be a well-used and influential resource for organisational policy and practice. When HIS-associated training content is promoted, it continues to generate strong interest, even after eight years, though low completion rates suggest that clearer understanding of what content is most useful is needed. As a programme, ADCAP created a cadre of passionate advocates for the HIS, who have continued to disseminate the resources and influence practice within the sector.

To explore HIS uptake and use, we start by examining organisations involved in the ADCAP programme that had already implemented some of the standards in their organisational practice. Firstly, HelpAge and CBM Global who have organisational mandates for the inclusion of older people and people with disabilities respectively, then with Islamic Relief and Concern Worldwide who have used the HIS to strengthen their organisational practice on disability and older-age inclusion. We assess the continued use of e-learning modules developed during ADCAP, which remain available and support the dissemination of HIS content. Finally, we share an example of how individuals involved in the ADCAP programme have advocated for its integration into Elrha's Humanitarian Innovation Fund portfolio.

HelpAge and CBM Global



HelpAge International Vietnam, Bui Quang Huy

HelpAge has integrated the HIS into its work across several countries, primarily as a tool to strengthen the capacity and legitimacy of inclusion efforts. Interview respondents shared that training on the standards was included in humanitarian proposals in Tanzania, Ethiopia, Bangladesh, Myanmar, and Jordan. Training on standards is typically delivered in three to four days through interactive sessions, and then further disseminated within each country. As a result, Tanzania and Ethiopia used the standards to work more closely with the International Organization for Migration (IOM), the UN High Commissioner for Refugees (UNHCR), and government agencies. The standards have been translated and adapted for local use, (e.g. Ukrainian), and shared widely with humanitarian actors through the Age and Disability Working Group, coordinated by HelpAge.

Face-to-face training on the HIS continues due to high demand from technical and managerial staff (including a two-day training in Turkey), albeit at reduced levels due to funding constraints. Interviewees cited HelpAge's training as particularly impactful, resulting in ongoing commitment from participants to use the HIS in their work. HelpAge has also developed an e-learning course – Age and Disability Inclusion in Humanitarian Action (published on Kaya, the global learning platform of the Humanitarian Leadership Academy) – which includes a section on the HIS and complements the face-to-face training.

HelpAge uses Age Inclusion Specialists – trained in the use of the HIS – to engage directly with the Protection Cluster or, where present, via the Age and Disability Technical Working Group. However, feedback from interviewees indicated that confidence varies among specialists when operationalising it within their local context.

For CBM Global, HIS serves more as a guiding framework. CBM Global's current use of the HIS is largely driven by specific teams and countries involved in emergency responses rather than through a systematic, organisation-wide approach. Use varies by context; for example, in Bangladesh's Rohingya response, HIS were initially applied considerably but over time shifted toward using the IASC Guidelines. Within CBM Global's advisory work, the HIS are used as a framework document in the design phase, however the technical detail within the HIS are not sufficient and therefore implementation is tailored to each organisation's structure and needs rather than relying solely on HIS as a universal tool.

CBM Global developed the Humanitarian Hands-on Tool to provide humanitarian workers with step-by-step, practical guidance for inclusive humanitarian action. The HIS are included within the tool as a background resource and guiding document, though the platform is no longer actively supported by the organisation and links to the HIS as a resource are broken.

Islamic Relief and Concern

Both Islamic Relief and Concern Worldwide have worked hard to institutionalise and operationalise the HIS across their systems, programmes, and policies, moving beyond pilot initiatives to embed them in their organisational structures, accountability frameworks, and sectoral practice, reflecting a sustained commitment to inclusive humanitarian action.

Islamic Relief has integrated the HIS across the organisation, restructuring its staffing and accountability mechanisms to ensure inclusion is no longer treated as an isolated or project-specific issue. Dedicated Protection and Inclusion Advisors have been appointed in all country offices, each with a thematic focus such as gender, age, or disability. The HIS principles now underpin job descriptions, project design templates, monitoring tools, and quality assurance processes. This process has been supported by digital inclusion toolkits, notably the "Six A's" intersectionality framework,[d] which guides teams in applying HIS principles from the earliest stages of programme development.[12] Islamic Relief also made sex, age, and disability disaggregated data collection mandatory, using the Washington Group Short Set Questions to standardise data across country offices. Through these mechanisms, the organisation has created a culture of evidence-based inclusion, ensuring that programme design and implementation meet the needs of the most marginalised.

[d] Analysis, Adapted assistance, attention to negative effects, adequate participation, accountability, adequate capacity.

Training and knowledge-sharing have been important components of Islamic Relief's approach. The organisation established a global community of practice with monthly webinars, on-the-job mentoring, and digital learning modules. This has supported staff capacity and reinforced inclusion as a shared organisational priority. Furthermore, the HIS have been adapted into sectoral guidance – initially within food security and livelihoods, followed by water, sanitation and hygiene – to ensure inclusion is mainstreamed within core technical sectors. These sector inclusion standards will draw directly from the HIS while aligning with IASC and CALP guidance. Once complete, Islamic Relief plans to share them across humanitarian clusters and national coordination mechanisms, extending the reach of HIS principles. Inclusion indicators have also been incorporated into Islamic Relief's global monitoring platform (Indicate), enabling all programmes to measure their inclusiveness.

Concern Worldwide's experience followed a similar path. Soon after ADCAP it added the HIS to its Country Strategic Plan in Pakistan, making inclusion of older people and people with disabilities a requirement across all programmes. This was backed by dedicated budgets with 10 per cent of programme funding typically set aside for inclusion. The HIS now guide project design, implementation and

"As far as I know the [HIS] are not part of the organisational culture. We are now trying to change that by persuading our board members of the importance of the standards."

Key Informant
ADCAP Alumni

monitoring, supported by staff trained on the Washington Group Short Set Questions. Concern Worldwide has also used inclusion audits to review practice, inform management decisions, and strengthen compliance and culture change.

In Pakistan, initiatives funded by the UK's Foreign and Commonwealth Office (FCDO), such as the Building Disaster Resilience Programme (BDRP) and Building Resilience and Addressing Vulnerability to Emergencies (BRAVE), have enabled Concern Worldwide to implement HIS-informed programming at scale. These programmes operationalised HIS commitments through accessible infrastructure, participatory approaches, and targeted assistance to people with disabilities and older people. The approach was subsequently extended to humanitarian response operations, including the 2022 floods, demonstrating HIS's practical relevance in emergency contexts.

The success of the Pakistan experience has influenced Concern Worldwide's global operations, with headquarters encouraging HIS adoption across other country programmes and developing related organisational guidance. Donor expectations have supported this expansion, particularly from FCDO, the European Civil Protection and Humanitarian Aid Operations (ECHO) department, and USAID (prior to 2025), which increasingly required inclusion of age, gender, and disability in programme design and reporting.

Cumulatively, these efforts demonstrate organisational-level shifts in policy and practice. The HIS, combined with organisational commitment, have enabled inclusion to be institutionalised, transforming the standards from a project-based consideration into a structural and policy-level commitment.

ADCAP Alumni

We spoke to several former ADCAP members now working in new organisations. Many remain strong advocates of the HIS and continue to promote them in their new roles.

> ***"As far as I know the [HIS] are not part of the organisational culture. We are now trying to change that by persuading our board members of the importance of the standards."***
>
> **Key Informant – ADCAP Alumni**

E-learning on DisasterReady

Three e-learning training modules were developed during the ADCAP programme and hosted on the DisasterReady learning platform. Developed prior to HIS finalisation (and not revised since the end of the ADCAP programme), they serve as companions to the standards:

- **Understanding Older People and Their Needs in a Humanitarian Context**
- **Basic Principles of Disability Inclusion in Humanitarian Response**
- **Comprehensive Accessible Humanitarian Assistance for Older People and People with Disabilities.**

While the Basic Principles of Disability Inclusion in Humanitarian Response is the most popular of the three, there has been declining course participation since 2019. Following a key informant interview with staff at DisasterReady in 2025, the Comprehensive Accessible Humanitarian Assistance for Older People and People with Disabilities course was promoted to its mailing list. Before the promotion, 96 people had completed the course; following the promotion, a further 494 completed it. This ad hoc promotion shows there is demand when people are made aware, but uptake will likely fall without regular promotion.

And while the Comprehensive Accessible Humanitarian Assistance for Older People and People with Disabilities module has a section on humanitarian standards, it links to the pilot version of the HIS – the Minimum Standards for Age and Disability Inclusion in Humanitarian Action. Neither the HIS nor the Minimum Standards are linked to as a resource from the other two modules – a missed opportunity for HIS dissemination.

Elrha

In 2019, several ADCAP programme members were invited by Elrha (an organisation focused on improving humanitarian response through research and innovation) to join a technical working group to advise on the development of a new portfolio within the Humanitarian Innovation Fund focused on Disability and Older Age Inclusion.13 As the new portfolio was designed around the time of the launch of the HIS, there was an opportunity to integrate the HIS within the portfolio. As a result, Elrha used the HIS as a central analysis framework in its research to identify gaps and opportunities for innovation in WASH, gender-based violence, and disability and older age inclusion. Since the portfolio's launch, Elrha has developed funding challenges addressing key gaps that include, Measuring Effectiveness of Meaningful Participation (Key Inclusion Standard 1,4 and 7), Data Driven Inclusion (Key Inclusion Standard 1 and 7) and Inclusive Preparedness (Key Inclusion Standard 3 and 4). In 2022, Elrha produced an innovation catalogue including 17 humanitarian innovations, and uses the HIS as a framework once again to demonstrate where projects have taken steps to improve humanitarian practice in line with its individual standards.[14]

Understanding how the HIS are used

Based on online survey responses, key informant interviews, literature, and in-country consultations conducted for this report, this section explores how the HIS have been used by humanitarian sector actors, the impact they have had on attitudes towards disability and older-age inclusion, and subsequent practice.

Impact on attitudes and practices

In the online survey conducted for this report, 41 per cent of respondents (n=144) reported that the HIS had changed how they think about inclusion. Looking specifically at those who said the HIS had changed how they think about inclusion "a lot" (n=59) and who provided data on their roles, those in Practitioner/Implementing roles that recorded the highest response (67 per cent), followed by Researchers (50 per cent), Practitioner/Management staff (48 per cent) and Trainers (41 per cent). When it came to those in Grant making/Finance roles, 57 per cent said the HIS had changed their attitudes "a little", and 67 per cent of those in Policy roles said they were already familiar with inclusion principles.

Respondents were then asked whether the HIS had influenced their practical approach to inclusion. In total, 147 respondents completed this question, of which those most likely to have been influenced by the HIS "a lot" were Practitioner/Implementing staff (68 per cent), Researchers (44 per cent) and Practitioner/Management staff (42 per cent); 47 per cent of Trainers said they had been influenced "a little", while 57 per cent of Grant making/Finance staff and 50 per cent of those in Policy roles reported not using the HIS because they already apply a rights-based approach. These responses suggest that the HIS have helped fill a capacity gap, especially for implementing staff.

Impact on the research community

In academic and grey literature, reference to the HIS was primarily found in introductions as a way of scene setting and evidencing existing standards and guidance for humanitarian action.[15] [16] [17] [18] [19] [20] It was also found to support assertions in research, such as evidence of the gaps and barriers that exist for older people and people with disabilities,[21] and as a reference to support the research's recommendations.[22]

Two sources included the HIS as part of the research methodology. In a qualitative study exploring the needs and inclusion of older Syrian refugees in the context of compounding crises in the host country, Lebanon, the research used the HIS as the basis for the semi-structured interview guide.[23] In another, which again focused on older Syrian refugees in Lebanon, the HIS was central to one of three research questions[e] and included a discussion on the extent to which the humanitarian response was meeting five HIS standards.[24]

[e] The question was: "To what extent is the humanitarian response, i.e., the humanitarian services provided by the organisations working in the humanitarian sphere across the different sectors, inclusive of […] those aged 50 or older as reflected through a number of indicators constructed from the ADCAP Humanitarian Inclusion Standards?"

Impact on advocacy efforts

The HIS have been used in policy and advocacy reports as a reference to the barriers that older people and people with disabilities experience in humanitarian action, and as a guide for addressing these barriers.[25] The HIS are used as evidence of the standards to which the humanitarian community should be held accountable,[26] and to highlight how, despite the existence of such standards, meeting the needs of older people is insufficient funded.[27] The HIS are also advocated as a resource to address issues identified in rapid assessments and situational analyses.[28] [29]



HelpAge International

HelpAge International has embedded age-inclusion specialists in protection clusters to ensure that disability and age considerations are integrated into broader humanitarian coordination structures. In some countries, such as the Philippines, the HIS have influenced local government units to adopt inclusion into their own programming and budgeting. For example, the Cebu Disability-Inclusive DRR Network received training on both Sphere and the HIS, collaborated with Alternative to Development (A2D) to conduct training with local government units, NGOs, and CBOs and communities, and promoted the use of humanitarian policies and guidelines. This has resulted in practical commitments such as allocations for disability-inclusive disaster risk reduction, training, and inclusive disaster simulation exercises.[30] The accessibility of evacuation centres is anticipated to be addressed in the coming year in one of the laws on accessibility.

Impact on the donor community

Some donors are using the HIS as a mechanism to improve standards and accountability. The UK FCDO commits to supporting operationalisation of the HIS in its Disability Inclusion and Rights Strategy 2022,[31] while the Netherlands requires its partners to implement the HIS and to report their results in compliance with these standards.[32] However, like most other donors, the Netherlands does not have a detailed disability or older age inclusion strategy. In addition, the HIS are included as a recommended resource in guidance provided by Germany's GIZ, titled Inclusion of persons with disabilities in the context of forced displacement.[33] All examples related to donors' focus on disability inclusion, not older age inclusion.

HIS as a tool for capacity strengthening

Key finding

HIS application has led to several immediate and tangible outcomes. Most notably, it has improved access for older people and people with disabilities in distributions, services, and infrastructure. Needs assessments that draw on the HIS have enabled organisations to better identify and prioritise those most in need. Operational practices, such as home deliveries or adapted distribution times, have become systematic rather than ad hoc.

Staff capacity has improved, with training informed by the HIS equipping teams with the knowledge to embed inclusive practices into their work. As a result, inclusion has shifted somewhat from being seen as a specialist activity to a responsibility shared across technical teams.

The HIS contributes to a range of standards, training, and tools that enable organisations to embed inclusion in humanitarian practice. At the most basic level, the HIS provide guidelines for considering the needs of older people and people with disabilities in project planning and implementation. Complementing this, training and capacity-strengthening initiatives increase staff knowledge and awareness of inclusion principles, ensuring that teams across sectors are equipped to apply them.

Practical tools such as accessibility checklists, monitoring indicators, and self-assessment templates are widely developed by organisations. These resources not only promote inclusive design but also allow for tracking progress over time. In addition, funding mechanisms have been aligned with HIS principles. One

interview respondent reported that some organisations have set budgets allocating 0.5–1 per cent for accessibility improvements, and 3–5 per cent for assistive technologies, in line with HIS recommendations. These inputs provide the essential foundation upon which inclusion efforts are built.



HelpAge International Vietnam, Bui Quang Huy

In terms of application, participants in this research pointed to HIS being mainstreamed into programme design, infrastructure, community-level practices, and coordination mechanisms. At the design stage, organisations are now explicitly integrating age and disability considerations into proposals. Where disability inclusion used to be treated generically, proposals now specify the support required, such as assistive devices or accessibility measures. Data disaggregation by sex, age and disability has become more routine, and HIS-based indicators are used in monitoring and evaluation frameworks. This has made inclusion both measurable and accountable.

On the ground, HIS have influenced how infrastructure is rehabilitated or built. For example, a respondent from Syria whose organisation focuses on rehabilitating public bakeries became aware of the HIS through Sphere training. In their work, bakeries which previously lacked ramps and were inaccessible to many were rehabilitated to ensure access for those with limited mobility. Similar changes were seen in Tanzania, where engineers redesigned shelters and health centres using HIS principles. Accessibility checklists were often employed to guide this process and ensure that physical barriers were not overlooked.

At the community level, HIS have promoted practices that facilitate safe and equitable access to humanitarian services. A common theme is the systematic home delivery of food and WASH supplies to individuals who are entirely home-based or who are otherwise unable to attend distribution points, e.g. in Venezuela and Kenya. Some organisations have adopted HIS as standard operational practice.

> ***"One of the approaches they introduced is what they call the outreach model. They recognised the intersection of ageing and disability, and the fact that many people are unable to travel to service offices. Often, it's not only a question of transport, but also of limited mobility and the broader inability to access essential services. So, they are now taking services directly into the field to reach people where they are."***
>
> ***Key Informant Kenya***

> ***"This has become a standard operational practice for us rather than something we consider difficult. After distribution, we typically have six to eight cases needing home care outreach, so we deliver directly to patients who are unable to come in person. We are very conscious of this need, and I believe this reflects the effectiveness of our training on the HIS."***
>
> ***Key Informant Venezuela***

"...older people are included as both volunteers and staff, particularly in the MHPSS component, where trained peer volunteers from the community help lead activities; this support does not need to be highly specialized as long as people are properly trained."

Key Informant *Venezuela*

Distribution schedules are also adapted to reflect the responsibilities of older people who act as caregivers, thereby enabling their participation without disrupting daily duties. Beyond service delivery, HIS have encouraged the involvement of older people and people with disabilities as volunteers and peer supporters, particularly within mental health and psychosocial support initiatives.

Broader positive outcomes

Beyond these immediate results, this research indicates that the HIS have contributed towards fostering deeper cultural and systemic changes within organisations and communities. Many interviewees reported that inclusion is now seen as part of their organisational culture. For example, team members increasingly recognise the rights and capacities of older people and people with disabilities, rather than viewing them solely as vulnerable groups. Community feedback has also been positive, with organisations receiving recognition for their non-discriminatory approaches and for developing outreach models that bring services directly to those unable to attend offices or distribution points.

Organisations that apply the HIS have also enhanced their external reputation. Some are now recognised by peer agencies as leaders in disability inclusion, while others have influenced national and local governments. In the Philippines, HIS-informed advocacy resulted in inclusive disaster preparedness drills that, for the first time, involved both people with disabilities and older people. Similarly, in Moldova and Ethiopia, the HIS have shaped how protection clusters operate, embedding inclusion principles at higher levels of humanitarian coordination.

In addition, where applied, the HIS have enabled innovation and resource mobilisation. Dedicated budget allocations for accessibility and assistive technology have made inclusive programming more sustainable. Furthermore, Elrha's innovation projects linked to HIS have helped build an evidence base for what works in inclusive humanitarian practice.

Systemic change and long-term impact

This research concludes that HIS application has been a key driver of systemic change, especially at organisational and local government level. In examples from Kenya, Philippines and Venezuela, disability and age inclusion have been mainstreamed across multiple humanitarian sectors, from WASH and food security to protection and disaster risk reduction. What was once considered an optional or secondary concern is increasingly considered a non-negotiable operational norm.

Sustainable practices, including the integration of inclusion into organisational budgets, tools, and coordination mechanisms have supported this cultural shift. As a result, the research has found examples of disability and age inclusion practiced at the project level and reinforced at policy, cluster, and government levels. In several contexts, HIS have influenced broader legal frameworks, government plans, and sectoral strategies.

Key finding

The longer-term potential of the HIS lies in their ability to transform humanitarian systems from within. By embedding inclusion in training, practice, monitoring, and policy influence, the HIS can help ensure older people and people with disabilities are no longer marginalised but are consistently recognised as equal participants in humanitarian action.

What has supported uptake?

Data from key informant interviews and in-country consultations has been analysed and synthesised into the following table. It identifies key enablers and barriers that have respectively supported or hindered uptake across 10 thematic dimensions. These factors are crucial for considering revision or further support and dissemination of the HIS.

Dimension	Enablers (What has supported utilisation and uptake)	Barriers (What has challenged/hindered utilisation and uptake)
Legitimacy and advocacy power	HIS provides legitimacy for inclusion work for older people and people with disabilities. It serves as a recognised advocacy tool for influencing local governments and donors. **Example:** In the Philippines, practitioners were able to ensure that 12 out of 20 local government units included disability-inclusive budgets and training programmes for disaster risk reduction.	HIS have lost visibility over time, particularly as donor and practitioner attention shifted to IASC Guidelines on Persons with Disabilities. Limited promotion has reduced awareness among local actors.
Accountability and monitoring	The HIS supports accountability frameworks, providing benchmarks for inclusion across sectors and levels.	Lack of formal monitoring or enforcement mechanisms means compliance is voluntary; no system exists for tracking adherence or impact. **Country consultations Kenya:** The HIS are not backed up by legal instruments in relation to older people, and therefore, organisations do not feel obliged to implement them. One practitioner emphasised, "They mean nothing unless people are actually attempting and committing and investing in reaching and meeting them", which points to a perceived lack of pressure to feel compelled enough to work inclusively.
Training and capacity strengthening	Training of senior managers and technical staff led to wider adoption within organisations. Communities of practice and technical assistance supported uptake.	Limited capacity among national-level staff and specialists; lack of accredited trainers constrain dissemination. Inclusion specialists often work in silos and non-specialist staff are not confident in using the HIS.
Operational integration	HIS have been embedded into operational procedures (e.g., inclusive distribution planning, infrastructure design, accessibility checklists, drills). **Example:** In Moldova, practitioners used HIS indicators during evaluations of refugee accommodation centres to assess accessibility and participation of people with disabilities.	HIS are often viewed as too technical and lengthy for practitioners who prefer simple "must-do" guidance. Lack of operational tools hinders implementation.
Complementarity with other standards	Updates to the HSP website are increasing searchability across the standards.	Overlap with multiple standards leads to confusion and fatigue among users. Organisations often prioritise sector-specific or donor-driven standards instead – suggesting that there is a market for very focused, practical examples to compliment the lengthy, dry material that is currently on offer **Key informant interview:** "The utilisation of the HIS is a shaky area… the initial momentum was lost due to the focus shifting to the IASC guidelines."

Engagement of affected populations	HIS encourage participation of older people and people with disabilities, fostering programme ownership and relevance. **Example:** Peer volunteers are taking part in mental health and psychosocial support programmes, and older people are participating in distribution-timing decisions. One interviewee noted, "We align our distribution activities to the daily routines of older people… so they can actually participate."	Tokenistic participation remains common; in many cases, consultation and engagement with OPDs and OPAs are not institutionalised or well-funded.
Funding and resource allocation	Organisations including dedicated budget lines for inclusion activities – even small percentages in project budgets (e.g., accessibility, assistive technology) reinforce HIS implementation.	Donor funding constraints and shifting priorities based on attitudinal barriers, limit the ability to maintain inclusion-focused activities, particularly in rapid emergency contexts. **Consultation participants in Kenya:** Donors align their activities to standards that are relevant to them – e.g. WASH, or Sphere Standards. Organisations align their implementation with donor priorities/preferences and their own policies and strategic objectives and/or priority areas. They also expressed that there is fear among organisations to include money for awareness creation about core issues like inclusion.
Localisation and contextualisation	HIS offers a shared language and framework adaptable across contexts and sectors, aiding harmonisation.	Implementing staff consider HIS long and technical for direct use, and they are often not sufficiently translated or contextualised; in some cases, users were unaware of existing local-language versions. **Country consultation Bangladesh:** The HIS in Bangla was not well known amongst participants in the Bangladesh consultation.
Organisational culture	HIS promotes a cultural shift from viewing inclusion as optional to treating it as a core responsibility across teams.	Organisational silos and limited technical understanding of disability and age inclusion prevent full institutionalisation. **Country consultation Kenya:** Clear demarcation of roles in organisations: implementers will only focus on implementation of sector specific standards, while those responsible for donor relations will focus on strategic and broader standards and organisational priorities.
External visibility and networking	Dedicated staff capacity and continued commitment from individuals strengthened dissemination in specific contexts, Use of HIS within advocacy networks (e.g., local disaster risk reduction initiatives, protection clusters) enhances influence and sustainability.	Fragmented dissemination and weak integration with coordination mechanisms reduce visibility at sector-wide and national levels.

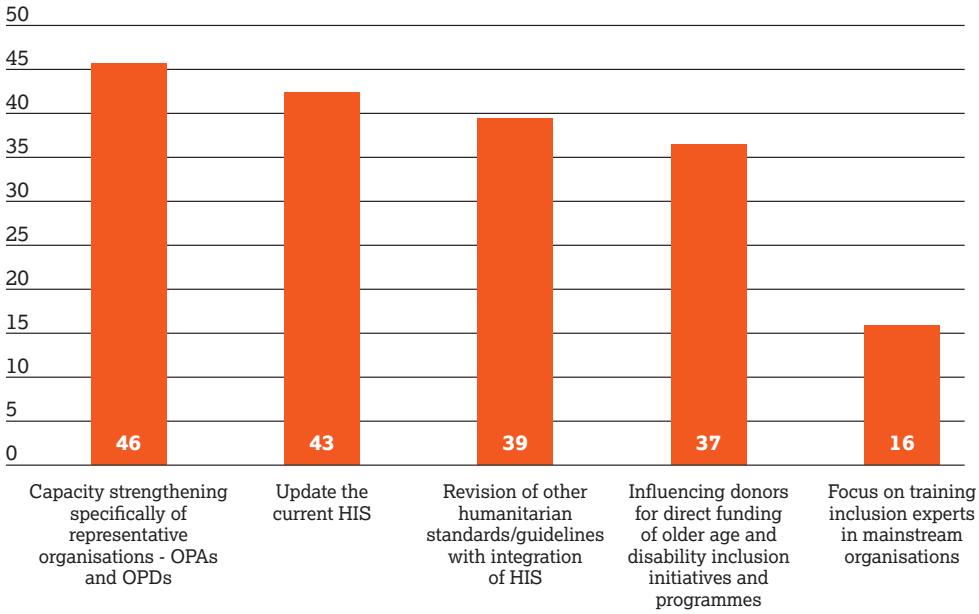
Moving ahead: what is needed?

This research is ultimately action-oriented in relation to the continued use and dissemination of the HIS, and towards supporting disability- and age-inclusive practice in the humanitarian sector. Respondents were asked to reflect on what they needed and their priorities in the online survey, key informant interviews and in-country consultations.

Is revision of the HIS needed?

The online survey included a question asking respondents to rank their priority actions for the inclusion of older people and people with disabilities in humanitarian programming

Graph 5. First priority rankings to the question: "Given the current political challenges around diversity, equity and inclusion, rank the following actions for the inclusion of older persons and persons with disabilities in humanitarian programming in order of priority (ranking)"



There was no clear demand from respondents for the HIS to be updated, with four priorities receiving similar (37-46) first rank votes (Graph 5). When asked about updating the HIS during interviews and country consultations, respondents instead emphasised the need for simplification that focuses more on the provision of practical examples, case studies and actionable guidance.

Participants in the country consultation workshops in Ukraine favoured updating the HIS, emphasising that solutions that work (for example) in humanitarian settings in Africa do not necessarily work in Ukraine. One reason is Ukraine's much stronger digital context compared to other regions, which demands more technological methods and approaches to ensure meaningful participation of older people and people with disabilities in humanitarian decision-making process.

"HIS ensures safe spaces, respectful treatment and protection… persons with disabilities and older persons should be treated as rights holders."

Key Informant, OPD Trainer, Philippines

What is missing from the current version?

Respondents identified multiple gaps that limit HIS effectiveness to address current humanitarian challenges. One major gap is the insufficient HIS acknowledgement of **climate-related emergencies and anticipatory action**. The standards do not adequately address climate-induced displacement, extreme weather events, or environmental considerations such as nature-based solutions. Respondents emphasised that inclusion in early warning systems, climate-adaptive shelters, and disaster preparedness is not sufficiently covered: "The reality that is dawning within the humanitarian space is the climate-induced displacement... HIS have to look into that."

Another critical gap concerns localisation and intersectionality and diversity within vulnerable populations. Current guidance does not fully address psychosocial disabilities, children, youth, women, or other marginalised groups. There is also limited focus on assistive technology, including identification, budgeting, referral mechanisms, and stockpiling. Cash programming, localisation, and coordination with governments also remain underdeveloped: "Cash programming has seen significant learning on disability inclusion… Assistive technology (AT) is a massive gap in the system – identification of needs, budgeting, referral systems."

Each section of the HIS contains a resource page that links practitioners to resources to support them in achieving the standards. Since HIS publication, a large number of practical resources focusing on disability inclusion (and to a lesser extent older age) have been developed. The current version of the HIS therefore paints a more negative picture of the status quo than is currently accurate. For example, the standards highlight the lack of guidance on measuring the nutritional status of older people. Whilst there is still no gold standard for measuring malnutrition in older people in humanitarian settings, HelpAge has since published a Rapid Needs Assessment of Older People, which is a step towards addressing this gap.

Of the 92 resources referenced as additional guidance in the HIS, only 12 still have functioning URLs. Resources are likely still available online, and some will still be relevant, but the broken links create a barrier for users to easily access them.

What is the continued added value of HIS?

Despite gaps, the HIS are widely regarded as essential for promoting the inclusion of older people and people with disabilities in humanitarian contexts. Consultation participants in Bangladesh emphasised the shared language and approach across all actors offered by the HIS, supporting harmonised action and providing clear benchmarks to ensure older people and people with disabilities are not overlooked and left behind in humanitarian action. Other key informants recognised that the HIS promote disaggregated data collection, accessible service delivery, and participation in decision-making. As one key informant emphasised,

Participants in the Ukraine consultations consistently emphasised that HIS remains a cornerstone for ensuring that older people and people with disabilities are not only beneficiaries but also active contributors in the design, implementation, and monitoring of humanitarian response.

The HIS are particularly important as a way to ensure accountability in contexts where international and national actors may prioritise broader life-saving activities over targeted inclusion. They are not compulsory, but it would make them more powerful if they were. Consultation participants in Kenya and practitioner key informants noted that HIS provides a framework to advocate for the allocation of resources, stockpiling of assistive devices, and the creation of accessible centres, health services, and relief distributions:

"HIS requires collecting disaggregated data and ensures their needs are seen, recognised and prioritised… it guarantees equal access to services."

Key Informant – Philippines

Finally, HIS remains a valuable reference even in resource-constrained contexts. While funding and attention may fluctuate, the standards offer a consistent framework for organisations to maintain focus on inclusion. Online survey respondents emphasised that future revisions should continue to position HIS as a practical, adaptable, and authoritative resource for inclusion of older people and people with disabilities in humanitarian action. Consultation participants in Bangladesh and Kenya strongly suggest that inclusion must become a compliance standard. In Ukraine, organisations expressed a strong commitment to collaboration and suggested the creation of practical, context-specific tools – such as checklists, guidance notes, and technical sheets – that will simplify HIS implementation and make it more accessible to humanitarian staff who are implementers. Participants agreed that inclusion must not be treated as a stand-alone initiative or a specialised activity, but as a fundamental element of quality and effectiveness in humanitarian action.



HelpAge International

Former ADCAP organisations Islamic Relief and Concern Worldwide emphasise the need to update and mainstream the HIS within existing humanitarian standards to ensure their continued relevance. As inclusion becomes an established expectation rather than an innovation, the HIS can play an important role in keeping the concept and practice of inclusion coherent across diverse frameworks. Its core value lies in translating inclusion principles into actionable, measurable, and context-sensitive practice – a contribution that remains central to both policy and global humanitarian reform agendas.

What opportunities are there for increasing uptake and utilisation of the HIS?

Language is an important issue. Even though the HIS are available in Bangla, consultation workshop participants in Bangladesh raised the lack of availability of the HIS in their local language. The launch of the HIS in any new language must be accompanied by promotional resources and activities in that language too and focus on localities where relevant organisation and institutions will hear about it.

Capacity development is another important issue. Some respondents said they had been well trained in HIS use and were promoting them internally. However, any further external promotion and training is limited because they do not (feel they) have accreditation as ToTs. Dissemination would be more extensive and stronger if they were certified as HIS trainers.

What opportunities exist for integrating HIS principles into other standards?

Some respondents noted that many guidelines and frameworks already exist and that many larger organisations or agencies prefer to develop their own resources, drawing on global guidelines and standards, with their own organisational branding. There is a need for fewer, more comprehensive resources that combine principles and standards with practical operational guidance. These resources should better address the needs of older people and people with disabilities and reflect a more intentional intersectional approach as more refugee-led organisations are established.

There are, however, challenges with covering more, including a loss of focus on age, and the sheer volume of information possibly overwhelming practitioners and overlooking important nuances. The following section on the Sphere Standards Revision offers insights into practical solutions to integrating the HIS within other standards.

Making the most of the Sphere review process

The Sphere Handbook is due to begin a process of revision, with the new handbook planned for release in 2028. This revision will have a smaller budget than the previous one and therefore require a refined scope. Exact details of the review process have not yet been made public. Outside the formal revision process, there are related developments in how the current HIS standards will be hosted online.

Since publication of the HIS in 2018, the way in which the standards are hosted on the Sphere website has evolved. In addition to PDFs, all standards are now available in an HTML format on the humanitarianstandardspartnership.org and via an app. This increases search functionality within and across the standards and means that rather than having to choose a standard and look within it for desired content, it is possible to search for desired content and find it in potentially multiple locations across the standards. Further developments of the HSP website are planned for 2026, which will focus on increasing usability and searchability. This update would be an opportunity to ensure that the HIS in all languages and supporting documents are made available.

A pilot project is currently underway to move towards an XML-first publishing model, using a small set of resources, to develop an interactive handbook. This approach will support advanced search and AI-driven content recommendations to create a more holistic and user-centric experience. If the pilot is successful, this model could be rolled out across Sphere and HSP. The benefits of an XML-first publishing approach are that content can automatically be transformed into a variety of output formats, including print-ready PDFs, web-friendly HTML, and e-books. It will also allow partners to edit and add content more easily, thereby reducing the need for comprehensive periodic revisions of the standards.

From a user perspective, this will enable more content to be available, while providing curated content based on needs. Users will also be able to engage with humanitarian standards as a whole, rather than with individual standards, which is currently the case. For users not focused on disability and older age inclusion, this highlights the importance of mainstreaming inclusion content across all standards. From an organisational perspective, there are opportunities to explore how HSP partners could collaborate and pool resources to support the ongoing promotion of the HIS, given current resource constraints.

Conclusion

This research explored how the HIS integrate with the existing humanitarian architecture. It aimed to gather evidence on current HIS use, continued relevance, practical application, levels of use, and challenges to uptake and implementation. Additionally, the study sought to identify next steps and determine the extent to which the HIS need formal revision, or whether other factors should be prioritised to maintain their relevance and improve stakeholder uptake.

Within the existing and evolving humanitarian architecture we found that the HIS remain the only resource for including older people in humanitarian action, and as such are highly valuable. For disability inclusion, more resources are now available, notably the IASC Guidelines, which complement but also overlap with the HIS. Even with more resources on disability inclusion, much scope exists in the sector to increase awareness of the HIS as a resource for both disability and older age inclusion.

As the concept and practice of inclusion in humanitarian action come under pressure, the sector needs to strengthen its commitment to people with disabilities and older people by promoting the HIS and integrating disability and older-age inclusion into other standards.

There is good evidence of uptake and use of standards across the humanitarian sector, and of greater awareness and use of HIS among global level advisors, technical leads and senior management. That said, national and local-level staff and local organisations are less likely to use or be familiar with the HIS. Awareness was particularly low among OPAs and OPDs, which reflects their experience of exclusion from humanitarian coordination mechanisms in general. Nevertheless, there are positive examples that show how HIS have influenced operations, policy, and mainstreamed inclusion in several organisations.

The HIS have had significant impact among organisations who participated in the ADCAP programme, and ADCAP alumni who have moved to other organisations remain strong promoters of the standards.

HIS are used as a benchmark for standards in humanitarian research, and to identify gaps and for recommendations for action around vulnerable groups. The HIS have been used in advocacy to promote solutions identified during rapid assessments, and as a tool to encourage local governments to integrate inclusion into their programmes and budgets.

There is, however, much more that could be done to further disseminate and promote the HIS within the sector, particularly as a resource for older age inclusion and recognising the intersection between disability and older age.

While there was no strong demand for a full and formal revision, there have been shifts in focus in the sector and new priorities that need to be responded to in order for the HIS to remain relevant. What respondents want from the HIS and need in the future depends on the type of work that they do. For those working in mainstream organisations or at an implementing level, short and clear guidance is desired, while for those with a technical specialism, more detail is required. It is therefore important to prioritise an audience for any revision or supplementary resources, as it will not be possible to satisfy the needs all audiences.

There is demand for greater capacity strengthening on both disability and older age inclusion. This could be achieved by enhancing the e-learning offering or by formalising a training-of-trainers approach underpinned by the HIS. With resources stretched within the sector and inclusive practice under threat, it is essential to focus any revisions of the HIS and associated dissemination and capacity-building efforts on meeting the needs of a priority audience. Finding ways to integrate and align HIS content across other standards and ensuring that disability and older age inclusion are central to the Sphere Standards review process, are vital steps for the future of the HIS.

[f] The recommendations table in Annex 1 provides details of each individual recommendation grouped into the three core areas, and our assessment of the potential impact and level of effort required to achieve the recommendation.

Recommendations

Based on this report's findings and analysis, the following recommendations to support HIS evolution are based on first deciding the HIS's priority audience(s). This decision will influence the following three key recommendations.[f]

1. Update the HIS content

While the content of the HIS was found to be largely still relevant and there was no clear demand for their complete revision, there are, nevertheless, sector developments that need addressing to ensure that the HIS remain comprehensive, relevant and usable.

To this end, updating the HIS content is necessary – not least as a precursor for recommendation 2 (developing a dissemination strategy). While rolling out a dissemination strategy is the most impactful action that can be taken to strengthen the HIS impact, doing this without taking the opportunity to update the content and address some of the gaps first would be a missed opportunity, which could have a negative impact.

Key actions:

- **Update the HIS to accommodate the revised CHS (2024) and regain valued alignment.**
- **Provide new signposting to other standards and guidance that fill content gaps in the HIS where possible, on issues such as climate-related emergencies, anticipatory action, the localisation agenda, and intersectionality and diversity within vulnerable populations.**
- **Work with other standard holders to strengthen their content on disability and older-age inclusion.**
- **Review and update the resources section of the HIS (in consultation with OPAs, OPDs, local and national NGOS), drawing initially on resources that have been developed by CBM Global and HelpAge since 2018. Further action can then be taken to develop must-do actions and one-page-style tools to address priority gaps.**

2. Develop a dissemination strategy

The HIS have had significant impact for the organisations that use them and this should be celebrated. However, this research has identified that the lack of ongoing dissemination beyond the ADCAP programme was a missed opportunity. It is recommended that the greatest effort on strengthening use of the HIS goes into developing and implementing a dissemination strategy.

Key actions:

- **Increase awareness and use of the HIS among OPAs, OPDs and local NGOs. The HIS requires further ongoing promotion, and contextual localised dissemination in local languages – particularly to encourage engagement on older age inclusion where awareness is lacking.**
- **Focus on strengthening the capacity of OPAs and OPDs so they can better appreciate how to use the HIS as a resource for their advocacy to influence governments and donors.**
- **Identify and focus on promoting HIS to priority audience(s) then turn the HIS into practical steps for those implementing humanitarian responses.**

- **Strengthen capacity through training:**
  - Update existing e-learning training materials and promote them on existing platforms.
  - CBM Global and HelpAge to advocate for HIS content to be included in the Sphere Trainers' manual and provide training to Sphere Trainers on the HIS to build their confidence in integrating content into their training practice.
  - Develop a HIS-focused Training of Trainers programme. This approach has proven to be effective for the dissemination and uptake of other standards.
- **Custodians, standard-setting bodies and INGOs to celebrate the HIS's successes and unique offering through examples of HIS impact in creating more inclusive humanitarian practice, influencing policies and shaping organisational approaches (see Annex 2 - Case Studies).**
- **Custodians, standard-setting bodies and INGOs to develop case studies of good practice and publish these alongside the HIS, to support advocacy and training, particularly around effective translation/adaptation in different contexts.**

Use the HIS in advocacy

At a time when the humanitarian sector is responding more and increasingly complex crises with less funding, there is a risk that gains in humanitarian inclusiveness for people with disabilities and older people will be lost. There is an urgent need to continue to make the case for inclusive humanitarian action, and the HIS are a valuable advocacy resource.

Key actions:

- **Custodians, standard-setting bodies and INGOs to use the HIS explicitly in advocacy to stop the erosion of inclusion as a humanitarian sector issue, particularly on the inclusion of older people.**
- **All standards custodians and standard-setting bodies to mainstream content from the HIS into other standards and improve signposting between them as a way to increase HIS visibility. A first step towards mainstreaming is to work with the Sphere Communications lead to understand timelines and actions required to ensure that HIS content on disability and older age is connected to relevant content in other standards as part of the HSP update process.**
- **Review the indicators developed for the HIS and make them available as a monitoring resource.**
- **Custodians, standard-setting bodies and INGOs to use the HIS as example of advocacy for formal monitoring and enforcement through existing (CRPD) and required (older age) legal frameworks.**
- **Custodians, standard-setting bodies and INGOs to make the case for disability and older-age inclusion to be maintained and included in institutional donor policy, strategy and funding requirements.**
- **Custodians, standard-setting bodies and INGOs to influence new donors (e.g. philanthropists, impact investors) as they enter the humanitarian space to demonstrate the value of the HIS and other standards as essential resources for quality, accountable humanitarian response.**

Annex 1: Methodology

A brief review of available literature was conducted to determine how and where the HIS were referenced across research publications, policy papers, donor standards, advocacy, and advisory documents. The review included a total of 83 academic articles and grey literature.

An online survey was conducted (see Annex 3) to assess HIS awareness across the sector, and to explore how individuals and organisations were applying the HIS in their policies and practices. The survey was translated into all HIS-available languages: Arabic, Bangla, English, French, Korean, Indonesian, Nepali, Spanish, Tetum, and Ukrainian. It used closed (single- and multiple-choice) questions, and ranking exercises to make completion easy and to ensure a manageable dataset for analysis. The survey was anonymous, although respondents could provide contact details if willing be key informant interviewees as well. All responses were anonymised for analysis and translated back into English.

The survey was shared on LinkedIn, promoted via the IASC Disability Reference Group and Elrha newsletters, and those who had supported the translations were requested to share among their local networks. CBM Global and HelpAge shared the survey internally and promoted to their networks. It was open to responses from 24th June to 20th July 2025 and received 226 responses.

Table 1 Number of online survey respondents by organisational type

Organisation type	Count
INGO	79
Local NGO	69
Organisation of persons with disabilities (OPD)	38
Other	17
No response	11
Government organisation/department	8
UN agency	3
Older Persons Association (OPA)	1
Grand Total	226

Thirty-three semi-structured key informant interviews were conducted in English during the inception phase to shape the research, and, following the literature review and survey, to provide more in-depth insights. Survey respondents with and without experience of using the HIS were interviewed to understand how they were being used, and if there were implementation barriers.

A purposive sampling approach was used; key informants were selected based on recommendations from HelpAge, CBM Global, and individuals interviewed during the inception phase. We also selected key informants from among the survey respondents who agreed to be contacted. We made sure the sample included organisations working at global, national, and local levels, including OPAs and OPDs, both with and without experience of the HIS.

In-country teams identified active members of Age and Disability Working Groups or Task Forces to participate. Participants in the consultations included INGOs, NGOs, OPDs, OPAs, cluster representatives, and government officials.

Table 2 Number of semi-structured interview respondents by organisational type

Organisation type	Count
Academia	2
INGO (working at global level)	13
INGO (working at national level)	4
NGO	7
OPD	4
UN	3
Grand Total	33

In-country consultations were held in Bangladesh, Kenya, and Ukraine (all of which have active, national-level Age and Disability Working Groups or Task Forces) between July and September 2025. Local teams from CBM Global in Kenya, HelpAge in Ukraine, and a consultant who had worked with HelpAge in Bangladesh facilitated the consultations using a discussion guide co-designed by Impel and the in-country teams.

Key results from the online survey results were shared during the consultation workshops, including analyses specific to each region. The consultation discussion was used to reflect on and verify the online survey results in each context. A "strengths, weaknesses, opportunities, and threats" (SWOT) analysis was done, focused on responses to survey Question15, which focused on ranking options for the future promotion of the HIS. Participants were asked to focus on what actions key stakeholders could take locally.

Three case studies were developed focusing on different thematic examples that emerged from the key informant interviews. Further information to complete the case studies was gathered through email, further interviews and document sharing.

Study limitations

The online survey responses were mainly from Europe, and several reasons for this were identified. First, the researchers were Europe-based and while efforts were made to promote the survey across regional and global networks (and it was made available in Arabic, Bangla, English, French, Korean, Indonesian, Nepali, Spanish, Tetum, and Ukrainian), inevitably our influence and connections are greater in Europe. Secondly, HelpAge Ukraine were particularly successful in promoting the survey amongst its networks, which we believe was due to them being Chair of a very active and engaged working group.

The 10-language survey created multiple datasets that were manually aggregated. Google Translate within Google Sheets was used to translate all the languages back into English, and the data was then cleaned to create a principal dataset. This aggregation process meant that in-built tools in the survey software could not be used for initial analysis of the complete dataset (it was possible per language only). Using an online survey platform that accommodated all languages would have made data aggregation easier and saved time in the initial stage of data analysis, however the costs were prohibitive for the size of this project.

Particular effort was made to reach and interview individuals from Older People's Associations (OPAs) and Organisations of Persons with Disabilities (OPDs). HelpAge promoted the survey through their networks and OPAs and OPDs were selected to participate in the consultations and interviews. However, we were not able to reach OPAs through the online survey, with only one OPA completing it, therefore our primary way of gathering data from OPAs was through in-country consultations.

Annex 2: Case studies

ASB Indonesia

Arbeiter-Samariter-Bund (ASB) began working in Indonesia in 2006, following the Yogyakarta earthquake. Disability inclusion is central to its humanitarian work and is a useful entry point for addressing gender, age, and at-risk groups.

In 2012, ASB co-founded the Disability Inclusive Disaster Risk Reduction Network (DiDRRN), a consortium of OPDs and mainstream and disability-focused development and relief organisations. The network promotes the active and meaningful participation of people with disabilities in DRR policy and practice. Disability inclusion is now integrated into all ASB project interventions, including disaster risk reduction, climate adaptation, humanitarian response, and livelihood development, and other organisations now recognise ASB's expertise in disability inclusion.

While ASB was not a partner in the original ADCAP project, it closely followed the development of the HIS from and quickly adopted them after they were published.

What challenges did this practice address?

Two key challenges existed in relation to HIS use in Indonesia: not being available in local languages and not addressing priority issues such as disaster risk reduction and anticipatory action.



Figure 4. Short training on Sphere and HIS for volunteers working with older people and people with disabilities during early response work, central Sulawesi (ASB 2018)

What was done to address the challenge?

ASB aimed to make the HIS relevant in the Indonesian context in the following ways:

- ASB translated the HIS into Bahasa Indonesian and supported translation into Tetun in Timor-Leste.
- ASB used HIS alongside Sphere for project planning, monitoring, and evaluation.
- ASB produced a brief linking Sphere, the HIS, IASC guidelines, and ASB's "five inclusion musts" which were adopted into many inclusion-related areas in the National Government Regulation on Protection of Persons with Disabilities in Disaster in 2020.
- ASB partnered with previously trained OPDs to deliver training for other organisations.

ASB applies HIS principles in line with its "five inclusion musts" when developing disaster action plans and anticipatory approaches. Sphere and the HIS are also used to train local actors, including village officials and disaster management staff. In practice, HIS key actions and Sphere indicators support preparedness and early action, including ensuring sufficient stocks of aid and assistive items that reflect the and needs of at-risk groups such older people and people with disabilities.

What are the results?

In 2020, ASB worked with Indonesia's National Disaster Management Authority (BNPB Training Center) to develop a facilitator training curriculum and module on inclusive disaster risk management, which incorporated the HIS. Internally, staff understanding of inclusion has improved, including in human resources management. And as WASH is a core focus of ASB in its humanitarian response, ASB also developed training on inclusive WASH in emergencies to strengthen the capacity of local partners, OPDs, and ASB staff in Southeast Asia during disaster preparedness and early response.



Figure 5. Training on Inclusive WASH in emergencies (ASB 2023)

What can other organisations learn from this practice?

Global standards guidelines can provide strong reference for local practice, but they must be adapted to local capacities, practices, and languages. Training on these standards should be offered in various formats, including short courses and Training of Facilitators, supported by participatory training methods and accessible learning materials that communicate the key content of global standards.

Meaningful participation of people with disabilities and older people in training, preparedness and response can drive wider inclusion and strengthen advocacy. Once global standards and guidelines become core organisational values, they need to be mandated in the organisation's vision, mission, and practices, with funding of partner training seen as an investment in increasing inclusive collaboration.

Convite AC, Venezuela

Convite AC is a Venezuelan national NGO and a member of the HelpAge Global Network. For 18 years it has advocated to protect the welfare and rights of all people – especially older people's pension rights – and to hold duty-bearers to account. Since 2016, a "complex humanitarian emergency" has affected millions of Venezuelans, leading to mass migration and the deterioration of basic services, including healthcare. In response, in 2020 Convite AC started implementing humanitarian assistance projects for older people and people with disabilities.

What challenges did the using the HIS set out to address?

Convite AC staff had limited understanding of inclusion standards, and inclusive measures were often missing from project design, assessments, activities and evaluations. This increased the risk of excluding the groups the organisation aimed to prioritise.

Convite also faced resistance from partners and donors, who saw inclusion as too complex or costly, and felt that the lack of a dedicated UN mandate or agency for older people' rights has hindered the systematic adoption of the HIS across Venezuela's humanitarian sector. Their data shows that the biggest group of people with disabilities are older people, yet humanitarian action often focuses on children and younger people. Donors also ask for data on people aged 50 years and above, without further disaggregation beyond 50 years, hiding important differences. Overall, age and disability inclusion is often seen as a mandate and rather than a responsibility

What was done to address the challenge?

To embed inclusion at the core of its work, the organisation developed and implemented training and capacity-strengthening activities to address staff needs for greater knowledge and technical skills. Support was provided by HelpAge International and Sphere focal points on the HIS for older people and people with disabilities, the CHS, and the Minimum Standards in Humanitarian response.

Through an intensive eight-week training course run by HelpAge's Global Inclusion Advisor, Convite AC's staff (including financial, technical and implementing team members) participated in interactive sessions that increased their technical expertise, leading to a full review and update of internal procedures and tools to apply the HIS in humanitarian projects.

Following the training, Convite AC, with the support of the Global Inclusion Advisor, developed a specific module for their staff induction that covers the HIS and its nine commitments. The HIS now provides Convite AC's foundation for understanding inclusive humanitarian action.

What are the results?

There has been an improvement in many aspects of the organisation's humanitarian response, and throughout the programme cycle:

"When you talk about older people's inclusion, many organisations push back, implying that they are being asked to change the way they provide services. And we're saying, no, what we're asking (of) you is that the service you already provide integrates a measure to ensure the inclusion of older people and people with disabilities.

Key Informant, Venezuela

- During needs assessments, the Washington Short Set questions on disability are included in all assessment and needs evaluation forms and protection risk categories expanded to include, for example, neglect and abuse. Furthermore, caretaking duties of older people are always recorded, and SADDD is systematically applied in all interventions and reports.
- In the project design, budget lines are included, whenever possible, for the acquisition and distribution of assistive technologies (AT), medication for non-communicable diseases and outreach activities.
- The HIS and inclusion are always part of training for humanitarian workers. Implementing staff are trained to actively identify and include older people and people with disabilities who are marginalised, have very limited mobility, or live alone. The distribution of AT is performed on an individual basis.
- Examples of adapted activities include, for example that distribution spaces are inspected prior to activities to ensure they are safe and accessible following the Reach, Enter, Circulate and Use (RECU) principle. Community volunteers identify and get to know older people and people with disabilities with limited mobility, and outreach activities such as food and medicine distribution are always included in Standard Operational Practice. The organisation knows that older people often are caregivers to other vulnerable groups. Therefore, Convite's distribution activities – including the timing – are adapted to the older people's daily routines so that they can participate.

Older people are also recognized for their important community-based capacities. Mental health and psychosocial support activities are led by trained older people, who are members of their communities.

What can other organisations learn from this practice?

Effective application of an inclusive approach in humanitarian response requires training and technical expertise. But it is not as complex as many organisations fear:

- Inclusive measures can be easily integrated into general services through using and applying HIS using few resources.
- Adaptation of HIS may take time but it can substantially improve the quality of the response, because it advises that all people affected by a crisis receive assistance, feel safe and protected, and are treated equally.

Refugee Consortium of Kenya

The Refugee Consortium of Kenya (RCK) works with forcibly displaced populations, and its response is based on four key pillars:

- Legal aid and governance
- Mental health and psychosocial support
- Women and girls' empowerment
- Peace and social justice

What challenges did using the HIS help to address?

Applying the HIS is relatively new for the Refugee Consortium of Kenya. The organization formerly used the Age Gender Diversity Policy, but this did not fully meet HIS inclusion standards. As a result, programme design and delivery in relation to older people and people with disabilities were weak.

RCK's focus was mainly on people of working age, overlooking older people and their needs. The Monitoring, Evaluation and Learning framework lacked indicators for older people and people with disabilities, and although a disability mainstreaming policy existed, it did not offer a clear or comprehensive approach to inclusion. For example, there was a lack of evidence of systematic data disaggregation; data collection tools were not systematically adapted to ensure accessibility and therefore could not ensure the participation of people with

disabilities and older people. Barrier analysis was also limited, as was the involvement of older people and people with disabilities in shaping frameworks, tools and project design. This showed the need for a stronger organisational culture of inclusion.

What was done to address the challenge?

The RCK executive director and his team were trained by the Global Inclusion Advisor and actively sought to promote inclusion of people with disabilities and older people within the organisation.

Dismantling attitudinal barriers that people have about disability and older age was and remains one of the most important elements. RCK developed a working arrangement with the United Disabled Persons of Kenya to build the capacity of RCK as an organisation to review their disability inclusion initiatives from design to evaluation.

In addition, influencing the board and senior managers to enable age and disability inclusion to become part of organisational culture was undertaken, with inclusion champions installed in across RCK offices in Kenya.

Capacity strengthening: To ensure RCK continues to be a learning organisation, including on themes such as women with disabilities (because of their risk of violence and neglect) and gender equality in general, HIS are now part of induction material.

Beyond strengthening capacity within the organisation, RCK uses the HIS as a resource to strengthen community leaders' capacity. The Royal Embassy of Denmark funded RCK (under its legal aid and governance stream) to conduct activities to strengthen government capacity at both national and sub-national level in Kenya. RCK staff use the HIS sector guidance on health, education and WASH as a resource to support these activities.

"When I interact with my team, I can see that recognising the capacity and rights of older people and those with disabilities is becoming part of the culture and personal disability."

Key Informant, Kenya

What are the results?

Design and proposals: Disability issues used to be treated generically, but now, from the design phase, proposals are based on barrier analysis and clearly document what access support for legal services and courts is needed. If certain technical expertise is lacking, RCK acknowledges it and seeks donor support.

Data disaggregation is beginning to be standard. Under RCK's legal aid pillar, for example, the case management system must now clearly confirm both the age and type of disability for people with disabilities in supported court cases.

Implementation: RCK is working hard to encourage older people to access their services by making it clear that the organisation understands their needs, and an accessibility checklist is expected to be used across all programmes. The organisation has developed its disability inclusion accountability framework through a highly consultative process. Besides IASC and CRPD as references, the HIS helped draft a clear policy on disability and prioritizing older people.

M&E: In 2025, media reporting has consolidated data for the first time. MEL indicators have been developed and for the first time, self-assessment templates are being used.

What can other organisations learn from this practice?

Training and capacity strengthening is key, especially for senior management staff who can cascade knowledge to other staff and make inclusion part of the culture of the organisation.

The capacity and understanding of the HIS by partner organizations (including those working with people with disabilities) may differ, so strengthening partnerships that can leverage inclusion expertise can help them move forward.

Annex 3: Online survey

We would like to find out how relevant and useful the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) continue to be. This survey aims to capture what types of organisations are using them, and how the attention to the inclusion of older people and people with disabilities can remain and improve in humanitarian action.

The Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) was first published in 2018 by the Age and Disability Consortium as part of the ADCAP programme. The HIS was developed under the guidance of the consortium of CBM Global, DisasterReady.org, Humanity and Inclusion, HelpAge International, International Federation of Red Cross and Red Crescent Societies (IFRC), Oxford Brookes University and RedR UK. The Humanitarian Inclusion Standards are a recognised standard holder of the Humanitarian Standards Partnership.

Thank you for taking the time to complete this survey to share your experience.

Questions:

1. Where are you based?

- North America
- Central America
- South America
- Caribbean
- North Africa
- West Africa
- Central Africa
- East Africa
- Southern Africa
- Europe
- Middle East
- South Asia
- East Asia
- Southeast Asia
- Pacific

2. What type of organisation are you working for? (1 option)

- INGO
- Local NGO
- UN agency
- International Finance Institution
- Government organisation/department
- Organisation of persons with disabilities (OPD)
- Older People's Association (OPA)
- Other (specify)_____

3. What area of work do you do? (1 option)

- Practitioner – Management
- Practitioner – Field staff
- Grant making/Finance
- Policy
- Trainer
- Researcher
- Other (specify)_____

4. What main sector do you work in? (1 option)

- Protection
- WASH
- Food Security & livelihoods
- Nutrition
- Shelter, settlement & households
- Health
- Education
- Camp Management
- Disaster Preparedness, Resilience and Risk Reduction
- Other

5. Have you used or applied the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) in your work? (1 option)

- I don't know the HIS (skip to q13)
- No (skip to q12)
- Yes

6. Yes - Where did you first learn about the Humanitarian Inclusion Standards?

Through (1 option)

- SPHERE standards
- Humanitarian Standards Partnership
- ADCAP (Age, Disability Capacity Programme) partner training
- Online, e.g. DisasterReady, Kaya
- Other training
- Organisational induction/strategy/guidance
- Colleagues/networks
- Internet search
- Can't remember
- Other _____

7. To what extent have you used or applied the Humanitarian Inclusion Standards? (1 option)

- Only in research e.g. to shape research design/methodology
- Only indirectly: we keep the inclusion standards in mind
- We use the standards for proposal development
- (The previous and) when developing a strategy
- (The previous and) when producing operational guidance
- (The previous and) we routinely develop and monitor indicators that reflect the standards in all our humanitarian work

8. Have the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) changed how you think about inclusion (attitude)? (1 option)

- No, because I am already familiar with inclusion principles
- No, I don't feel it is relevant for my work
- Yes, a little
- Yes, a lot

9. Have the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) influenced your practical approach to inclusion (practice)? (1 option)

- No, we already apply a rights-based approach to the inclusion of older people and people with disabilities
- No, we haven't started a process yet for implementing it (skip to q12)
- Yes, a little
- Yes, a lot

10. Do you apply the Humanitarian Inclusion Standards to older persons and persons with disabilities...? (1 option)

- ...in equal measures
- ...more or exclusively for older people
- ...more or exclusively to people with disabilities

11. In what format do you use the Humanitarian Inclusion Standards the most? (1 option)

- Printed paper handbook
- Digital Handbook pdf
- Sphere Interactive Handbook

12. The Humanitarian Inclusion Standards is available in several languages. In what languages do you use the HIS?

- Arabic
- Bangla
- English
- Indonesian (Bahasa)
- Korean
- Nepali
- Tetum
- Ukrainian
- Other, please specify_____

13. Have you stopped using the HIS standards?

- Yes
- No

14. To what extent are the Humanitarian Inclusion Standards still needed as a tool (mechanism/framework) to further the inclusion of older persons and persons with disabilities? (1 option)

- No longer required because the inclusion of older people and persons with disabilities has become a routine part of all humanitarian programming
- No longer required because the inclusion of specific named groups is not necessary
- They are still required to guide work on the inclusion of older people in humanitarian programming
- They are still required to guide work on the inclusion of persons with disabilities in humanitarian programming
- They are still required to guide work on both the inclusion of older people and persons with disabilities in humanitarian programming

15. Given the current political challenges around diversity, equity and inclusion, rank the following actions for the inclusion of older persons and persons with disabilities in humanitarian programming in order of priority (ranking)

- Update the current HIS
- Revision of other humanitarian standards/guidelines with integration of HIS
- Focus on training inclusion experts in mainstream organisations
- Capacity strengthening specifically of representative organisations – Older Persons Organisations (OPAs) and Organisations of Persons with Disabilities (OPDs).
- Influencing donors for direct funding of older age and disability inclusion initiatives and programmes

16. May we contact you in case we would like to ask you to participate in a key informant interview?

- Yes
- No

Please provide your contact details:

First name
Last name
Email
Company

Thank you very much for your time and support

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