REPORT 2025

Lives at the Intersections

How identity shapes risk of harm and access to aid in EWIPA contexts - Identifying humanitarian gaps and an Agenda for Action.

handicap international humanity &inclusion

Contents

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Acronyms

AAP	Accountability to Affected Populations
AOAV	Action on Armed Violence
AOR	Area of Responsibility
CPP	Conflict Preparedness and Protection
DRC	Danish Refugee Council
DIWG	Disability Inclusion Working Group
EO	Explosive Ordnance
EORE	Explosive Ordnance Risk Education
EWIPA	Explosive Weapons in Populated Areas
GBV	Gender-Based Violence
GHF	Gaza Humanitarian Foundation
HCT	Humanitarian Country Team
HAI	HelpAge International
HI	Handicap International - Humanity & Inclusion
HMA	Humanitarian Mine Action
HNRP	Humanitarian Needs and Response Plan
HRW	Human Rights Watch
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IED	Improvised Explosive Device
INGO	International Non-Governmental Organisation
IOM	International Organization for Migration
KAP	Knowledge, Attitudes and Practices
KII	Key Informant Interview
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and others
MA AoR	Mine Action Area of Responsibility
NCD	Non-Communicable Disease
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODI HPG	Overseas Development Institute, Humanitarian Policy Group
OHCHR	Office of the United Nations High Commissioner for Human Rights
OPD	Organisation of Persons with Disabilities
oPt	Occupied Palestinian Territory
PTSD	Post-Traumatic Stress Disorder

REACH	REACH Initiative
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDIR	United Nations Institute for Disarmament Research
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WDLO	Women with Disabilities–Led Organisation
WG	Washington Group on Disability Statistics
WHH	Women-Headed Household
WHO	World Health Organization
WLO	Women-Led Organisation

Executive Summary

When explosive weapons are used in populated areas (EWIPA) the survival of civilians is influenced not only by their proximity to the blast, but also by the combination of their identities, vulnerability factors and the societal systems and power dynamics that influence their access to protection, services and assistance.

As the number of civilians killed or injured by explosive weapons continues to rise, the commitments of States and humanitarian actors to inclusion must be at the cornerstone of humanitarian action, particularly as the impacts of attacks and explosions are not only immediate and devastating, but also deeply systemic. Infrastructure collapse, service disruption and long-term contamination amplify existing inequalities and generate complex and layered needs. In such settings, inclusive and intersectional approaches are not optional; they are essential for reaching those most at risk and most affected.

This report by Handicap International – Humanity & Inclusion (HI) examines how intersecting identities, particularly age, gender and disability, shape civilians' exposure to EWIPA-related harm and their access to humanitarian assistance. It also explores structural gaps in humanitarian action that hinder the planning and delivery of inclusive and intersectional responses. The report draws on desk research, key informant interviews and a multi-stakeholder workshop with humanitarian and disarmament stakeholders, including local and national non-governmental organisations (NGOs), international NGOs (INGOs), United Nations (UN) agencies, States and donors. The research focused on Gaza, Ukraine and Yemen to identify both shared and context-specific dynamics.

By contributing to the limited body of evidence on intersectionality and vulnerability in EWIPA contexts, this report aims to foster collective efforts across research, programming and advocacy to deepen understanding of civilians' risks and vulnerabilities, and of the barriers they face in accessing assistance. The Political Declaration on EWIPA calls for inclusive, gender-sensitive and non-discriminatory assistance; this report supports that commitment by setting out an Agenda for Action to catalyse multi-stakeholder and cross-sectoral engagement.

Key findings

1. An intersectional approach reveals hidden harms. **Structural inequalities and overlapping systems of oppression, such as sexism, ageism and ableism, shape civilian risk of EWIPA-related harm**, barriers to accessing services and assistance, and the design and delivery of humanitarian action in EWIPA contexts.
2. **Multiple and compounding risk patterns reveal the complexity and influence of intersecting identities**, combined with vulnerability factors, on the ability and capacity of civilians to protect themselves.
    - Mobility barriers - encompassing both individual limitations (such as age or disability) and external factors (such as lack of transport, insecurity or social norms) — emerge as the primary risk. They are profoundly influenced by age, disability, gender and socio-economic status, determining who can evacuate or seek safety.
    - Gender intersects with age and disability to create distinct and overlapping mobility challenges for women, especially older women and women with disabilities, and women-headed households (WHHs). These are also exacerbated by restrictive social norms in Gaza and Yemen.

- EWIPA-related risks shift as persons with disabilities lose assistive devices, family and community networks disappear, financial hardship increases, household composition changes and multiple systems collapse.
- Age is a key driver of risk, often determining mobility barriers faced by both young children (typically from birth to around eight years old) and older people.

3. **Risks of EWIPA harm and barriers to accessing assistance are two sides of the same coin.**
    - Both are influenced by intersecting identities, primarily age, disability and gender, and vulnerability factors, in particular financial hardship, household composition, marital status, and social and cultural norms.
    - Gender is a critical determinant of both risk and access. Women and girls, especially older women, adolescent girls with disabilities, WHHs, including widows and divorced women, face heightened risks of harm due to mobility constraints linked to caregiving roles, lack of safe and adapted shelters, gender poverty and restrictive social norms. Stigma related to both gender and disability often results in compound discrimination.
    - Similarly, a lack of access to inclusive information and communications is a primary factor in both risk of harm and barriers to accessing services and assistance. Disability and gender, together with location (i.e. living in a rural or remote area) and displacement, amplify barriers to accessing lifesaving communications about evacuation, shelters and aid.
4. **Disability has direct and indirect consequences, and is a compounding identity factor of risk and barriers.**
    - EWIPA use significantly increases the number of persons with disabilities, while also exacerbating existing impairments, in this way creating distinctly unique rehabilitation and long-term needs not seen in other conflict contexts.
    - Disability is often viewed narrowly through a physical or older age lens; however, vulnerability spans all ages and impairment types.
    - Disability is also complex. Different types of impairment shape risks of EWIPA-related harm and create distinct barriers to mobility, access to shelters, information and communications and services.
    - Disability does not just affect the individuals. It reshapes the lives of entire households, especially WHH and women caring for children and relatives with disabilities, who face heightened mobility barriers and challenges accessing services and assistance.
5. **Barriers to accessing assistance illustrate the influence of systemic inequalities rooted in ageism, ableism and sexism.**
    - Systems and processes are largely built and delivered without an inclusive and intersectional approach, thus perpetuating exclusion. For example, aid distribution points are designed with an implicit bias toward able-bodied users.
    - Women and persons with disabilities and older people with restricted mobility are systematically excluded, with women and girls often facing cultural and gender norms further affecting their ability to access services and aid due to gender-biased systems.

6. **Overlapping and systemic gaps in humanitarian action compound and hinder the planning and implementation of intersectional and inclusive programming in EWIPA contexts.**
    - The absence of a shared definition of inclusion across the humanitarian sector fuels fragmented responses. Too often, inclusion is narrowly framed as disability programming or broken down into siloed categories of gender, age, sex and disability. This leaves those with intersecting identities at risk of being overlooked in data, policy and programming.
    - Humanitarian action still lacks visibility on intersecting identities. Data on EWIPA casualties, excess deaths, impacts and access barriers remains patchy, inconsistent and leaves out those most at risk and impacted out. Data collection remains reductive, often dictated by numbers and a binary approach to vulnerability.
    - Donors' and international organisations' definitions of "lifesaving" interventions are not grounded in context, experiences, needs and lived realities.
7. **The most inclusive actors are the least funded, the least supported and resourced, and the most invisible in humanitarian coordination structures.**
    - Local organisations, especially women-led and disability-led groups, are chronically under-funded, struggle to access funding, and face multiple challenges in conforming to donors' requirements and funding frameworks.
    - Affected communities with intersecting identities and their representatives are not included in the planning, delivery and monitoring of humanitarian action, including coordination structures that are dominated by international agencies.
    - The unique impacts of EWIPA use on humanitarian actors, including the destruction of offices and assets, staff displacement and loss, and security risks, are not being adequately addressed by donors. This is especially detrimental to local organisations, including international agencies' partners, that deliver critical services amid bombardment while facing disproportionate exposure to danger and loss.
8. **Donors' practices perpetuate and contribute to systemic gaps in inclusive and intersectional humanitarian programming in EWIPA contexts and often influence international humanitarian actors' practices with local organisations.**
    - The scale, severity and abruptness of funding cuts in early 2025, with in some cases an overt rollback on diversity, inclusion and accessibility efforts, have had critical consequences on all humanitarian actors, with national and local organisations hit the hardest.
    - Funding models remain top-down and prescriptive, often prioritising short-term, single-issue projects over flexible, multi-year funding.
    - Unequal power dynamics persist within humanitarian coordination structures, where international actors dominate decision-making and local participation can amount to tokenism.
    - INGOs can play a key role in enabling principled and inclusive humanitarian action, particularly to facilitate equitable partnerships, and ensure recognition of local actors' proximity, expertise and trust within affected communities.

Agenda for Action

The Agenda for Action outlines six priority areas to strengthen inclusion and intersectionality in humanitarian responses in EWIPA contexts. It seeks to catalyse greater focus and joint action on the delivery of intersectional and inclusive programming in EWIPA contexts, ensuring that humanitarian responses effectively address overlapping vulnerabilities and reach those most at risk. It also aims to guide and foster States' and humanitarian actors' implementation of the Political Declaration's humanitarian commitments on inclusion.

Key recommendations include:

Priority Area 1: Strengthen understanding, awareness and capacity

EWIPA Political Declaration's signatory States to:

- Host multi-stakeholder convenings in key national, regional and global fora with a view to encouraging the sharing of practices, foster the sharing of local actors' experiences, especially self-led organisations and affected communities on inclusive approaches, and co-create a clear and coherent definition and policy framework on inclusion and intersectionality in EWIPA contexts. Key opportunities include the EWIPA annual monitoring conferences.
- Leverage their engagement across EWIPA-related agendas to systematically integrate inclusion and intersectionality, and to convene dialogues, such as roundtables, that build shared understanding.

UN, INGOs and Donors to:

- Acknowledge and take concrete steps to address biases, assumptions, the "hierarchy of needs" and power dynamics within humanitarian and funding systems, and within humanitarian actors' own organisations that perpetuate exclusion.
- Re-examine international assumptions around what is considered "lifesaving." Current interpretations often reflect donor or institutional priorities rather than the lived realities of civilians in EWIPA contexts, where access to services like rehabilitation can mean the difference between life and death.

UN and INGOs to:

- Provide technical capacity-building and training on intersectional and disability-inclusive approaches across sectors, including clusters, HCTs (and Resident Coordinators), as well as HQ-level teams and functions (e.g. partnerships, fundraising, programmes and advocacy).
- Establish an EWIPA Inclusion and Intersectionality Community of Practice to drive joint learning, evidence exchange and practical innovation.
- Use real case studies and storytelling to ensure learning is contextual, relevant and actionable.

OCHA to:

- Integrate considerations of the risks, harms and impacts of EWIPA use on civilians with intersecting identities into key advocacy messages and statements on the situation of civilians in EWIPA contexts, ensuring alignment with and explicit reference to the Political Declaration's humanitarian commitments on inclusion.

Protection Clusters to:

- Systematically integrate intersectional and inclusion indicators into coordination and reporting tools (e.g. 5Ws - Who, What, Where, When, for Whom, protection analysis updates, and needs assessments), ensuring that age, gender, disability and other identity factors are captured and analysed in collaboration with other clusters.

Priority Area 2: Increase resources and technical expertise

INGOs and UN to:

- Promote and deliver a twin-track approach that both mainstreams age (including younger and older people), gender and disability across all programming, and delivers targeted interventions for civilians with intersecting identities, such as ethnic minorities in Yemen and Ukraine, and gender-diverse groups in Ukraine, addressing their specific risks, needs and access barriers.
- Create senior specialist "Inclusion and Intersectionality" technical roles that prioritise organisational and sector-level capacity-building and technical expertise on intersectionality and inclusion in humanitarian responses.
- Integrate inclusion and intersectionality from the very start of humanitarian responses, so that EWIPA-related patterns of risk, harm and impact inform both planning and delivery.

OCHA to:

- Ensure that the simplification and streamlining of structures is not undertaken at the expense of critical standards and expertise, including rehabilitation, EORE, protection and disability inclusion.
- Urgently embed intersectional inclusion within humanitarian coordination by establishing, or, where they already exist, strengthening Inclusion Working Groups to formally integrate intersectional analysis (including age, gender, disability and other identity factors) into planning, prioritisation and monitoring. This should align with ongoing humanitarian reform efforts to ensure that the mechanism is recognised and activated within the Global Cluster architecture.

Donors to:

- Engage in the Humanitarian Planning Cycle, both globally and at country level, leveraging their influence to aid the development of intersectional and inclusive responses: this includes voicing clearly what they need to provide funding that responds to and addresses

the distinct needs and barriers to accessing services for civilians in EWIPA contexts, e.g., intersectional risk analysis, disaggregated data etc.

Priority Area 3: Transform power, leadership and participation

EWIPA Political Declaration's signatory States to:

- Assist and champion EWIPA survivors and victims in their diversity to participate in EWIPA-related discussions and decision-making processes at all levels. This includes ensuring their representation in official agendas and supporting them or their representatives to attend relevant meetings, including the annual EWIPA Political Declaration monitoring conference, national-level consultations and State-hosted events.

UN, INGOs and Donors to:

- Ensure partnerships - including Consortia - are co-created, co-budgeted and co-governed with local actors, and informed by intersectional analysis of risks, vulnerabilities, needs and barriers affecting civilians in all their diversity.
- Acknowledge the scale of complexity of intersecting identities; for example "disability" is not a binary phenomenon, and risks and barriers are influenced by the type of impairment and the environment and systems people live in.
- Invest in quality and equitable partnerships with local organisations. This includes:
    - Co-creation throughout the entire project cycle, from planning through to implementation and evaluation, and including budget development.
    - Community-informed and identified needs and priorities.
    - Allocation of dedicated budget headings for security, relocation, staff wellbeing and operational continuity for local actors in EWIPA contexts.

HCT and Clusters to:

- Support and promote local actors' role as co-leaders in coordination structures.
- Ensure the inclusion of WLOs, OPDs and local organisations led by or serving older people, children and youth, especially those working with civilians with intersecting identities (e.g., WDLOs) in all humanitarian clusters.

Donors to:

- Demand that HCTs and national and local humanitarian coordination structures include WLO and OPD representation, as an entry point toward more meaningful participation.
- Provide financial support to enable the participation of local actors in coordination mechanisms, including funding for childcare, transport, interpreting, etc.

Priority Area 4: Strengthen collaboration and coordination

EWIPA Political Declaration's signatory States to:

- Use international Political Declaration review meetings to organise cross-country and multi-stakeholder thematic dialogues on inclusion in EWIPA contexts.

EWIPA Political Declaration's signatory States, UN agencies, humanitarian and mine action actors, ICRC, and civil society organisations to:

- Convene a series of online dialogues/roundtables to discuss key data gaps in EWIPA contexts, including a lack of disaggregated data for EWIPA casualties and injuries, and civilians affected directly and indirectly by EWIPA use; fragmented and inconsistent data systems; and a lack of local community and actor participation and engagement.
- Explore and agree concrete steps towards strengthening critical data, such as patterns of civilian harm and the direct and indirect impacts of EWIPA use on civilians in their diversity.

Donors to:

- Use donor coordination mechanisms and initiatives, such as the Protection Donor Group, to align requirements, funding prioritisation in EWIPA contexts, exchange and explore ways to increase direct funding for local actors, and strengthen their positioning on participation and leadership of local organisations and inclusion.

International networks and civil society organisations in the humanitarian disarmament sector to:

- Integrate inclusion and intersectionality across existing EWIPA-related initiatives and existing implementation mechanisms of the political declaration, as well as broader humanitarian disarmament initiatives, in conjunction with specialist organisations, and to strengthen collective research and advocacy in support of the Political Declaration's humanitarian commitments. This could include:
    - Supporting cross-country research projects within existing disarmament and humanitarian coordination mechanisms to explore issues and gaps identified by HI's work.
    - Promoting the development of a "Programmatic Compact" on Inclusion and Intersectionality in Humanitarian Action in EWIPA contexts — led by INGOs and local partners — to translate the Political Declaration's commitments into operational practice through existing structures and partnerships.

Specialist organisations to:

- Work with mainstream INGOs and through INGO-led Fora/Networks to ensure that collective advocacy statements and initiatives on EWIPA contexts emphasise the impacts of EWIPA on civilians in their diversity.
- Explore country-level funding partnerships opportunities, such as Consortia, with local actors.

Priority Area 5: Invest in inclusive and joined-up data systems

EWIPA Political Declaration's signatory States to:

- Lead the development of common reporting standards and indicator frameworks that require sex-, age-, and disability-disaggregated data, as a minimum requirement.

UN, INGOs, local actors and national statistical systems, supported by donors to:

- Strengthen evidence on the patterns of risk and harm in EWIPA contexts through coordinated and inclusive data systems.

UN, INGOs and donors to:

- Invest in and prioritise community-driven data collection by strengthening the capacity of self-led groups, collaborating with affected communities, including children and adolescents with disabilities, to collect, analyse and share data.
- Fund cross-country participatory research to generate context-specific evidence on how civilians experience and respond to the risks and impacts of EWIPA, and how intersecting identities, combined with vulnerability factors, influence them.
- Establish country-level joint frameworks/platforms between mine action actors and humanitarian actors across sectors (e.g., health, shelter, food security, education and protection) to strengthen data collection and analysis on intersectionality, identify and address gaps.

Donors to:

- Fund the development of robust tools and approaches that enable cross-sectoral and intersectional data collection and analysis, both within and across specialist and mainstream organisations, on risks, impacts and access barriers.

UN and civil society organisations collecting data on EWIPA attacks and EWIPA casualties [e.g., Insecurity Insights, Airwars and AOAV] to:

- Develop common tools, including code books and standards, that increase the coherence of EWIPA data collection methods and reporting practices.
- Build relationships and engage in relevant initiatives (e.g., protection of healthcare in EWIPA contexts and the Safe Schools Declaration).
- Co-design pilot country EWIPA data collection systems (direct + reverberating) with national authorities, NGOs, hospitals and other relevant actors.

Priority Area 6: Reform funding models and invest in intersectionality

Donors to:

- Ensure their systems and platforms are inclusive and accessible to diverse organisations including smaller OPDs, WDLOs, WLOs, survivors and women-led networks and youth

organisations, and that efforts are made to make the calls for proposals as inclusive as possible.

- Create inclusive and accessible platforms for increased dialogue with local organisations, including OPDs, WLOs, WDLOs, youth groups and survivor-led networks.
- Adopt funding frameworks and approaches that:
    - Are adapted and meet the needs of smaller, self-led and local organisations working with groups with intersecting identities, and allow direct, flexible and multi-year funding.
    - Move beyond single-issue project categories to support integrated and intersectional approaches.
    - Mandate inclusion and intersectionality as a core requirement of programmes, and include trackable indicators, and quantitative and qualitative measures of success, and benchmarks, including on participation and leadership of affected communities.

The full Agenda for Action is available at the end of the report.

Qamar is a 7-year-old child from the north of the Gaza Strip. She was injured when shrapnel from a tank shell struck their home. She lives with her parents in a camp for internally displaced persons. © Y. Nateel / HI

Introduction

1. Global trends in the use of EWIPA

The use of explosive weapons in populated areas (EWIPA) has escalated at an alarming rate in recent years, surging to unprecedented levels in 2024. Civilian populations continue to bear the brunt of explosive violence, with the toll on women and children rising drastically. Civilian casualties included at least 2,932 women and 3,089 children— a staggering increase of 25% and 13% respectively from 2023.[1] This made 2024 the deadliest year on record for women and children.

The devastating humanitarian impact of EWIPA is compounded by the widespread use of weapons with wide-area effects; munitions originally designed for open battlefields but now frequently deployed in populated and urban settings. Their destructive radius, inaccuracy and the dispersion of multiple munitions make them especially harmful in densely populated places, such as cities, towns, villages and displacement camps. Beyond the immediate death and injury caused by explosive weapons, unexploded ordnance (UXO) traps communities in fear, delays recovery, and creates new waves of victims for years or even decades to come.[2]

Snapshot of EWIPA use in 2024[3]

- 67% rise in civilian casualties from explosive weapons, with 61,353 reported killed and injured compared with 36,640 in 2023. Globally, there was a 39% increase in total casualties from explosive violence in 2024.

- 90% of all incidents occurred in just four countries, namely Lebanon, Myanmar, Palestine and Ukraine.

- The number of explosive attacks on education facilities and personnel have more than doubled in one year; the highest numbers were recorded in Ukraine, Palestine and Myanmar.

- A 64% surge in explosive weapon attacks on healthcare.

- Explosive weapons were used in 1,631 attacks on humanitarian aid; almost five times more than the 357 incidents recorded in 2023. Palestine accounted for 90% of all cases.

2. Why an intersectional approach matters

The harm inflicted by EWIPA is not experienced uniformly. Civilians' exposure to both direct and indirect impacts is shaped by intersecting aspects of their identity, including age, sex, gender and disability,[4] with other additional characteristics, such as ethnicity in Yemen and Ukraine, often worsening the impact.

[1] Explosive Weapons Monitor (2025) Explosive Weapons Monitor 2024

[2] International Committee of the Red Cross (ICRC) Five things to know about the deadly legacy of explosive remnants of war

[3] Explosive Weapons Monitor, Supra, 1.

[4] For the purposes of this report, age refers to the different stages of a person's life cycle. Children are defined as individuals under 18 years of age, with young children referring specifically to those from infancy up to eight years old. "Older people" refers to civilians over 60; however the

Systems of oppression—such as ageism, ableism, sexism and racism— shape individuals' socio-economic, cultural and policy advantages and disadvantages, power relations and privilege. These dynamics perpetuate systemic inequality,[5] and in the context of EWIPA significantly intensify the humanitarian consequences of explosive violence. Additional factors including displacement, poverty, household composition and marital status further compound vulnerability to EWIPA-related harm and restrict access to essential services and humanitarian assistance. Applying an intersectional lens makes these overlapping risks visible, helping to uncover experiences that are often hidden and ensuring that humanitarian responses reach those most at risk and affected.

3. About the report

This report examines how intersecting identities and vulnerability factors shape civilians' exposure to harm from the use of explosive weapons in populated areas and their access to services and aid, and how current critical gaps in humanitarian action prevent the planning and delivery of inclusive and intersectional responses.

Gaza, Ukraine and Yemen were selected as the three main contexts for the research as they each illustrate the devastating humanitarian consequences of EWIPA use, while offering diverse political, social and operational environments. Examining these varied contexts brings critical depth to the analysis, enabling a more nuanced understanding and comparative perspective essential for identifying both common patterns and key differences that stem from context-specific dynamics.

The report draws on data and findings from in-depth desk research, key informant interviews (KIIs) and a multi-stakeholder online workshop. The research prioritised diversity of experience and perspective, with a strong emphasis on the lived realities of individuals affected by EWIPA. A total of 38 informants, both internal and external to HI were interviewed, with an additional three contributors from Gaza providing written input due to internet access challenges. Key informants included representatives from national and local organisations operating in Gaza, Ukraine and Yemen, including women-led organisations (WLOs), organisations of persons with disabilities (OPDs), and women with disabilities-led organisations (WDLOs). Participants also represented UN agencies, INGOs, with a focus on organisations and stakeholders based in the locations in question. The interviewees spanned inclusion technical specialists, programme and advocacy advisers, and individuals with lived experience of EWIPA-related harm, including survivors. To protect the confidentiality of all informants, individual contributions have been anonymised. Identifying information—including roles, affiliations and organisational names—has been omitted where disclosure could lead to attribution.

To complement these insights, the report also draws on contributions from a multi-stakeholder online workshop held on 24 September 2025. The workshop brought together over 40 participants, including State representatives, local organisations from Gaza, Yemen and Ukraine, international NGOs, and UN agencies. It served as a collaborative platform to validate emerging findings, share field-based perspectives, and identify shared priorities for inclusive and intersectional humanitarian action in EWIPA contexts.

threshold for "older age" may vary depending on local contexts and life expectancy. In recognition of the sensitivities in some of the contexts considered in the research, the term "gender" is used inclusively, encompassing the broader gender framework to include persons of diverse Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC). Disability refers to long-term physical, intellectual, psychosocial or sensory impairments in interaction with various barriers.

[5] Handicap International – Humanity & Inclusion (HI) (2022) Intersectionality in Gender-Based Violence Programming - A Toolkit for Humanitarian and Development Practitioners

Research parameters

This research did not seek to exhaustively document the full spectrum of direct and indirect effects of EWIPA, as they have been extensively evidenced in prior reports. Instead, it focuses on identifying patterns of risk and emerging key trends in the barriers that prevent civilians with intersecting identities from accessing services and humanitarian assistance. The analysis primarily considered the intersection of sex, age, disability and gender—recognised as the minimum dimensions for disaggregated data collection—while also reflecting on other identity factors, such as ethnicity in specific contexts like Ukraine and Yemen. A holistic view of inclusion was adopted, with particular emphasis on disability, given the strong correlation between EWIPA and newly-acquired or exacerbated impairments. While the research could not explore every possible overlapping identity, it concentrates on those that consistently emerged across Gaza, Ukraine and Yemen, especially age, disability and gender.

The report's findings provide valuable insights and highlight the urgent need for intersectional and disaggregated data in EWIPA contexts. They also offer a robust foundation for future research and collaboration, grounded in shared priorities and a commitment to inclusive humanitarian action.

4. Fostering the implementation of the Political Declaration on EWIPA

This report has been produced as part of a two-year initiative aimed at strengthening the protection of civilians in contexts affected by EWIPA use. The project focuses on developing multi-stakeholder guidance and recommendations to support the implementation of humanitarian commitments outlined in the *Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from the Use of Explosive Weapons in Populated Areas*.[6]

As of October 2025, 88 States had endorsed the EWIPA Political Declaration, which requires them to provide, facilitate and support assistance to victims, including survivors, families and affected communities, through "*a holistic, integrated, gender-sensitive and non-discriminatory approach*", explicitly taking into account the rights of the affected population and reflecting the diversity of needs within the population. It acknowledges the heightened vulnerability of children to the indirect consequences of EWIPA use; it also explicitly supports efforts to "*empower, amplify, and integrate the voices of all those affected, including women and girls*," and encourages building evidence on the "*gendered impacts of the use of explosive weapons*". In doing so, the Political Declaration calls for an inclusive response that addresses the differential impacts of EWIPA use on civilians.

This report and the research informing it build on and reinforce broader advocacy efforts undertaken throughout the project, which have focused on three topics: ensuring unhindered humanitarian access and safety, including the protection of health and humanitarian workers;[7] access to healthcare;[8] and the provision of life-saving information on the risks posed by explosive ordnance and weapons through Explosive Ordnance Risk Education and Conflict Preparedness and Prevention.[9]

[6] Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from the Use of Explosive Weapons in Populated Areas (2022).
[7] HI (2024) Towards the implementation of the Political Declaration REPORT – Online Workshop – 30th May 2024, How Can the Political Declaration on Explosive Weapons in Populated Areas Promote Safe and Principled Humanitarian Access?
[8] HI (2025) How can healthcare access be strengthened in settings where explosive weapons are being used? Understanding challenges and gaps, and exploring practical measures, approaches and opportunities
[9] HI (2025) Saving Lives in Conflicts: Risk Education and Conflict Preparedness to Protect Civilians in EWIPA Settings: From challenges to solutions: strengthening Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) through evidenced, practical recommendations

Section 1: How do intersecting identities shape civilian exposure to EWIPA harm?

Explosive weapons with wide-area effects cause mass casualties in populated areas, harming anyone within their destructive radius. Civilians are killed or injured during indiscriminate strikes, deliberate attacks on homes, schools, hospitals and other essential infrastructure, or while travelling to and from crowded sites, such as markets and places of worship. Building collapses caused by strikes lead to additional crush and debris-related injuries, often trapping people under rubble.

Beyond their immediate destructive impact, the use of EWIPA triggers far-reaching reverberating effects that disrupt nearly every aspect of civilian life. Critical and life-saving systems, including water, energy, health, education and transport, are often damaged or destroyed. The destruction of one can trigger cascading failures in others, compounding harm and prolonging recovery, because these systems are deeply interconnected. Pre-existing weaknesses in public services and infrastructure further intensify these disruptions, deepening their impact on civilians both immediately and over the long term.

1. The unique impacts of EWIPA on civilians' health

The use of EWIPA results in an exceptional scale of civilian casualties, far exceeding what is typically seen in other conflict settings. These include both fatal and life-altering injuries, as well as widespread psychological trauma. The powerful blast and fragmentation effects not only harm individuals directly but also devastate essential civilian infrastructure, including healthcare facilities and energy and water networks. The resulting reverberating effects extend the health impacts well beyond the time and place of the initial attack, affecting large segments of the population over prolonged periods.

Explosive weapons, unlike most other weapon types, inflict "multi-system life-threatening injuries on many people simultaneously".[10] For survivors, the use of EWIPA often results in lifelong disabilities that require both immediate and long-term complex treatment and care, including rehabilitation. Beyond the physical trauma, the use of EWIPA causes significant and long-term damage to civilians' mental health and psychological wellbeing beyond the "expected" stressors of exposure to conflict and violence.[11] Civilians face extreme emotional distress, post-traumatic stress disorder (PTSD), depression and anxiety, among other conditions.[12] Prolonged and unrelenting exposure to explosive weapons, as witnessed in Yemen,[13] also triggers profound mental health crises that ripple across generations.

[10] Center for Disease Control and Prevention (2003) Explosions and Blast Injuries: A Primer for Clinicians
[11] HI, Supra, 8.
[12] Article 36 (2013) The impact of explosive violence on mental health and psycho-social well-being; ICRC (2022) Explosive Weapons With Wide Area Effects: A Deadly Choice in Populated Areas
[13] HI (2020) Death Sentence to Civilians: The Long-Term Impact of Explosive Weapons in Populated Areas in Yemen

Effect	How It Harms	Main Injuries	Cause of Death
Blast Wave	High-pressure wave damages air-filled organs and throws bodies	Organ damage, internal bleeding, traumatic brain injury, spinal cord injury, loss of hearing, blindness	Systemic air embolism, asphyxiation, organ rupture, brain injury
Fragmentation	Shrapnel and debris cause penetrating injuries	Penetrating wounds, severe bleeding, traumatic amputation of limbs, lacerations	Massive blood loss, vital organ damage
Heat	Extreme heat burns skin and ignites fires	Severe burns, respiratory burns, smoke inhalation	Extensive burns, shock, suffocation

Table 1: Summary of the main physical injuries caused by EWIPA

Explosive weapons can cause specific, sex and gender-based injuries: blast waves can, for example, cause miscarriages, with reports on Gaza indicating a 300% increase between October 2023 and July 2024.[14] Evidence also points to women and girls, especially those who are displaced, experiencing more severe psychological impacts from explosive weapons than men and boys.[15] This is due to a combination of factors,[16] including pre-existing gender inequalities, specific needs associated with being female (e.g., menstrual, reproductive and maternal health),[17] higher risk of exposure to gender-based violence (GBV), and varying social and cultural roles,[18] particularly domestic and caregiving responsibilities[19] that are typically amplified in EWIPA settings and displacement.[20]

> *"We focus only on the directly injured person. But their whole household suffers—the emotional toll, the economic strain. These indirect victims are invisible in the response." (KII, WLO, Yemen)*[21]

Older age and gender often intersect to heighten the effects of EWIPA on an individual's physical and psychological health,[22] particularly when an individual also experiences other vulnerability factors based on, among others, gender, economic status, or membership of an ethnic or religious minority group. For example, older women typically report higher healthcare requirements and greater risks of developing non-communicable diseases (NCDs) than men.[23]

[14] International Planned Parenthood Federation (2024) Gaza nine months on, pregnant women carry the burden of conflict.
[15] Frontiers (2023) Six months into the war: a first-wave study of stress, anxiety, and depression among in Ukraine
[16] UN Women (2024) Gender Alert: Gaza: A War on Women's Health; The Guardian (2025) 'Russia is targeting us deliberately': how attacks on maternity hospitals fuelled a birth-rate crisis in Ukraine; Direct Relief (2025) Yemen's war has devastated the health of women and girls. Midwives and doctors are building a "new normal"
[17] UN Population Fund (UNFPA) (2025) UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing healthcare
[18] UN Institute for Disarmament Research (UNIDIR) (2025) From Casualties to Care - Implementing Age- and Gender-Sensitive Victim Assistance
[19] UN Women (2024) Gender alert: Scarcity and fear: A gender analysis of the impact of the war in Gaza on vital services essential to women's and girls' health, safety, and dignity – Water, sanitation, and hygiene (WASH)
[20] UN Women and CARE (2022) Rapid Gender Analysis (4 May 2022)
[21] July 2025.
[22] World Health Organization (WHO) Eastern Mediterranean Region (2025) Prevalence and associated factors of mental health disorders among internally displaced persons in Gaza; HelpAge International (HAI) (2019) Rapid needs assessment of older people Yemen - September 2019
[23] NCD Alliance (2023) Women and NCDs. While men are likely to die earlier from NCDs, women experience a greater burden of ill health and disability from NCDs and a higher likelihood of co- or multi-morbidity across the life-course. See: UN Women, Supra, 17; Direct Relief (2022) Gender, Health, and the War in Ukraine

Smaller bodies, greater harm and suffering: blast injuries and the psychological impacts of EWIPA on children

At least 23,420 children were killed or severely injured due to explosive weapons between 2018 and 2022. Of these incidents, 30.6% were caused by explosive ordnance, 26.2% by aerial strikes, 22.2% by improvised explosive devices (IEDs), 15.9% by artillery or shelling, and 5.1% by other unspecified explosive weapons.[24]

Children are seven times more likely to die from blast-related trauma than adults.[25] *Multiple injuries, including head and burn injuries, are especially prevalent in children, with burns in particular being a significant cause of death among children. Younger children also have increased morbidity and mortality compared with older children, who display injury patterns more comparable to adults.*[26] *Explosive weapons, particularly those designed to maximise harm through fragmentation, also frequently result in traumatic amputations in children. In Gaza, for example, Save the Children has reported that explosive weapons left 15 children a day with potentially lifelong disabilities.*[27] *Gaza also now has more child amputees than anywhere else in the world.*[28]

Children are also more likely to be more affected by the psychological effects of EWIPA.[29] *Constant and prolonged exposure to bombing and shelling, alongside multiple stressors, such as loss of parents, siblings, family members, homes, education and friendships, as well as traumatic injuries, can trigger severe mental health effects and disrupt cognitive and emotional development, with long-term consequences for learning and social integration.*[30]

Aside from EWIPA-specific harm, children require access to preventative healthcare, including vaccinations, treatment for childhood diseases, and care for a range of infections and conditions to which they are more vulnerable than adults, such as malnutrition and water-borne diseases. However, the influx of EWIPA-related injuries, the severe damage to health facilities, particularly children's hospitals and wards, and to critical infrastructure, such as water and power systems, combined with a shortage of qualified health specialists, severely reduce children's access to timely and quality treatment. This, in turn, increases their risk of infection and preventable death.[31]

Persons with newly acquired disabilities also often experience significantly greater physical and psychological impacts from exposure to explosive weapons.[32] In particular, traumatic EWIPA-related physical injuries, such as amputations, spinal cord damage or limb loss from blasts frequently trigger severe psychological distress.[33] The use of EWIPA worsens existing disabilities

[24] UNICEF (2024) Advocacy brief: Explosive Weapons in Populated Areas

[25] Action on Armed Violence (AOAV) (2021) The impact of explosive weapons on children's physical health; Save the Children (2019) Blast Injuries – The impact of explosive weapons on children in conflict

[26] AOAV, Supra, 25.

[27] Save the Children (2025) Gaza: explosive weapons left 15 children a day with potentially lifelong disabilities in 2024; UNICEF (2025) UNICEF delivers wheelchairs for Gaza's children

[28] Office of the UN High Commissioner for Human Rights (OHCHR) (2025) UN experts warn Gaza city offensive will be 'apocalyptic' for persons with disabilities

[29] Save the Children (2024) Ukraine: Mental health toll of war leaves children with speech defects, twitching and sleep disorders (9 December 2024); War Child (2024) New study: Gaza's children face severe psychological toll amid catastrophic war

[30] Australian Institute of International Affairs (2024) Children at Risk: The Dangerous Impacts of Explosive Weapons in Populated Areas; WATCHLIST on Children and Armed Conflict (2024) Explosive Weapons and the Children and Armed Conflict Agenda

[31] HI, Supra, 8.

[32] HI (2016) Syria, a mutilated future - A focus on the persons injured by explosive weapons

[33] Article 36 (2013) The impact of explosive violence on mental health and psycho-social well-being

and causes new ones, further compromising health outcomes due to limited access to and availability of services.[34]

When explosive weapons create disability: ripple effects across lives and households

In EWIPA contexts, the percentage of the population with disabilities and associated needs often increases significantly. In Ukraine, for example, an estimated 300,000 individuals sustained war-related injuries, increasing the national disability rate from 6.7% to approximately 7.4%.[35] In Gaza, the number of persons with disabilities has grown exponentially since October 2023. Approximately 25% of reported injuries are likely to cause lasting or life-changing consequences, with about 41,800 individuals — equivalent to 1.9% of Gaza's population — now affected and requiring ongoing rehabilitation. Up to one in four of those injured are children.[36] As a result, the total number of persons with disabilities in the Gaza strip is believed to have surpassed 80,000,[37] with the rate of disability doubling from 1.9% to 3-5%.[38] In Yemen, UXO contamination, including remnants of air strikes, continues to cause severe and permanent injuries.[39]

Often associated with the loss of limbs and amputations, the use of EWIPA also causes increased sensory impairments. In Gaza, around 35,000 adults and children are at risk of permanent or temporary hearing loss due to the ongoing explosions and the lack of access to appropriate treatment and rehabilitation.[40] Blast-related traumatic brain injuries ("invisible injuries") also lead to lasting cognitive and behavioural impairment; this is often under-diagnosed in civilians.[41] The use of explosive weapons leads to new disabilities and exacerbates existing ones by severely impacting health systems: damaging infrastructure, depleting medical personnel and disrupting critical services that are often already under-resourced or unevenly distributed.[42]

What is often less recognised is that disability affects not only individuals but also entire households. In Gaza, before October 2023, 21% of households included at least one member with physical or intellectual disabilities; and 9.3% of households also had at least one child (between the ages of 5–17) with a disability.[43] In Ukraine, around 20% of internally displaced households reported at least one member with a disability in October 2023.[44] In Yemen in 2021, 17.2% of people lived in a household with at least one member with a disability.[45] Those households are consistently poorer and face higher levels of need across multiple sectors, reflecting compounded economic, caregiving and access barriers that intensify their vulnerability. As health systems collapse and assistive services become inaccessible, women are left to navigate caregiving without adequate resources, often while coping with their own trauma, displacement, or loss. In such contexts, disability reshapes household roles, strains resources and compounds vulnerability across generations.

[34] HI, Supra, 8.
[35] European Disability Forum (2025) The war in Ukraine: impact on persons with disabilities
[36] WHO (2025) Estimating Trauma Rehabilitation Needs in Gaza -September 2025 Update; OHCHR, Supra, 28.
[37] HI (2025) Barrier Study on Inclusion Standards in the Humanitarian Response in the oPt -Leave No One Behind: Identifying and addressing the barriers faced by persons with disabilities in the humanitarian response
[38] Occupied Palestinian Territory (oPt) Protection Cluster – Gaza (2024) Protection Analysis Update (Gaza) December 2024
[39] HI, Supra, 13.
[40] oPt Protection Cluster – Gaza (2025) Protection Analysis Update Risks and barriers faced by persons with disabilities and older persons (July 2025)
[41] Engström, O. E., Katsui, H., & Ned, L. (2025) Traumatic Brain Injury as an Invisible Disability: Institutional Barriers in Medical, Social and Financial Services in Finland. *Disabilities*, 5(1), 18
[42] WHO Eastern Mediterranean Region (2025) Meeting the rehabilitation needs of children with debilitating injuries and disability in Gaza; HI (2024) The long-term impact of the war on the health of the most vulnerable
[43] ACAPS (2024) Palestine - Impact of the conflict on children in the Gaza strip (1 February 2024)
[44] International Organization for Migration (IOM) (2023) Ukraine Returns Report - General Population Survey, Round 14 (October 2023)
[45] UN Development Programme (UNDP) and Oxford Poverty & Human Development Initiative (2023) Measuring Multidimensional Poverty in Yemen(December 2023)

2. EWIPA's indirect impacts and intersectionality: cascading harms for women and girls in their diversity

The destruction or degradation of critical infrastructure and services, such as healthcare, education, water and sanitation, transport and communication networks, is a central driver of EWIPA's indirect impacts.

2.1. Women and girls are the main indirect victims of EWIPA use

Attacks on essential systems do not affect all civilians equally. Women and girls are more likely to be disproportionately affected by the reverberating consequences of EWIPA, due to sex-specific needs, caregiving roles,[46] restrictive cultural norms and systemic inequalities in access to basic services, education and livelihoods. Older women, as well as women and girls with disabilities, including older women with disabilities, are further affected by the indirect consequences of EWIPA. Across Gaza, Ukraine and Yemen, intersecting factors such as displacement, household composition and marital status heighten women's and girls' vulnerability to the interconnected indirect effects of explosive weapons.

Heightened GBV risks amid explosive violence

Conflict amplifies protection risks, with gender and disability, combined with household composition, often shaping risks. Women and girls, especially those living with disabilities, and older women,[47] are at heightened risk of GBV, with displacement further amplifying the risk of violence.

The distinct impacts of EWIPA use create heightened risks of GBV that are briefly summarised below:

- EWIPA causes large-scale and rapid displacement by rendering entire neighbourhoods uninhabitable. This mass uprooting forces women and girls into overcrowded and poorly-lit shelters or temporary settlements, often without adequate privacy and hygiene facilities.[48]

- Infrastructure collapse amplifies GBV drivers. For example, a lack of lighting in destroyed neighbourhoods increases the risk of assault; damaged transport routes force women and girls to travel further, often through unsafe areas; the widespread closure of schools exposes adolescent girls to early marriage, child labour or transactional sex as families seek coping mechanisms.[49]

- Tensions and dynamic changes in households,[50] in particular the rise in women-headed households (such as widows or separated/divorced women), magnify GBV risks.

- Constant bombardment produces high levels of trauma, loss of (male) family members, and the breakdown of social cohesion and protective systems escalate risks.

[46] REACH (2025) Ukraine: Displacement and vulnerability brief - July 2025; Women's Affairs Center-Gaza (2024) Impact of the 2023 Gaza War on Displaced Women in the Gaza Strip (April 2024) ; KIIs (WLO, Gaza, June 2025; OPD, Yemen, July 2025).
[47] ACAPS (2024) Palestine: Impact of the conflict on people with disabilities in the Gaza Strip (14 February 2024)
[48] GBV Area of Responsibility (AoR) (2025) Gender-Based Violence Snapshot - Gaza (April 2025)
[49] UN Women (2025) Gender Alert - Crisis Upon Crisis: Impact of the Recent Escalation on Women and Girls in Yemen
[50] UNFPA, GBV AoR and Voices from Ukraine (2025) An Overview of Gender-Based Violence in Ukraine - Advocacy Brief 2024

- Explosive weapons generate mass injuries, creating new cohorts of women and girls with amputations, sensory loss or psychosocial trauma, increasing the need for GBV prevention and response services.

2.2. Case study - The impacts of EWIPA on education

Disability and gender[51] are among the most prominent factors contributing to educational exclusion. Attacks on schools and other learning spaces exacerbate systemic inequalities and disproportionately affect girls and children with disabilities, limiting access to both in-person and online learning. Although comprehensive data is lacking in the contexts considered, existing evidence on stigma and discrimination suggests that children with cognitive and intellectual impairments are especially unlikely to attend school, compared with those with physical or sensory impairments. Overall, children with disabilities face higher risks of being out of school or excluded from remote or emergency education; risks that are particularly acute for girls and adolescent girls with disabilities.

As girls often already face social and cultural barriers (e.g., lower priority for education, greater domestic burdens and restrictions on freedom of movement), girls with disabilities are doubly disadvantaged and impacted by EWIPA-related disruptions to education. In Gaza and Yemen,[52] girls with disabilities face entrenched social stigma and exclusion, with those who have psychosocial or intellectual impairments experiencing this most acutely.[53] Safety and security concerns,[54] the absence of sex-segregated toilets and disability-inclusive facilities in schools, the lack of adapted learning methods and widespread financial hardship often keep them at home. These barriers are reinforced by attacks on education, the destruction of schools by explosive weapons and the broader collapse of education systems. In Ukraine, disability also remains highly stigmatised, and although data are limited, available evidence suggests that girls with disabilities are more likely to be out of school than boys with disabilities.[55]

The limited available statistics on girls with disabilities often classify “girls” as a single group, yet adolescent girls, regardless of their disability status, are more likely to face unequal burdens in the household, including increased caregiving responsibilities, while their education may be deprioritised due to loss of livelihoods and financial constraints.[56]

Education in Gaza: Destruction, Disability and the Future of Learning

The conflict in Gaza has effectively dismantled the education system. Schools across the Gaza Strip have suffered catastrophic damage from Israeli bombardment, with 95% affected and over 90% now requiring full reconstruction to function again. At least 662 school buildings (80% of the total) have been directly hit, and 163 educational institutions, including schools and universities, have been completely destroyed by the Israeli Forces. An additional 388 facilities have sustained partial damage,

[51] HI (2022) Disability-Inclusive Education in the occupied Palestinian territory (West Bank & Gaza)
[52] UNICEF (2020) Mapping Available Assistance to Children with Disabilities in Yemen
[53] HI, Supra, 51; UNICEF, Supra 52; UNFPA (2024) Research study on assessing safety & protection needs of Muhamasheen women and girls in al Hudaydah, Yemen; UN Palestine and Global Disability Fund (2025) Situational Analysis - Persons with Disabilities in the Occupied Palestinian Territory - Country Full Report; UN Ukraine and Global Disability Fund (2025) Situational Analysis on the Rights of Persons with Disabilities in Ukraine - Country Full Report
[54] International Rescue Committee (IRC) (2019) Narrowing the gender gap in Yemen - A gender analysis; oPt Protection Cluster - Gaza, Supra, 40.
[55] Observer Research Foundation (2022) War’s Gendered Costs: The Story of Ukraine’s Women
[56] KII (OPD, Yemen, July 2025); Plan International (2024) Adolescent Girls in Crisis Voices from Ukraine, Poland and Romania Research Report

making education nearly impossible and jeopardising the future of thousands of students.[57] *The few school buildings that remain partially standing have often been repurposed as overcrowded shelters for displaced families and are themselves subjected to repeated deadly attacks.*

The collapse of Gaza's schools comes on top of a long history of structural exclusion. Even before the conflict, children with disabilities were far less likely to access education than their peers, with girls faring worse.[58] *Barriers included inaccessible classrooms, a lack of specialist teachers and materials, limited assistive devices and persistent stigma. Schools rarely applied disability-inclusive design standards, and there were few systematic efforts to monitor the enrolment or retention of learners with disabilities, especially girls.*

The conflict has produced a new surge of need against this backdrop of exclusion. Thousands of children have acquired lifelong impairments, including amputations, traumatic brain injuries and sensory loss. They require prosthetics, rehabilitation and assistive technology, and mental health and psychosocial support. Palestinian children will require long-term educational support to resume learning, yet the infrastructure, staff, and resources to meet such needs have been destroyed or severely degraded. Many Palestinian children will be permanently locked out of education without significant investment in inclusive design and accessible teaching.

The implications are especially stark for girls. Families coping with displacement and insecurity often prioritise boys' education when resources are scarce, while girls are kept at home to help with household labour or caregiving. For girls with disabilities, these gendered constraints intersect with other barriers and factors, including physical inaccessibility and the absence of female teachers or aides who could support re-entry into schooling. Unless reconstruction explicitly addresses these barriers, girls with disabilities are at acute risk of being left behind.

The future of education in Gaza depends not only on rebuilding schools, but on rebuilding differently. Every new or repaired facility must be constructed to universal design standards, including ramps, accessible toilets, wide doorways and auditory and visual alert systems in shelters. Curricula must be flexible enough to accommodate children coping with trauma, displacement and newly-acquired disabilities. And, crucially, data on enrolment and retention must be disaggregated by sex, age and disability to track whether progress is genuinely inclusive. Unless these measures are taken, the destruction of Gaza's education system will not be a temporary interruption but a long-term exclusion. For the tens of thousands of children with disabilities, both pre-existing and newly-acquired, especially for girls, the right to education is at risk of vanishing completely.

How does ethnicity amplify the indirect effects of EWIPA?

Evidence on how gender, age, disability and ethnicity intersect to shape vulnerability to the indirect impacts of EWIPA is extremely limited. However, existing, albeit scarce, data on the socio-economic situation of the Muhamasheen in Yemen and the Roma in Ukraine highlight how systemic and institutional exclusion, entrenched poverty and patriarchal norms combine to deepen the effects of explosive violence. These intersecting forms of discrimination suggest that the indirect consequences of EWIPA use are likely to be particularly acute for women and girls from marginalised ethnic groups, especially those with disabilities.

[57] Palestinian Centre for Human Rights (2025) Educational Genocide: Gaza Children Face Third Year without School
[58] HI, Supra, 51.

In Ukraine, Roma girls face distinct barriers to education,[59] including community stereotypes that discourage girls' schooling, expectations that they stay at home to provide domestic support or marry early,[60] and poverty that drives dropouts after primary school.[61] While data on Roma girls with disabilities are lacking, existing patterns indicate that they would experience even deeper marginalisation, with disability compounding both gender- and ethnicity-based exclusion. In Yemen, the Muhamasheen experience similar dynamics of entrenched discrimination and exclusion,[62] which heightens their vulnerability to the indirect educational impacts of EWIPA when combined with gender and disability, particularly where schools are damaged or destroyed.

Systemic exclusion, lower literacy and employment levels, lack of documentation and higher poverty rates[63] also mean that Roma and Muhamasheen women and girls, especially older women and those with disabilities, are more likely to face disproportionate levels of food insecurity.[64] In these contexts, ethnicity interacts with gender and disability to magnify the socio-economic consequences of explosive violence, reinforcing intergenerational cycles of vulnerability.

While the direct and indirect consequences of EWIPA are devastating in their own right, they are not experienced uniformly across civilian populations. The extent of harm is shaped by disability and socio-economic and cultural factors including displacement, household composition and marital status, to produce unique experiences of harm.

3. Intersecting identities and risk patterns in EWIPA contexts

Several patterns of risk of EWIPA-related harm reflect differences in groups' capacity for protection. There are three types of risk patterns: those driven by structural and systemic barriers, those stemming from civilians' daily and livelihood activities, and those that result from civilian behaviours, decisions and coping strategies. Capacity is often shaped by a complex web of intersecting identities and vulnerability factors, which often evolve over time, particularly in protracted contexts.[65] As conflict intensifies, structural inequalities, power imbalances and systemic stigma and discrimination further shape specific groups' exposure to EWIPA harm.

> *"Explosive weapons don't "choose" a group; they strike apartment buildings, homes and entire villages. Some groups are disproportionately affected: not because they're targeted, but because they face greater barriers to safety and evacuation." (KII, WLO, Ukraine)*[66]

3.1 Risk patterns driven by structural and systemic barriers

3.1.1 Age and disability are primary determinants of limited mobility

Evacuation/moving to safer areas is one of the most common self-protection strategies, yet it is often impossible for those with restricted mobility (due to a range of factors, including age and

[59] UN Women Europe and Central Asia (2018) The Rights of Roma Women in Ukraine
[60] Ibid.
[61] European Roma Rights Centre (2017) Written Comments of the European Roma Rights Centre and the International Charitable Organization Roma Women Fund "Chiricli" Concerning the Republic of Ukraine - For Consideration by the Committee on the Elimination of All Forms of Discrimination against Women
[62] Amnesty International (AI) (2019) Yemen: Excluded: Living with disabilities in Yemen's armed conflict
[63] UN Women Europe and Central Asia, Supra, 59.
[64] Sana'a Center for Strategic Studies (2019) The Historic and Systematic Marginalization of Yemen's Muhamasheen Community; Food Security Cluster (2023) Food affordability in conflict-torn Yemen in light of the Ukraine war; UNFPA, Supra, 53.
[65] United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2025) Yemen Humanitarian Needs and Response Plan 2025 (January 2025); UNDP Yemen (2025) Shared crisis, different impact - How climate change disproportionally affects women and youth in Yemen
[66] July 2025.

socioeconomic status), disabilities or chronic conditions. Notably, age and disability are key identity factors that restrict the ability of people to move to safer areas and access shelter, and that thereby increase exposure to harm. Therefore, for many, mobility is not simply a matter of choice.

Age has a direct impact on mobility. Children, especially the youngest, depend heavily on parents and caregivers to move, while older people,[67] especially those over 70, rely on family or community support[68] due to mobility limitations and chronic health conditions that hinder their ability to evacuate and relocate to safer areas. In Ukraine (the EWIPA context with the largest older population), the over-70s face the greatest mobility challenges,[69] especially as they are more likely to live alone.[70]

Disability adds another layer of risk for those groups to evacuate and access safety. In Ukraine, Gaza and Yemen, data on the specific mobility challenges faced by children, adults and older persons with disabilities remain scarce. However, in Ukraine, data consistently show lower evacuation rates for persons with physical, sensory and other types of impairments, as well as for older persons with disabilities.[71] In frontline oblasts, for example, 69% of non-displaced households report a disability, compared with 61% of displaced households.[72]

Different types of impairment affect mobility. Physical barriers,[73] for instance, damaged or destroyed lifts,[74] roads and pavements,[75] and stairs, are commonly reported as key barriers to evacuating for older people and persons with physical and vision impairments. However, other impairments, such as hearing loss, that prevent people from detecting danger or following instructions, as well as cognitive and psychosocial and intellectual impairments, also affect those groups' ability and capacity to move and access shelter. For example, persons with intellectual disabilities may "run towards danger", moving toward explosions or unsafe areas due to confusion, disorientation or difficulties interpreting risk.[76] As shared by a key informant in Gaza, "*evacuating persons with intellectual disabilities poses significant challenges, as they may be disoriented and unaware of their surroundings, and families are often forced to carry them under dangerous conditions.*"[77]

For young children with disabilities, impairments interact with children's young age and developmental stage, such as smaller body size, reduced strength and limited capacity to make independent decisions, leaving them heavily reliant on caregivers during evacuation.[78] For older persons with disabilities, mobility barriers are compounded by frailty and chronic illness.

[67] Individuals aged 70 and above (sometimes referred to as the "oldest-old") face distinct challenges compared with those in their early 60s, including higher rates of disability, chronic illness and social isolation.
[68] HAI (2025) "Every year it gets harder to hold on" Older people in Ukraine want to be seen and heard
[69] Ibid.
[70] HAI (2023) Ukraine: Older People unable to afford food, medicines, other essentials (23 February 2023)
[71] HAI (2024) Rapid Assessment of Support for the Evacuation of Older People from Eastern Ukraine
[72] ACAPS (2025) Ukraine - Humanitarian access for people with disabilities
[73] UN Secretary General (2025) Protection of civilians in armed conflict: report of the Secretary-General (15 May 2025)
[74] Human Rights Watch (HRW) (2025) Submission to the United Nations Committee on the Rights of Persons with Disabilities: "The situation of persons with disabilities affected by armed conflict in Gaza and the West Bank", July 10th, 2025
[75] Ibid.
[76] KII (OPD, Gaza, June 2025).
[77] KII (WLO, Gaza, July 2025).
[78] HRW (2024) "They Destroyed What Was Inside Us" Children with Disabilities Amid Israel's Attacks on Gaza; War Child (2025) Invisible at the Frontline: Disability and Childhood in Wartime Ukraine - Needs and Barriers Faced by Children with Disabilities and their Families in War-affected Communities of Ukraine (April 2025)

Access to shelter is also challenging for these groups. Shelters may be too far to reach, unavailable, physically inaccessible,[79] or not adapted for adults and children with specific needs.

In Gaza, Israel gives last-minute displacement orders and people have to walk long distances, surrounded by rubble and damaged roads, to reach the so-called designated "safe" areas,[80] only to find shelters[81] - mainly tents and makeshift structures that offer no adaptations for persons with disabilities, including persons with low vision,[82] or older persons with reduced mobility.[83] In Yemen, the protracted conflict has created a massive shelter crisis, displacing around 4.5 million people (a majority are women and children)[84] multiple times. They often live in overcrowded and inadequate conditions.[85] Persons with disabilities face heightened challenges accessing places that are suitable for their needs.[86] Camps lack basic arrangements, such as dedicated latrines for persons with disabilities or private facilities for those with physical impairments.[87]

In Ukraine,[88] most shelters outside major cities are ad-hoc basements never designed for public use. They have limited accessibility and are difficult to upgrade or replace amid ongoing shelling, making safe sheltering both logistically and financially challenging. An estimated 92% of bomb shelters are inaccessible to individuals with mobility difficulties.[89] Beyond physical infrastructure, arrangements for people with multiple and complex needs, including cognitive, psychosocial and intellectual impairments, are often absent in collective shelters.[90] Gaps also exist for people, particularly older adults, with chronic illnesses who require ongoing medical care.[91]

> *"Before the full-scale invasion, my husband and I worked with persons with disabilities. In the entire city of Mykolaiv, there wasn't a single shelter equipped for a person with a disability when we left in November 2022, and nothing has changed since then." (KII, Survivor, Ukraine).*[92]

Shelter availability is another critical issue. In rural areas of Ukraine, entire villages often lack formal shelters, leaving older adults and poorer residents (primarily women) without access to safety.[93] In Gaza, ongoing forced displacement and infrastructure destruction, including specialised centres,[94] have left large numbers of people, including older persons,[95] sleeping outdoors[96] because of overcrowding[97] or in improvised emergency shelters with minimal protection and inadequate

[79] KII (Survivor, Ukraine, July 2025).
[80] UNRWA (2025) Protection Brief – The Situation of older persons in Gaza (June 2025)
[81] oPt Protection Cluster – Gaza, Supra, 40; KIIs (WLOs, UN, Gaza, July 2025).
[82] KIIs (OPD, Gaza, June 2025).
[83] ACAPS, Supra, 47.
[84] UN Women, Supra, 49.
[85] HI, Supra, 8
[86] AI, Supra, 62; HI (2022) Unshielded, Unseen - The Implementation of UNSC Resolution 2475 on the Protection of Persons with Disabilities in Armed Conflict in Yemen (May 2022)
[87] AI, Supra, 62.
[88] Protection Cluster and Office of the UN High Commissioner for Refugees (UNHCR) (2025) Protection of older persons, including those with disabilities, in the context of evacuations, Advocacy note for RC/HC, 14 April 2025
[89] ACAPS, Supra, 72; HI (2025) Ukraine Inclusion Context Analysis (March 2025)
[90] War Child, Supra 78; International Disability Alliance (2023) The situation of persons with disabilities in the context of the war of aggression by Russia against Ukraine
[91] ACAPS, Supra, 72.
[92] July 2025.
[93] KII (WLO, Ukraine, July 2025).
[94] UNRWA, Supra, 80.
[95] Ibid.
[96] ACAPS (2025) Palestine - Gaza ceasefire: priority needs and risks
[97] oPt Protection Cluster – Gaza, Supra, 40.

resources. With 90% of Gaza's population forcibly displaced,[98] shelter options have become increasingly harder to find.

"Persons with disabilities sleep outside, there is nothing to protect them." (KII, OPD, Gaza)[99]

Evacuation efforts leave specific groups at greater risk of EWIPA harm in Ukraine

Although Ukraine's evacuation plans formally cover all civilians, in practice several groups have been excluded or unable to benefit. The plans have not adequately addressed the specific needs of older people and persons with disabilities,[100] *including children,*[101] *due in part to a shortage of trained evacuation staff and a lack of specialised transport.*[102] *In the early months of the conflict,*[103] *government-led evacuation efforts largely prioritised wounded soldiers. Some progress has since been made through closer cooperation between organisations of persons with disabilities and State authorities.*[104] *In rural areas, where a large share of older people, the majority of them women, reside, official evacuation services are still rarely accessible.* [105]

"Each type of disability comes with distinct needs and challenges. A person with a hearing impairment requires a completely different evacuation plan to a wheelchair user. Yet too often these distinctions are ignored." [106]

Other marginalised groups also face systemic barriers to evacuation. Roma communities have frequently been excluded,[107] *often due to a lack of identification documents or overt discrimination. They also face greater challenges in accessing critical information about evacuations if they do not speak Ukrainian. Roma communities face heightened barriers*[108] *to internet use and smartphone ownership, driven by lower levels of digital literacy and persistent socio-economic disadvantage. While specific data are lacking, cultural norms combined with higher rates of poverty suggest that older Roma women and Roma women with disabilities are likely to be even more disadvantaged.*

In Ukraine, persons of diverse gender and sexual identities encounter persistent exclusion from official processes.[109] *Martial law prohibiting men from leaving the country has also created additional risks for trans-gender and intersex women whose documents list them as male, preventing them from crossing checkpoints safely and exposing them to harassment or detention during evacuation attempts.*[110]

3.1.2. The lack of support, resources and information increases mobility barriers

[98] UNRWA (2025) UNRWA Situation Report #178 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem (4 July 2025)
[99] July 2025.
[100] International Disability Alliance, Supra, 90.
[101] War Child, Supra, 78.
[102] HAI, Supra, 71; Protection Cluster and UNHCR, Supra, 88; KIIs (INGO, WLO, Ukraine).
[103] International Disability Alliance, Supra, 90; KII (Survivor, Ukraine, July 2025).
[104] International Disability Alliance, Supra, 90.
[105] KII (WLO, Ukraine, July 2025).
[106] KII (INGO, Ukraine, June 2025).
[107] European Parliament (2022) Russia's war on Ukraine: The situation of Roma people fleeing Ukraine
[108] Freedom House (2022) Freedom on the Net 2022 – Ukraine
[109] OHCHR (2022) Ukraine: Protection of LGBTI and gender-diverse refugees remains critical – UN expert; Global Public Policy Institute (2024) Queering Displacement: The State of the Ukrainian LGBTQ+ Community During the Russian Full-Scale Invasion (April); KII (WLO, Ukraine, July 2025).
[110] Protection Cluster and UNHCR (2022) Protection of LGBTIQ+ people in the context of the response in Ukraine

The loss of assistive devices and support networks, combined with a lack of access to critical information and communications, and financial constraints, further exacerbate mobility barriers for these groups, leaving them trapped in unsafe areas[111] or unable to access shelter.[112]

Loss or lack of assistive devices due to destruction of houses and repeated displacements or chronic shortage, combined with breakdowns in services, means that for many evacuating is no longer an option. In Gaza, 83%[113] of persons with disabilities reported losing their assistive devices (e.g., wheelchairs, hearing aids and prosthetics). In Yemen, a decade of conflict and repeated displacements have also caused loss and a lack of assistive devices,[114] and impacted access to rehabilitation services. This leaves those with existing disabilities without the mobility equipment they need. Mobility challenges can be even greater for persons with newly-acquired disabilities. Many are unfamiliar with how to manage their new condition, and they often lack access to rehabilitation services that could help restore or improve physical, cognitive and social functioning, while also providing strategies and assistive tools to reduce mobility barriers.

> *"A woman with a disability had to crawl on the ground to evacuate. She had no wheelchair."(KII, WLO, Gaza)*[115]

Loss of caregivers

Across the three contexts, the loss of family members and carers also impacts the ability to flee of older people, and children and adults with disabilities. In Gaza, the loss of able-bodied and younger family members over time has made it increasingly difficult for older people and persons with disabilities to move. These challenges are especially acute in large and intergenerational households, and with repeated forced displacements (averaging six and reaching up to 19)[116] placing immense strain on family units. This often forces painful prioritisation decisions, including leaving adults with disabilities and older people behind.[117] In Ukraine, many persons with disabilities, including children, and older people, have been dumped, trapped or abandoned in their homes, residential care institutions and orphanages as a result of their carers fleeing the war.[118]

> *"Many blind women told me they couldn't flee during attacks as they didn't know where to go and were left behind." (KII, WDLO, Yemen)*[119]

Family separation in EWIPA contexts

The use of explosive weapons in populated areas drives sudden and multiple displacements that tear families apart. Family separation in turn magnifies the risks of EWIPA, with the heaviest impacts falling on those at the intersections of age and disability, especially young children,[120] *children and*

[111] AI, Supra, 62; KIIs (OPD, Gaza, WLO, Ukraine, July 2025).
[112] Ibid.
[113] oPt Protection Cluster - Cluster (2025) Protection Update – Gaza (July 2025); KIIs (OPD, Gaza, July 2025).
[114] AI, Supra, 62.
[115] June 2025.
[116] OCHA (2025) Humanitarian Situation Update #257 | Gaza Strip
[117] UNRWA, Supra 80.
[118] AI (2022) 'I used to have a home' - Investigation: Older people's experience of war in Ukraine; The Guardian (2022) Alone under siege: how older women are being left behind in Ukraine (16 May 2022); Disability Rights International (2022) Left Behind in the War- Dangers Facing Children with Disabilities In Ukraine's Orphanages
[119] July 2025.
[120] OHCHR (2024) Gaza: Palestinians with disabilities fear being killed first, says UN committee

adults with disabilities,[121] *and older people, who are left disoriented and exposed to harm in unsafe areas.*

In Gaza, repeated mass displacements, last-minute evacuation orders, and widespread attacks on residential buildings have compounded family separation. Young children and children with disabilities are at particular risk of being cut off from parents and relatives during bombardments, or trapped under collapsed buildings. At least 17,000 children (around 1% of Gaza's displaced people) are estimated to be unaccompanied or separated (UASC), with boys and girls affected in roughly equal numbers across age groups. The true figure is likely higher, given underreporting and severe access constraints.[122] *UASC are found in hospitals, formal and informal shelters, and on the streets.*[123] *Forced separation exposes children to various dangers and heightened risks, not only EWIPA harm, but also the risk of exploitation, neglect and abuse.*[124]

In Ukraine, there is no recent figure for the number of UASC, but between 24 February 2022 and March 2024 more than 13,000 children were known to be without parental care, with more than 1,700 of them orphaned by the war. Displacement has been a primary driver of family separation. The war has also led to significant impacts on intentional family separation, especially for children with disabilities, who, at an already higher risk of institutionalisation, have been left in institutions by families. Staff from these institutions fleeing the war has aggravated the already prevalent risk of neglect and abuse, including being left unattended, leading to the children playing with explosive remnants of war.[125]

Due to EWIPA-driven economic and logistical constraints, often exacerbated by multiple displacements and imminent attacks, family separation is also common for older people and adults with disabilities, especially those with physical impairments and restricted mobility.[126]

Financial constraints

Limited financial resources, such as the inability to afford transport, are a major barrier preventing older people and adults with disabilities, and caregivers, from fleeing and accessing safety. In some cases, these constraints force families and caregivers to flee without them.[127] As highlighted by a key informant in Yemen, "families sometimes prioritise younger members for evacuation because they lack the means to move elderly relatives."[128] In Ukraine,[129] poverty severely reduces private rental options when shelters are not available (or adapted), especially for older women and persons with disabilities residing in rural areas.[130] A key informant shared that "rural households often cannot afford fuel or transport costs to evacuate, leaving them stranded in contaminated villages."

[121] HI, Supra, 86; AlJazeera (2025) 'Forgotten by the world': Disability deepens sisters' struggle in Gaza
[122] IRC (2024) Unaccompanied and Separated Children in Gaza; State of Palestine Child Protection AoR (2025) Children in crisis: Protection realities and response in the State of Palestine (June 2025)
[123] IRC, Supra, 122; KII (UN, Gaza, July 2025).
[124] ACAPS (2024) Palestine – Impact of the conflict on children in the Gaza strip (1 February 2024); State of Palestine Child Protection AoR, Supra 122.
[125] HWR (2023) "We Must Provide a Family, Not Rebuild Orphanages" - The Consequences of Russia's Invasion of Ukraine for Children in Ukrainian Residential Institutions
[126] UNRWA, Supra, 90; AI, Supra, 62.
[127] KIIs (OPD, WLO, Gaza, Yemen, July 2025).
[128] KII (INGO, Yemen, July 2025).
[129] HI (2025) Ukraine: Disabled and older people are too often left behind
[130] AI, Supra, 118; HAI (2025) "Every year it gets harder to hold on": Older people in Ukraine want to be seen and heard; KIIs (WLO, INGO, Ukraine, June 2025).

Lack of access to information and communications

Access to timely and reliable alerts about incoming attacks, displacement orders, evacuations and available shelters is a cornerstone of civilian protection in EWIPA contexts. In Gaza, Ukraine and Yemen, older age and disability are key characteristics that heighten exclusion from critical and life-saving information and communications. This exclusion stems from reliance on channels and tools that do not accommodate sensory, cognitive or intellectual impairments, nor the needs of older people with functional limitations. Multiple socio-economic and cultural factors, such as rural residence, displacement, low literacy, limited internet connectivity, poor digital skills,[131] and low income, further limit these groups' ability to receive and engage with vital communications.

In Gaza, where more than 1,500 people have already lost their vision and over 4,000 are at imminent risk of vision loss,[132] persons with visual and hearing impairments face heightened risks from the absence of adapted auditory or visual warnings. Reliance on text messages, flyers and social media to convey critical updates further disadvantages older people and those with hearing or cognitive impairments, making it harder for them to read and act on displacement orders, compared with other groups,[133] largely excluding people with hearing, visual or cognitive impairments. In Ukraine, the use of internet and social media as primary channels for disseminating information excludes groups with limited digital access and networks, primarily older people[134] and persons with disabilities.[135] Sign language interpreting for emergency alerts[136] is also rare and official announcements are often delivered without subtitles or sign language interpreting.[137] In a 2024 rapid needs assessment conducted in eastern Ukraine, 35% of older people interviewed in collective centres reported that they were unaware of the available evacuation services.[138] These groups heavily rely on word of mouth, television or radio. However, these channels are rarely used for disseminating critical information or alerts.[139]

Good practice: reaching persons with disabilities with Explosive Ordnance Risk Education and Conflict Preparedness and Protection in Gaza

EORE and CPP are critical harm-prevention strategies in EWIPA contexts, where contamination exposes civilians to severe risks during and after conflict.[140] Yet, despite ongoing efforts to improve inclusive approaches, challenges remain in reaching some population groups, especially persons with disabilities.[141] In Yemen, a 2024 evaluation across three governorates found that EORE interventions largely failed to reach persons with disabilities, women, displaced populations and older people. The evaluation also noted that the tools used were inaccessible to illiterate adults and children, as well as to individuals with specific needs.[142]

[131] oPt Protection Cluster – Gaza, Supra, 40; ACAPS, Supra, 47; KIIs (WLOs, UN, Gaza; WLO, Ukraine; OPD, Yemen, July 2025).
[132] Study to be published by the Gaza Forum for People with Visual Disabilities (presented at Doctors Against Genocide's Weekly Updates, 6 July 2025).
[133] CARE (2024) Rafah Governorate: Deception, Destruction & Death in the "Safe" Zone Rapid Gender Analysis"; KILL (WLO, Gaza, July 2025).
[134] HAI (2023) "I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response; ACAPS, Supra, 72.
[135] IDA (2023) The situation of persons with disabilities in the context of the war of aggression by Russia against Ukraine
[136] ACAPS, Supra, 72.
[137] International Disability Alliance, Supra, 90.
[138] HAI, Supra, 71.
[139] HI and Danish Refugee Council (DRC) (2023) KABP Survey Report - Ukraine, 2023; ACAPS, Supra, 72.
[140] HI, Supra, 9.
[141] Mine Action Group Ukraine (2025) Initial findings from WROs/WLOs consultation; Geneva International Centre for Humanitarian Demining (GICHD) (2024) Explosive Ordnance Risk Education (EORE) | Sector mapping and needs analysis
[142] UNICEF, Sana'a University Inclusive Development Research Center and Yemen Executive Mine Action Center (2024) Report: Knowledge, Attitude, and Practices Study (KAP) for Explosive Ordnance Risk Education (EORE) in three governorates in Yemen (Al-Jawf – Al-Hudaydah – Taiz)

Some good practices do however exist in some of the most challenging environments. In Gaza, HI's EORE/CPP programming embeds inclusive practices into every stage of campaign design, delivery and evaluation. In the design phase, for example, participatory activities with persons with disabilities and OPDs informed the development of tailored messaging strategies that accounted for age, gender, impairment type, literacy level and displacement status. To overcome environmental and communication barriers, HI deployed a multi-channel dissemination strategy. EORE messages were shared via SMS, radio, posters, social media and community sessions. Materials were adapted into accessible formats, including audio recordings, easy-to-read text, large print and pictograms. Inclusive design principles were applied across all media, ensuring high-contrast visuals, culturally-relevant imagery, and representation of diverse groups, including women, children, older people and persons with disabilities.

Community-based sessions emerged as a particularly effective method, especially in rural and high-risk areas where digital access is limited. These sessions were facilitated by trained local messengers and supported by peer networks, reinforcing key safety messages through trusted voices. SMS campaigns also proved vital, offering concise and actionable guidance in local dialects, and accommodating users with sensory impairments.

Across all three contexts, electricity blackouts[143] caused by attacks on power stations exacerbate the difficulties faced by groups that depend on the internet to receive information, for example, people with hearing impairments who rely on mobile phones for air raid alerts.[144] In Yemen and Ukraine, geography adds another layer of challenge: people living in remote or rural areas, particularly older adults and persons with disabilities, face even greater obstacles in receiving and acting on critical information.[145]

> *"Older people and persons with disabilities, whether with mobility issues, hearing or visual impairments, face immense barriers to reaching safety. It's not just about stairs and ramps; it's also about accessible information for those who can't hear air raid alarms or see warning signs." (KII, INGO, Ukraine)*[146]

Good practice: Making information and communications accessible to adults and children with diverse disabilities

UNICEF Ukraine developed simple, visual materials to explain the evacuation process step by step. These materials used pictures to illustrate what would happen during evacuation, helping children understand and prepare for the situation. HelpAge International in Ukraine adapted the visuals for adults with cognitive difficulties. The materials were low-cost (printed on A4 paper) but had a significant impact by providing clear, accessible and reassuring information to people who might otherwise have been left confused or distressed. The Ukrainian Society of the Deaf frequently prepares sign language interpreting of official speeches, overlays them onto the original videos, and circulates these versions to ensure that persons with hearing impairments have equal access to vital information.

3.1.3 Women in their diversity face greater mobility barriers than men

Structural barriers faced by civilians are further compounded by gender, which intersects with age and disability, and pre-existing inequalities, to create disproportionate and distinct mobility

[143] KII (OPD, Gaza, July 2025).
[144] International Disability Alliance, Supra, 90.
[145] ACAPS, Protection Cluster Yemen, Mine Action Area of Responsibility Yemen, Child Protection Area of Responsibility, Gender-Based Violence Yemen (2022) Yemen Protection Analysis Update: November 2022; KII (WLO, Yemen, June 2025); HI, Supra, 129.
[146] July 2025.

challenges for women and adolescent girls. Across the three contexts, women in all their diversity (particularly older women and women with disabilities) are more likely to be isolated geographically (e.g., in rural areas in Ukraine, in northern Gaza) and socially, poorer,[147] and to have reduced access to assistive devices.[148] They are also more likely to experience systemic exclusion and discrimination,[149] including during evacuation.[150]

> *"Women, and particularly women with disabilities, are among the populations most impacted by the frequent displacement and evacuation orders." (KII, Gaza)*[151]

Marital status and household composition (e.g., WHHs, including widows, single, divorced or separated women) are cross-cutting factors that influence women's ability to flee and seek shelter. Households that include a member with a disability are particularly likely to face mobility barriers and greater challenges in accessing shelters.

Women-headed households in EWIPA contexts

The conflicts in Yemen, Gaza and Ukraine have increased the number of WHHs, amplifying financial needs, economic vulnerability and caregiving responsibilities, and by doing so, intensifying mobility barriers and hardships, including during multiple displacement.

In Ukraine, prior to the full-scale invasion, older women and single women represented a majority of WHHs. 95% of single-parent households were headed by single mothers;[152] *in conflict-affected areas, specifically Donetsk and Luhansk oblasts, 71% of households were headed by women. For women over 60, the share rose to 88%.*[153] *The full-scale invasion sharply increased the number of WHHs due to male conscription and the loss of husbands and partners in the war.*[154] *While specific data is unavailable, evidence shows that the number of WHHs – many single, divorced or widowed – has increased significantly.*[155] *In Gaza, more than 58,600 households are now headed by women*[156] *who face insurmountable challenges moving with and providing for children, injured relatives and older family members. In Yemen, the number of WHHs has also risen due to the conflict, especially among internally displaced women.*[157] *An estimated 26% of internally displaced households are headed by women, many of whom are separated or widowed.*[158]

The main barriers impacting women and girls may vary depending on the context, but are likely to be:

Restrictions on freedom of movement

In Yemen and Gaza, movement restrictions and male guardianship norms (e.g., the *mahram* requirement in Yemen) significantly limit women's mobility and constrain their capacity

[147] KII (WLOs, Yemen, Gaza; OPD, Gaza, July 2025); reSCORE Ukraine (2024) A Resilient Picture: Experiences of Persons with Disabilities in Ukraine; HAI, Supra, 130.
[148] KIIs (WLOs, Yemen, Gaza, July 2025).
[149] UN Ukraine and Global Disability Fund, Supra, 53.
[150] Ibid.
[151] July 2025.
[152] State Statistics Service of Ukraine (2021) Social and Demographic Characteristics of Households in Ukraine in 2021
[153] UN Women and CARE, Supra, 20.
[154] Ibid; UNDP (2023) Human Impact Assessment (Ukraine – June 2023); KIIs (WLOs, Ukraine, July 2025).
[155] UN Women and CARE (2022) Action Brief: Summary of the Rapid Gender Analysis of Ukraine (4 March 2022); OHCHR (2025) The impact of the armed conflict and occupation on children's rights in Ukraine (24 February 2022 - 31 December 2024)
[156] UN Women (2025) What it means to be a woman in Gaza today (12 September 2025)
[157] ACAPS (2023) Yemen: Understanding the cycle of gender-based violence (23 November 2023); UNHCR (2025) Yemen Crisis Explained (March 2025)
[158] ACAPS, Supra, 157; UN Women (2025) Gender Alert Crisis Upon Crisis: Impact of the Recent Escalation on Women and Girls in Yemen

to flee. These constraints disproportionately affect older women, women with disabilities, widows and divorced women, with the loss of male family members further impacting mobility. In Gaza, widows' movements are often controlled by male relatives who assert that these women require additional oversight and support.[159]

> *"What's often overlooked is how movement restrictions trap women in places where explosive weapons are a constant threat. I've seen how impossible it becomes for older women or those with disabilities to escape, as their barriers are so much higher, and their options so few." (KII, WLO, Yemen)*[160]

Higher levels of poverty

Across Gaza, Yemen and Ukraine, women are consistently poorer than men, a disparity that directly undermines their ability to flee. Women with disabilities face even greater barriers.[161] WHHs are among the most economically vulnerable,[162] as they face the combined challenges of income loss, limited resources and intensified caregiving responsibilities. WHHs with a member with disabilities are consistently reported as being poorer.[163]

In Ukraine, WHHs in rural areas, especially those led by single women and women over 60,[164] tend to have significantly lower incomes than male-headed households. Older women, including those with disabilities, are more likely than men to live alone[165] without family support, which compounds both their financial precarity and the risks that they face.[166] Women over the age of 70 are particularly affected, as advanced age magnifies both economic need and isolation.[167] In Yemen[168] and Gaza,[169] WHHs face distinct barriers due to women's low employment rates, and social and cultural norms. For older women[170] and women with disabilities, who are more likely to live alone (in Yemen),[171] the costs of fleeing are often prohibitive. WHHs are also more likely to experience intensified economic dependency on men,[172] which severely limits their capacity to seek safety.

Caregiving responsibilities

Poverty often intersects with caregiving responsibilities to further limit women and girls' ability to flee or evacuate, and access shelter. Alongside managing household responsibilities and childcare, women, including older women[173] and women with disabilities,[174] are typically the primary caregivers for older relatives and family members with disabilities.[175] In Ukraine, adults with intellectual disabilities are often cared for by their older mothers, [176] while some women with

[159] Women's Affairs Center – Gaza (2024) Research Paper - The Impact of the October 2023 War on Bereaved Women in the Gaza Strip
[160] July 2025.
[161] KIIs (WLOs, Yemen; OPD and WLO, Gaza, July 2025).
[162] KIIs (WLOs Ukraine, Yemen, Gaza; OPD, Yemen); REACH (2025) Ukraine: Displacement and vulnerability brief - July 2025; Women's Affairs Center-Gaza, Supra, 46.
[163] KIIs (WLOs, Yemen, Gaza; OPD, Gaza, Jul 2025); reSCORE Ukraine (2024) A Resilient Picture: Experiences of Persons with Disabilities in Ukraine;
[164] HAI, Supra, 130.
[165] ACAPS, Supra, 72; HAI, Supra, 130.
[166] AI, Supra, 118; HAI; Supra, 130.
[167] Ibid.
[168] World Bank (2025) Gender Data, Yemen
[169] World Bank (2025) Gender Data, West Bank and Gaza
[170] UNRWA, Supra, 80.
[171] ACAPS, Supra, 43; Economic and Social Commission for Western Asia (2024) Disability in the Arab Region 2023
[172] ACAPS (2023) Yemen - Dynamics and effects of the Mahram practice in Yemen (14 December 2023)
[173] HAI (2019) Rapid needs assessment of older people - Yemen (September 2019)
[174] UN Ukraine and Global Disability Fund, Supra, 53.
[175] KIIs (WLOs Ukraine, Gaza and Yemen, June-July 2025).
[176] ACAPS, Supra, 83.

disabilities must simultaneously serve as sole caregivers for their children with disabilities.[177] Women with children, especially children with disabilities, face especially acute challenges in seeking safety.[178] These difficulties are compounded by the lack of medical evacuation options and concerns about causing distress to their children,[179] particularly when there is uncertainty over whether the new environment will meet their needs (e.g., access to rehabilitation services).[180] There is more limited evidence for Gaza[181] and Yemen,[182] but women and girls, particularly those in WHHs, many of whom are widowed or separated, often bear responsibility for the safety and mobility of children, adults with disabilities and injured relatives.[183]

> *"We know many women who have children with disabilities, not only physical disabilities, but also mental impairments. I know of a mother who did not use the bomb shelter in Kyiv because even knowing there's a small chance that a bomb could hit their building, it was still less stressful than repeatedly waking up the children and taking them down to the shelter from the 10th or even 25th floor. She has four children and explained how exhausting and distressing it was to get them all to safety during repeated alerts." (KII, WLO, Ukraine)*[184]

This caregiving role positions them as key decision-makers in matters of family protection,[185] such as determining when and how to evacuate. It often delays or prevents them from leaving, particularly when dependents have limited mobility due to age or impairment, or when women themselves face restricted mobility.

> *"Widows and adolescent girls are managing entire households under siege." (KII, UN, Gaza)*[186]

Although girls' increased caregiving responsibilities are sometimes acknowledged,[187] and are often compounded by school disruptions and disability, there is limited data on how the conflicts in Ukraine, Gaza and Yemen have affected their caregiving roles across these contexts, including as a result of the loss of male breadwinners, the rise in women-headed households, and the growing number of people with traumatic injuries and disabilities.

Information gap

Women-headed households, especially those led by older women and by women and girls with disabilities, face greater barriers than men to timely and essential information and communications about evacuations or shelter location.[188] In Yemen[189] and Gaza,[190] older women and women with disabilities[191] face multiple vulnerability factors impacting information access, including lower literacy, limited digital skills and poor internet connectivity.[192] These challenges are reinforced by

[177] KII (WLO, Ukraine, July 2025).
[178] KII (WLO, Ukraine, July 2025).
[179] War Child, Supra, 78; KII (WLO, Ukraine).
[180] Ibid.
[181] DRC (2024) Killing long after they fall: The cost of active warfare and explosive ordnance on civilians in Gaza
[182] KIIs (WLOs, Yemen, Gaza, June-July 2025).
[183] ACAPS (2023) Yemen: Gender dynamics, roles, and needs; UN Women, Supra, 49; UN Women Supra, 16; KIIs (WLO, Gaza, Yemen, July 2025).
[184] July 2025.
[185] Protection Cluster – Ukraine (2025) Ukraine Protection Analysis Update (30 September 2025)
[186] July 2025.
[187] Plan International, Supra, 56.
[188] KIIs (WLOs, Ukraine, Yemen; OPD, Gaza, July 2025).
[189] KII (WLO, Yemen, June 2025).
[190] oPt Protection Cluster – Gaza, Supra, 40.
[191] Source: UN Women Data Hub, Yemen; UNRWA, Supra, 80.
[192] KIIs (WLO, Gaza and OPD, Yemen, July 2025).

pre-existing gender and social norms that continue to privilege men and boys in access to information and technology.[193] In Ukraine, women over 70, and particularly those living alone in rural or frontline areas, are markedly less likely than men to use the internet[194] and more likely to depend on informal networks for news and alerts.[195]

Lack of sex-segregated facilities in shelters

Women, especially older women, women with disabilities, and women with children, face distinct challenges in accessing shelters. Overcrowding and the lack of sex-segregated facilities deter them from seeking safety and expose them to heightened risks of violence, harassment and exploitation.[196] These risks are particularly acute for those already vulnerable due to age, disability,[197] or household composition (e.g., WHHs, widows, divorced women), especially in conservative contexts.[198] Across the three contexts considered, the absence of sex-segregated and suitable arrangements for women and girls, particularly those with low mobility or disabilities, is systemic. In Ukraine, WHHs, including older women, make up the vast majority of residents in collective centres.[199] However, these are often poorly equipped and fail to meet their distinct needs. Many older women with disabilities are denied access to general shelters and instead placed in institutional care settings, isolating them from their communities.[200] In Gaza, older women, women and adolescent girls with disabilities, and women living alone, such as widows and divorced women, are among the most affected.[201] In Yemen, shelter options also disproportionately disadvantage displaced women and girls[202] (especially WHHs)[203] and those with disabilities;[204] facilities are also often overcrowded and lack gender-sensitive and inclusive design.[205]

Good practice: Making evacuation inclusive in Ukraine

"Women with children, disabilities or illnesses; older people; and those from rural areas near the frontline are the most likely to be left behind. They were our first priority for evacuation. They are easy to identify because they're often the only ones left in high-risk areas. People able to care for themselves have usually already evacuated." (KII, WLO, Ukraine)[206]

Civil society organisations have played a critical role in facilitating inclusive evacuation for the most isolated and marginalised, including by training emergency responders on how to evacuate and assist women and girls with disabilities,[207] and working with volunteers to support the evacuation of older people and persons with disabilities.[208]

[193] United Nations Economic and Social Commission for Western Asia (2024) Social and economic situation of Palestinian women and girls July 2020-June 2022
[194] HAI (2021) Breaking through the 60+ ceiling - Assessment of disaggregation of SDG indicators on older people using household surveys; KIIs (WLO, Ukraine, July 2025).
[195] HAI, Supra 130.
[196] Gender in Humanitarian Action Working Group (GiHAWG) oPt and UN Women Palestine (2025) Gender Bulletin No 1- No Relief in Sight: The impact of escalating hostilities, repeated displacement orders and the ongoing blockade on women, girls, men and boys in Gaza
[197] oPt Protection Cluster – Gaza, Supra, 40; KIIs (WLO, UN, Gaza; WLO, Ukraine; OPD, Yemen, July 2025).
[198] ACAPS, Supra, 158.
[199] CCCM Cluster and REACH (2024) Ukraine Collective Centres Monitoring (September-October 2024)
[200] AI (2023) "They live in the dark": Older people's isolation and inadequate access to housing amid Russia's invasion of Ukraine
[201] Women's Affairs Center – Gaza (2024) Research Paper "Women Left Behind: Reality of Women and Girls with Disabilities During War on Gaza Strip"; Women's Affairs Center- Gaza, Supra, 159; UNRWA, Supra 80; KIIs (OPD, WLO, Gaza).
[202] HRW (2025) Yemen: US Strike Reportedly Kills, Injures Dozens of Migrants
[203] UN Women, Supra, 49.
[204] ACAPS (2023) Yemen: Challenges to Housing, Land and Property Rights
[205] UN Women, Supra, 49.
[206] July 2025.
[207] KII (INGO, Ukraine).
[208] IDA, Supra, 90.

WLOs also organised evacuations from besieged and frontline regions, mobilising their networks to identify individuals in immediate need, coordinating transport, and ensuring the safety of evacuees despite ongoing military threats. One WLO operating in southern Ukraine partnered with local volunteers to establish safe routes, enabling successful evacuations.[209]

3.1.4. Exclusion and discrimination drive mobility barriers for civilians from marginalised groups

For marginalised groups, mobility barriers are shaped less by physical ability, and more by entrenched discrimination. In Yemen, the Muhamasheen, who are already socially excluded, make up the largest displaced population.[210] They are often forced to live in tents or open land near frontlines, and are excluded from rental housing and collective centres.[211] In Ukraine, Roma communities, particularly women and girls,[212] face systemic discrimination and lack documentation, restricting their ability to flee or access bomb shelters.[213] Many are deliberately denied entry to shelters and cannot afford private housing.

> *"The Muhamasheen live on the streets. When attacks happen, many are harmed or killed because they have no shelter." (KII, WDLO, Yemen)*[214]

In Ukraine, persons of diverse gender and sexual identities also encounter major barriers. Mismatched identification documents prevent safe passage, while stigma and discrimination exclude them from both official shelters and rental housing.[215] Though some LGBTQI+ groups have created dedicated shelters, these reach fewer than 1% of those in need and lack adequate resources,[216] and equipment to meet the specific needs of individuals.[217]

Although there is limited qualitative evidence on the intersection of gender (i.e. being a woman) and ethnicity in both contexts, comprehensive and disaggregated data on how ethnicity (in Ukraine and Yemen) and gender, and sexual identities (in Ukraine), intersect with other identities is severely lacking.

3.2 Risk patterns stemming from civilians' daily movements, survival strategies and behaviour

While structural and systemic barriers create significant obstacles to civilian protection, other risk patterns emerge from the necessities of daily life and the coping strategies civilians adopt as infrastructure crumbles, financial hardship worsens, and needs increase exponentially. While attacks drive risks, exposure to UXO also emerges as a critical vulnerability factor.

These risk patterns affect different groups of civilians in distinct ways, and both the risks and the affected groups evolve over time. Across Ukraine, Gaza and Yemen, gender emerges as the primary factor driving risk; being young also becomes increasingly significant when conflicts drag on, male family members are killed or injured, household composition changes, and poverty deepens. The

[209] Heinrich Böll Foundation, Open Space Works Ukraine and Ukrainian House Foundation (2025) "We Barely Have Time to Celebrate Our Wins ... Or to Process What We've Lost": The Role of Ukrainian WLOs in Humanitarian Action in Ukraine and Poland
[210] ACTED, IOM, CCCM Cluster, and Norwegian Refugee Council (NRC) (2023) 2022 Yemen Muhamasheen Community Profile - Survey conducted with Muhamasheen populations in IRG-controlled areas of Yemen, 2022
[211] Sana'a Center for Strategic Studies (2021) Bringing forth the voices of Muhamasheen
[212] Habitat for Humanity (2023) Rapid Gender Analysis support to Habitat for Humanity on Ukraine: Gender in Emergencies Group
[213] CARE (2024) Rapid Gender Analysis - Ukraine (August 2024)
[214] July 2025.
[215] Global Public Policy Institute and Feminist Perspectives for Supporting Ukraine, Supra, 109; KII (WLO, Ukraine, July 2025).
[216] Ibid.
[217] Global Public Policy Institute and Feminist Perspectives for Supporting Ukraine, Supra 109.

intersection of disability and displacement also amplifies risks for children and adults, and older people with visual impairments.

3.2.1 Essential livelihood activities and survival strategies expose civilians to attacks and UXO

Despite the constant threat of attacks and contamination, civilians are often forced to move to access essential goods, services and livelihoods. In contexts of prolonged conflict and economic collapse, these movements carry escalating risks as people take greater chances simply to survive.[218]

Livelihoods shape gendered patterns of civilian exposure to EWIPA, with men's higher participation in public life increasing their vulnerability, including through their involvement in emergency responses. In Ukraine, men are most exposed through infrastructure repair, industrial and mining work, farming contaminated fields -with adolescent boys also involved - and first response services.[219] In Gaza, men's role in providing emergency interventions, as well as construction and scrap metal collection, place them at heightened risk.[220] In Yemen, men face disproportionate risks of harm while pursuing livelihoods or income-generating activities.[221] Those working on the frontlines of recovery, such as rubble removal, scrap collection, construction, and agricultural labour, are also particularly exposed to danger.[222]

*Daily or routine activities, such as going to school, buying goods and accessing services (e.g., healthcare) and aid can also create exposure to risks***.** However, data available is often confined to reports of incidents by the media, preventing the identification of clear patterns of harm. Data sets for attacks on systems, such as healthcare, for example, primarily report on the number of facilities and health workers killed. Yet, patterns of restricted humanitarian access due to security risks point to the risks civilians encounter in performing daily chores or seeking services, including caregivers. Extensive reports and statements from UN and international actors on humanitarian access constraints due to security risks highlight how daily activities, such as seeking food, water and healthcare, have become high-risk actions.

> *"My husband waited outside for hours just to get a small supply of my essential medicine. One day, while he was standing in line at the pharmacy, a rocket attack struck. Many were injured that day, including him." (KII, Survivor, Ukraine)*[223]

Older people and persons with disabilities, especially women and children, with severe mobility limitations, or those confined indoors, face distinct risks. In Gaza, continuous strikes on residential areas and shelters have resulted in frequent instances of entire families being killed when their homes are struck.[224]

> *"There's a clear gender dimension when civilian neighbourhoods, particularly homes, are targeted. Women and children are often confined to those private spaces, so when they're hit, they're disproportionately affected. That reflects the reality in Gaza, where there's no clear*

[218] GiHAWG oPt and UN Women Palestine, Supra, 196.
[219] KII (INGO, Ukraine); Protection Cluster - Ukraine (2024) Protection Analysis Update: The Critical Need for Protection amongst Armed Conflict and Violence (July 2024); HI (2025) Explosive Ordnance contamination in Ukraine: current and lasting threat for civilians; Protection Cluster – Ukraine, Supra, 185.
[220] oPt Protection Cluster – Gaza (2022) Protection Analysis Update (August 2022)
[221] Sana'a University's Inclusive Development Research Center, Yemen Executive Mine Action Center and UNICEF (2024) Report Knowledge, Attitudes, and Practices (KAP) study for Explosive Ordnance Risk Education in 3 Governorates in Yemen (Al-Jawf, Al-Hudaydah, Taiz);
[222] HI (2020) Explosive Weapons, Contamination, and Risk Education in Yemen (March 2020); HI (2020) Issue Brief: Inclusion of persons with disabilities and humanitarian action in Yemen; KII (INGO, June 2025).
[223] July 2025.
[224] KIIs (UN, WLO, Gaza, July 2025).

divide between frontline and civilian areas, as civilian spaces are constantly under attack. At the same time, in shelters, it's mostly women, children, older people and persons with disabilities who remain behind, while young men are being targeted at food distribution points. These gendered dynamics, and the blurring between public and private spaces caused by constant displacement, deeply shape people's experiences in Gaza." (KII, Gaza)[225]

*Survival strategies and changes in household dynamics further amplify risks***.** These may involve movement through unsafe areas[226] or, conversely, remaining in or returning to areas under active threat.[227] In Gaza, a survey found that 70% of respondents returned to areas previously affected by active fighting and 58% had gone through rubble for basic items, clothes and documentation.[228]

While men and older boys are often the first to adopt high-risk strategies, household roles often shift with time. Dangerous tasks then shift to women and children.[229] In Gaza, the rise in women-headed households, especially among widows,[230] combined with displacement, has pushed many women to take on roles that heighten their exposure to EWIPA, such as salvaging items from rubble, queuing for aid or searching through piles of rubbish for food scraps.[231] A 2024 survey of displaced women found that 81% who previously had an income lost it, and 30% had become sole breadwinners, forcing them into high-risk coping strategies.[232]

Boys and girls also contribute to household survival by collecting firewood or waiting in long lines for water and food,[233] exposing them to EWIPA injuries and deaths.[234] In Ukraine's high-risk areas, the mandatory conscription of men leaves women more frequently at risk of explosive violence while seeking work or aid, and when caring for relatives and family members.[235] More than three years into the full-scale invasion, many displaced women[236] (often WHHs) are returning to frontline areas due to financial pressures[237] in safer locations.[238]

3.2.2. Choosing not to leave or delay evacuation exposes specific groups of civilians to EWIPA-related harm

Despite evacuation warnings, some civilians remain in dangerous areas, with gender and age shaping these decisions, and disability-related barriers further reinforcing delays or refusals to evacuate. Remaining in areas under active bombardment, contamination or siege not only increases immediate danger but can also limit access to essential services, aid and evacuation routes when conditions deteriorate further.

*Older people, including those with disabilities, often remain in their homes, often influenced by emotional, cultural and psychological factors; for some, dying at home is perceived as easier than fleeing***.**[239] This trend has been reported in Ukraine, Gaza and Yemen, but is more commonly

[225] July 2025. The type of representative has been removed to prevent identification.
[226] DRC, Supra, 181.
[227] Ibid.
[228] DRC, Supra, 181.
[229] Reuters (2025) Israeli missile hits Gaza children collecting water, IDF blames malfunction, 14 July 2025
[230] UN Women, Supra, 156.
[231] GiHAWG oPt and UN Women Palestine, Supra, 196.
[232] Women's Affairs Center – Gaza, Supra, 46.
[233] Ibid; Palestinian Centre for Human Rights (PCHR) (2025) Generation Wiped Out: Gaza's Children in the Crosshairs of Genocide
[234] Reuters (2025) Israeli missile hits Gaza children collecting water, IDF blames malfunction, 14 July 2025; The Washington Post (2025) IDF strike kills Gazan children awaiting food supplements, health officials say, 10 July 2025
[235] KIIs (WLOs, INGO, Ukraine, July 2025)
[236] Internal Displacement Monitoring Centre (2025) Seeing the unseen: Disaggregating IDPs by sex and age
[237] OHCHR, Supra, 155.
[238] KIIs (WLO, INGO, July 2025); Protection Cluster – Ukraine, Supra, 185.
[239] KIIs (WLO, Gaza; INGOs, Ukraine, June 2025).

evidenced in Ukraine.[240] Older people are often afraid they will not survive evacuation[241] or feel too emotionally attached to their homes[242] to leave. Anecdotal evidence suggests that older women more often choose to stay due to emotional attachment to their homes,[243] while older men tend to remain to protect their property and land.[244]

In some cases, past experiences of displacement, together with increased health and disability needs, reinforce the decision to stay. Persons with disabilities, for example, choose not to access shelters because they know they do not have accessible arrangements.[245] In Ukraine, persons with disabilities and those with chronic illnesses often decide not to access emergency shelters due to overcrowding and the awareness that their specific needs will likely not be met. Fear of discrimination because of their disability can also lead civilians to avoid shelters.[246]

In Ukraine, men and women choose to remain in conflict-affected areas with gender roles driving these decisions. Compulsory conscription has led some men to self-confine[247] and not access shelters,[248] which also grounds their families at home. There are also reports of women choosing to remain in dangerous areas with their children, despite mandatory evacuation orders, hiding their children to avoid having to leave.[249] This can be for emotional reasons and helping their community,[250] or because they take on new roles while male family members are mobilised or have been killed or injured.

In Gaza, some families choose not to evacuate, holding on to the memory of loved ones who remain under the rubble. Emotional ties to those remains influence how long people stay and whether they remain connected to their ruined homes.[251]

3.2.3. Long exposure to EWIPA can lead to complacency

Prolonged conflict and relentless campaigns of bombardments can normalise risk.[252] Psychological coping mechanisms, such as fatalism and cultural norms, also amplify exposure to harm. A distinct pattern in Ukraine has been the State-driven portrayal of unsafe behaviour as heroic and brave,[253] which drives civilians, especially men and adolescent boys, to expose themselves to higher EWIPA risks. Constant exposure to danger can also create a false sense of normality, delaying fleeing or evacuation.[254]

3.2.4. Children and adolescents' curiosity increases UXO exposure

Children and adolescents face distinctive risks: curiosity and play often bring them into contact with unexploded ordnance, resulting in disproportionately high rates of injury and death in these age

[240] HAI, Supra, 130; HAI (2022) Easter Ukraine: The needs of older persons – 4th March 2022 ; KII (WLO, Ukraine, July 2025).
[241] KII (INGO, June 2025).
[242] CARE, Supra, 213. HelpAge International, Supra, 71.
[243] KII (INGO, June 2025).
[244] KII (INGO, June 2025); AI, Supra, 119; CARE, Supra, 213.
[245] Stars of Hope (2023) A war without Human Rights: The Situation of Persons with Disabilities in Shelters in the Context of Forced Displacement; KII (survivor, Ukraine, July 2025).
[246] KIIs (OPDs, Gaza, July 2025).
[247] REACH (2025) Ukraine: Multi-Sectoral Needs Assessment 2024: Gender, Age, Disability and Vulnerability Situation Overview (April 2025)
[248] KII (WLO, Ukraine, July 2025).
[249] Protection Cluster – Ukraine, Supra, 185.
[250] Center for Civilians in Conflict (2024) Voices from Ukraine: Stories of Resilience Amidst Conflict
[251] KII (WLO, Gaza, July 2025).
[252] KIIs Ukraine (NGO, WLO, July 2025)
[253] Geneva International Centre for Humanitarian Demining (2024) Mapping of the Explosive Ordnance Risk Education Sector in Ukraine; HI and DRC, Supra, 139.
[254] HAI (2024) "The only way to survive was by helping each other."

groups, with boys typically more affected than girls. This risk, however, is influenced by contextual and vulnerability factors, as seen in Gaza, where children, followed by teenage boys, are identified as the most at risk from unexploded ordnance. Widespread devastation and repeated displacement have left many children with no choice but to play in dangerous streets littered with unfamiliar objects,[255] and to search for resources in hazardous environments.[256]

In Ukraine, teenage boys are more likely to engage in risky behaviour, despite accessing EORE.[257] Living in rural areas and being from lower-income households increase teenage boys' risky activities.[258] Between 24 February 2022 and 31 December 2024, 57% of child casualties were boys and 43% were girls, with the highest number of casualties being among 16-to-17-year-olds;[259] boys also accounted for over 80% of casualties from UXO (and landmines).[260]

Concluding remarks

A common thread emerges across the identified patterns of risk: civilians' exposure to EWIPA harm is deeply shaped by intersecting identities and vulnerability factors that determine their ability to avoid, mitigate or respond to danger. Gender plays a pivotal role: socially-constructed roles and norms influence who moves, who stays, and who undertakes the most dangerous survival tasks; with this often shifting over the course of a conflict. Addressing these interconnected risks is critical to designing protection measures that respond to the lived realities of all affected groups, not only those most visible in the prevailing narratives.

[255] DRC, Supra, 181.
[256] HI, Supra, 9.
[257] UNICEF (2024) 53% of Ukrainian teenagers engage in risky behaviour despite being well-informed about risks posed by mines and unexploded ordnance
[258] Ibid.
[259] OHCHR, Supra, 155.
[260] Ibid.

Section 2: What are the main barriers affecting access to services and humanitarian assistance for those most at risk and impacted by EWIPA-related harm?

Access to services in EWIPA-affected settings is hindered by multiple and overlapping barriers that generally fall into four categories: environmental, communication, attitudinal and institutional.

While access barriers have been categorised by type for the sake of clarity, it is crucial to recognise that they overlap (both within and across categories), interact and compound one another, deepening the challenges faced by individuals with intersecting identities.

Many of the barriers mirror those that hinder self-protection from EWIPA-related harm. Gender, disability and age profoundly shape access to services and assistance across different types of barriers. Vulnerability factors such as displacement, geographic location and household composition also overlap to further amplify access barriers. Across the three contexts considered, women and girls are likely to face overarching barriers that apply to access to services and humanitarian assistance. In particular, they often experience disproportionate structural, cultural and economic restrictions on their access to services that are driven by common deep-rooted gender norms and inequalities.

The access barriers identified by the research are not necessarily specific to EWIPA contexts. However, because the use of EWIPA is closely linked to disability and has unique indirect impacts on civilians' access to services, this section focuses on the primary barriers that affect civilians, particularly persons with disabilities, to a greater extent in the three EWIPA contexts considered.

1. Attitudinal barriers

Negative attitudes, stigma and discrimination across contexts are key barriers to accessing services and assistance for civilians, with the war amplifying existing challenges for specific groups of people.

Disability is frequently a key driver of exclusion from services[261] due to pervasive and deep-rooted stigma and discrimination. As highlighted in earlier sections of this report, the type of impairment often determines the degree and form of stigma faced. Individuals with intellectual[262] and psychosocial disabilities are among the most marginalised, as their impairments are frequently misunderstood, hidden or associated with shame.

Gender – often together with age - further compounds discrimination. Older people, especially women with disabilities, face triple discrimination, leaving them at heightened risk of exclusion. In Ukraine, ageism is pervasive: older women, who are more likely than men to seek healthcare, are

[261] HI (2023) Inclusive Humanitarian Action – Gaza (October 2023); UN Ukraine and Global Disability Fund, Supra, 53.
[262] Inclusion Europe (2025) People with intellectual disabilities and their families in Ukraine (February 2025)

being turned away from treatment for chronic conditions due to their age[263] and the prioritisation of younger patients and those with traumatic injuries,[264] especially in frontline and conflict-affected areas. This pattern has also been reported in Gaza,[265] where overwhelmed and under attack health services prioritise EWIPA-related injuries over other health conditions. As highlighted by a woman with disability in Gaza, "*many women with disabilities are denied treatment unless they have injuries directly caused by explosions. Those with chronic conditions or pre-existing disabilities are told that resources must be prioritised for others. It's as if our lives matter less.*"

> *"Services are often unavailable or unfriendly to older people, as timings are unsuitable, medications lacking, and health professionals see older people and people with disabilities as not worth their time." (KII, INGO, Global)*[266]

Context also strongly influences which groups experience discrimination, determined by socio-economic and cultural factors, such as a medical understanding of disability in Ukraine, and reinforced by gender norms, such as movement restrictions for women and girls.[267] In Gaza[268] and Yemen,[269] access to services for women, including widows, can be prevented, controlled,[270] or reduced by family members, relatives, or service providers.

> *"Women with disabilities face different types of barriers, especially during conflict. They aren't considered equal to men." (KII, INGO, Yemen)*[271]

Fear of discrimination and stigma may also discourage specific groups of civilians from seeking services, especially healthcare. Gender norms particularly influence health-seeking behaviour. Despite the distinctive, acute and overlapping impacts of the use of EWIPA on civilians' psychological health, men and adolescent boys are particularly less likely to access mental health and psychosocial support services (MHPSS) in all three contexts. This is largely driven by societal expectations[272] and self-stigma.[273] In Ukraine, Yemen and Gaza, mental health remains highly stigmatised, and a sense of manhood is often tied to being able to provide for and keep families safe. For those with disabilities, the fear of discrimination and social judgment further discourages help-seeking.[274]

Survivors of GBV—primarily women and girls—may be reluctant to access specialised services. This is common across Ukraine,[275] Yemen[276] and Gaza,[277] where strong social norms around GBV, pervasive stigma, particularly affecting women with disabilities and those from ethnic minorities,

[263] KII (INGO, Global, June 2025).
[264] KIIs (WLO, INGO, Ukraine, June 205).
[265] KIIs (INGO, Global; OPD, Gaza, June 2025).
[266] July 2025.
[267] Yemen Protection Cluster, Mine Action Area of Responsibility (AoR) in Yemen, GBV AoR in Yemen, Child Protection AoR in Yemen, Supra, 145.
[268] Women's Affairs Center – Gaza, Supra, 159.
[269] ACAPS (2025) Yemen: Access to and awareness of integrated gender-based violence and reproductive health services for women and girls (25 September 2025)
[270] Women's Affairs Center – Gaza, Supra, 159; UNFPA, GBV AoR and Voices from Ukraine, Supra, 50.
[271] July 2025.
[272] ACAPS (2024) Palestine - Impact of the conflict on mental health and psychosocial support needs in Gaza; Plan International, CARE, and FONPC (2025) Invisible Wounds – Navigating Mental Health Challenges and Support for Ukrainian Adolescent Boys and Young Men; CARE and GiHAWG Ukraine (2024) Ukraine Rapid Gender Analysis.
[273] Plan International, CARE, and FONPC, Supra, 272.
[274] Ibid. Fight for Rights and Ukrainian Helsinki Human Rights Union (2024) Joint NGO report "Situation on the Rights of Persons with Disabilities in Ukraine" - Additional information and List of issues to be considered by the United Nations Committee on the Rights of Persons with Disabilities (July 2024)
[275] UNFPA, GBV AoR and Voices from Ukraine, Supra, 50.
[276] ACAPS, Supra, 157.
[277] GBV AoR (2025) Gender-Based Violence Snapshot - Gaza (April 2025)

and victim-blaming attitudes, combined with other intersecting identities, such as disability and age (e.g., being an older woman or an adolescent girl with a disability) and vulnerability factors (e.g., being displaced or single), often discourage survivors from seeking support and care.

> *"Even if services are available, it does not mean that people will go to see experts. Stigma is a very big issue." (KII, INGO, Ukraine)*[278]

The conflicts in Ukraine and Yemen have deepened existing inequalities and further exposed structural discrimination, including access to humanitarian aid,[279] against marginalised communities, particularly the Roma and Muhamasheen communities, as well as persons of diverse gender and sexual identities in Ukraine.[280] This has been especially amplified by service providers prioritising certain groups due to scarce resources, widespread disruptions and a heavy burden of EWIPA-specific injuries and rehabilitation needs.

Interestingly, there are also shifting dynamics around attitudinal barriers. In Ukraine, the large number of soldiers who have acquired disabilities during the war is gradually reshaping attitudes toward physical disability.[281] In Gaza, people with newly acquired war-related disabilities are reportedly avoiding registering for assistance out of fear of being perceived as combatants and being targeted.[282] This not only reinforces stigma but also prevents access to essential services, such as rehabilitation.[283]

2. Environmental barriers

Multiple overlapping environmental barriers disproportionately limit certain groups' access to services and assistance. As with risk patterns related to mobility, factors such as age, disability and gender intersect to create unequal barriers for specific civilian groups. In particular, aid delivery remains largely inaccessible to older persons and persons with disabilities, with gender dynamics amplifying barriers for women and girls. This is because design and delivery methods for services and assistance rarely prioritise or account for the needs of civilians with intersecting identities and vulnerabilities.[284]

Although data are rarely disaggregated by disability type or condition, reports consistently note gaps in services that cater for "invisible" disabilities and physical restrictions.[285] The types of interventions provided also frequently overlook disability-specific needs; for instance, in Gaza and Yemen, cash assistance schemes often fail to incorporate the additional costs associated with disability. A 2020 HI assessment conducted with INGOs found that 85% had no activities, projects or policies to address the needs of people with disabilities and other highly vulnerable groups.[286]

In practice, non-inclusive design and delivery choices turn physical damage and insecurity into exclusion: where, when, and how assistance is delivered determines who can physically reach it.

[278] June 2025.
[279] GiHAWG Ukraine, UN Women and CARE (2024) Closing the Gender Gap in Humanitarian Action in Ukraine
[280] ILGA Europe (2025) Annual review of the human rights situation of lesbian, gay, bisexual, trans, and intersex people covering the period of January to December 2024
[281] KII (NGO, Ukraine, June 2025).
[282] oPt Protection Cluster – Gaza, Supra, 40.
[283] oPt Protection Cluster – Gaza, Supra, 40; UN Palestine and Global Disability Fund, Supra, 53.
[284] KII (UN, Gaza, July 2025).
[285] KII (WLO, Gaza, June 2025)
[286] HI, Supra, 222; AI, Supra, 62.

Targeting and a lack of prioritisation

Targeting mechanisms seldom prioritise or adjust for intersecting vulnerabilities and often overlook the needs of persons with disabilities altogether.[287] Older people and persons with disabilities, including children, have reported being deprioritised in aid distribution.[288] Livelihoods and income-generating initiatives are critical (including for persons with newly-acquired disabilities), but are rarely available; when they are, they often do not include persons with disabilities, with women and girls with disabilities frequently left out.[289] Women-led organisations and organisations of persons with disabilities often remain the primary actors addressing these gaps.[290]

Good practice: Operationalising intersectionality in the real-time response - Gaza

The Protection Cluster in Gaza developed a multi-layered protection, monitoring and referral system that maps vulnerabilities by geography and identity, including concentrations of women, children, older persons and persons with disabilities. This system is directly linked to a real-time referral mechanism and a "protection warehouse," enabling rapid distribution of dignity kits, tents and food parcels to those most at risk.

During aid distributions, the Cluster deployed 500 trained safeguarding responders to enforce basic protections: separate lines for women, prioritisation of persons with disabilities, and zero tolerance for exploitation or unauthorised photography. Findings were used to advocate for improved practices across clusters.

Physical access

Physical barriers are not only a consequence of damaged infrastructure, uncleared rubble, disrupted or inaccessible transport, and geographic location (for example, rural areas). They are created and amplified by humanitarian assistance design and delivery methods. Across Gaza, Ukraine, and Yemen, albeit to differing extents, the lack of inclusive infrastructure[291] (e.g., ramps, elevators, trained specialists, Braille materials, and sign-language interpreting) and accessible distributions sites and diversified distribution methods (such as the lack of house-to-house delivery) makes essential services and assistance largely inaccessible for older people and for persons with physical or visual impairments. Rising traumatic injuries and new disabilities, the loss of assistive devices, caregivers and support networks, and the exacerbation of pre-existing conditions entrench these as among the most significant barriers.

> *"There are no wheelchairs. And if there are wheelchairs, there are no streets." (KII, WLO, Gaza)*[292]

In Gaza, aid distribution systems that rely on centralised collection points disadvantage people with limited mobility. Older people are being forced to walk or wait for hours[293] only to find supplies exhausted. The Gaza Humanitarian Foundation (GHF), now the central distribution system, explicitly excludes persons with mobility challenges and those with physical or visual

[287] HI, Supra, 222; UN Palestine and Global Disability Fund, Supra, 53; KIIs (OPD, Yemen, Gaza, July 2025).
[288] oPt Protection Cluster – Gaza, Supra, 40.
[289] KIIs (OPD, Yemen, Gaza, July 2025).
[290] KIIs (OPD, Gaza, WLO, Yemen, July 2025).
[291] AI, Supra, 118; Terre des Hommes (2025) Needs Assessment 2025 in Five Oblasts of Ukraine of Terre des Hommes Ukraine Delegation - Key findings (unpublished); GiHAWG oPt and UN Women Palestine, Supra, 196; Women's Affairs Center – Gaza (2024) Research Paper "Women Left Behind: Reality of Women and Girls with Disabilities During War on Gaza Strip" Submitted to Women's Affairs Center in Gaza
[292] June 2025.
[293] UNRWA, Supra, 80; KIIs (UN, OPDs, Gaza, July 2025).

impairments.[294] Lack of access to disability inclusive services near their location was also reported by 73.2% of respondents with disabilities in another 2025 survey.[295] In Yemen, a 2022 survey revealed that 81% of respondents with disabilities were unable to access services, with infrastructural and mobility barriers being the primary drivers of exclusion.[296] Similar challenges have been reported in Ukraine, including distribution sites located far from communities, particularly in rural, frontline areas, and requirements to stand in long queues, which disproportionately affect persons with disabilities and older people.[297]

Families with children with disabilities also face significant access barriers, but evidence remains limited. One recent study, however, found that 10 months into the full-scale invasion in Ukraine, the proportion of households with children with disabilities that had access to services dropped from 80% to 47%.[298]

> *"Women with disabilities cannot queue safely and are often excluded from receiving essential aid." (KII, OPD, Gaza)*[299]

Lack of service availability

Generally, in the three contexts considered, access to specialised and targeted interventions such as rehabilitation is limited, unequal, and in some cases, unavailable**.** In Gaza,[300] the need for trauma care, assistive devices, and rehabilitation services for EWIPA-related injuries (including sensory injuries)[301] is acute,[302] as many dedicated centres and OPDs have been destroyed or severely damaged. Specialised rehabilitation services, including for children, have been destroyed or severely damaged.[303] In Ukraine, rehabilitation services are unevenly available and more accessible to soldiers than civilians.[304] In Yemen, where basic healthcare is already scarce in rural areas, rehabilitation facilities are largely limited to cities and remain inaccessible to many persons with disabilities,[305] particularly those in conflict-affected regions. As briefly considered in the first section of this report, the indirect effects of the use of explosive weapons have significant implications for access to essential services, going beyond interventions for EWIPA-specific injuries. These include maternal, sexual and reproductive health, and GBV prevention and response services,[306] as well as specialist care, such as mental health and psychosocial support.[307]

> *"Women's safe spaces are being constantly targeted and destroyed. Many of the centres we support through our partners have been hit or damaged: some directly targeted, others affected by nearby strikes. Only a few remain operational, and even those require major rehabilitation to continue providing services." (KII, UN, Gaza)*[308]

[294] OHCHR (2025) UN experts call for immediate dismantling of Gaza Humanitarian Foundation (5 August 2025)
[295] Atfaluna Society for Deaf Children (2025) Reflection of Gaza War on Person With and Without Disabilities, Gaza Situation Report - March 2025
[296] HI, Supra, 86.
[297] International Disability Alliance, Supra 90.
[298] War Child, Supra, 78.
[299] June 2025.
[300] oPt Protection Cluster – Gaza, Supra, 40.
[301] oPt Protection Cluster – Gaza, Supra, 40; KII (Survivor, Ukraine, July 2025).
[302] Health Cluster, WHO and HI (2025) Rehabilitation SitRep Q2 2025 (June 2025)
[303] OCHA oPT (2025) Humanitarian Situation Update # 297 - Gaza Strip (18 June 2025); KIIs (OPD, Gaza, June 2025).
[304] Lawry, L.L., Korona-Bailey, J., Hamm, T.E. et al. (2025) A qualitative assessment of war-related rehabilitation needs and gaps in Ukraine; KII (Survivor, Ukraine, July 2025).
[305] ACAPS (2023) Yemen- Social impact monitoring project report: April–June 2023
[306] ACAPS (2025) Yemen - Access to reproductive health for women and girls; GiHAWG (oPt) and UN Women Palestine, Supra, 196.
[307] Terre des Hommes, Supra, 291; ACAPS, Supra, 83; AI, Supra, 62.
[308] July 2025.

Financial constraints consistently emerge as a key barrier to accessing services across the three contexts, with the same underlying economic factors and intersecting identities, especially age, disability and gender, driving mobility barriers and restricting specific groups of civilians' ability to access services. Older women,[309] as well as women and girls with disabilities,[310] face greater financial barriers than men. For instance, women and girls with disabilities are less likely to benefit from rehabilitation and assistive technologies due to economic hardship.[311]

Being a woman-headed household often exacerbates financial barriers to accessing essential services, including GBV prevention and response. In Yemen and Gaza,[312] structural and gendered barriers to income generation and humanitarian assistance disproportionately affect women-headed households, including widowed women and adolescent girls, and women with disabilities. Similarly, in Ukraine, older women and WHHs that include a person with a disability, particularly in rural and conflict-affected areas, experience heightened financial hardship and limited access to services.[313]

Ethnicity can further affect women's ability to afford services. Muhamasheen women[314] in Yemen and Roma women in Ukraine[315] are among the poorest, and struggle the most to access critical services. Women's poverty translates into children also being deprived of basic services, especially those with new and existing disabilities.[316]

> *"Muhamasheen communities don't know about services. They lack documentation, awareness and access to media or devices." (KII, WDLO, Yemen)*[317]

The impact of displacement on access to services

The use of EWIPA severely impacts civilians' access to aid by disrupting both supply and demand for services. It pushes families further from established service points; disrupts referral pathways and exacerbates information gaps; it also forces the suspension or closure of services,[318] *which erodes the capacity of local systems, including healthcare. Many organisations and service providers, whose staff are themselves living in displacement zones,*[319] *have suffered staff losses and destruction of assets, which have severely strained their operations.*

Humanitarian actors are compelled to constantly relocate services, creating "service deserts" that shift as frontlines[320] *and evacuation orders change. In contexts such as Yemen and Ukraine, women*

[309] HI, Supra, 129.
[310] HI (2024) – Report: Disability Inclusion Barriers and Facilitators Analysis - *Access to healthcare services for persons with disabilities in Yemen (Sanaa)*; Humanity & Inclusion (2024) – Report: Disability Inclusion Barriers and Facilitators Analysis - *Access to healthcare services for persons with disabilities in Yemen (Aden)*.
[311] ReLAB HS (2021) Rehabilitation through a gender lens; ACAPS, Supra, 83.
[312] ACAPS (2025) Yemen: Access to and awareness of integrated gender-based violence and reproductive health services for women and girls (25 September 2025); (Stars of Hope (2024) The Social and Economic Costs of War-Induced Disability in Gaza
[313] REACH (2025) Multi-Sector Needs Assessment 2024: Livelihoods Situation Overview
[314] Yemen Protection Cluster (2021) Yemen Protection Brief – January 2021
[315] Office for Democratic Institutions and Human Rights (ODIHR) (2024) ODIHR Report on the Human Rights Situation of Internally Displaced Roma People in Ukraine
[316] AI, Supra, 62.
[317] July 2025.
[318] OCHA (2025) Gaza Humanitarian Response Update (20 July - 2 August 2025)
[319] Women's Affairs Center- Gaza (2024) Report on: Challenges and Obstacles Faced by Women's Rights and Women-Led Organizations Through Humanitarian Response During the War on Gaza (2023-2024); Heinrich Böll Foundation Ukraine, Save the Children and Humanitarian Leadership Academy, Supra, 209.
[320] ACAPS (2025) Quarterly humanitarian access update (8 May 2025)

and children, who constitute the majority of IDPs, are especially affected, while in Gaza, the effects of multiple displacements are shaped by a set of unique, compounding factors rarely seen elsewhere. They include the unprecedented scale, density and repetition of displacement; the sheer amount of service providers who are displaced multiple times, the widespread destruction of organisations' facilities, the siege conditions that limit the rapid re-establishment of operations and are impacting critical mobile units, due to fuel shortages,[321] while communication blackouts hinder service coordination.

3. Communication barriers

Alongside financial barriers, the same groups marginalised from life-saving information, such as evacuation orders and early-warning alerts, also face limited access to information about humanitarian assistance and the systems through which it can be obtained. These intersecting drivers of exclusion affect older people and persons with disabilities to a greater extent, while gender, ethnicity, household composition and displacement status further compound these barriers.[322] Evidence from Yemen and Ukraine indicates that persons with disabilities and older people, particularly women, are less likely than those without disabilities to be aware of available services;[323] in Gaza, the lack of access to information is commonly reported as a key barrier for persons with disabilities,[324] especially among displaced women-headed households.[325] WHHs in Ukraine are also more likely to have a greater need for information, especially regarding registration for aid.[326]

Communication barriers are also created by complex or inaccessible application and registration systems (e.g., for receiving aid; obtaining disability status[327] or securing IDP registration).[328] These mechanisms are often built without age, gender and disability in mind. As a result, they create a critical institutional barrier to civilians accessing any kind of support. This issue disproportionately affects groups with higher needs, especially women and children with disabilities, with ethnicity also increasing exclusion. For example, many rely heavily on digital platforms that people with visual or other disabilities may not be able to use effectively, and to which older people, especially older women, may have less access. In Ukraine, a HelpAge International survey shows that 58% of older women with disabilities have not registered for benefits compared with 22% of men.[329]

> *"Civilians often face bureaucratic hurdles and lack information about their rights… some don't know about the system, and others do but don't want to bother because it's so complicated." (KII, WLO, Ukraine)*[330]

Innovative practice: Partnering up with unlikely service providers in Ukraine

Local actors have been a lifeline for groups that face overlapping barriers to accessing assistance. They often rely on volunteers, have established networks and strong links in the communities and

[321] OCHA (2025) Gaza Humanitarian Response Update (22 June – 5 July 2025)
[322] oPt Protection Cluster – Gaza, Supra, 40; AI, Supra, 62; Yemen Protection Cluster, Mine Action AoR in Yemen, GBV AoR in Yemen, Child Protection AoR in Yemen, Supra, 267; European Disability Forum (2023) One year of war: persons with disabilities in Ukraine; UN Ukraine and Global Disability Fund, Supra 53.
[323] ACAPS, Supra, 47; Yemen Protection Cluster, Supra, 314.
[324] oPt Protection Cluster – Gaza, Supra, 40.
[325] Women's Affairs Center – Gaza, Supra, 291.
[326] GiHAWG Ukraine, UN Women and CARE, Supra, 279.
[327] KII (NGO, Ukraine, July 2025). International Disability Alliance, Supra, 90.
[328] AI, Supra, 62.
[329] HAI, Supra, 134.
[330] July 2025.

service providers, and adopt flexible and innovative approaches to delivering support and aid to those who need it most.

In Ukraine, local OPDs worked with post offices in targeted communities, which stored and delivered essential equipment and assistive devices for persons with disabilities, primarily women, and collected information about where to find harder-to-reach groups.[331] WLOs have frequently relied on informal networks to obtain healthcare items when formal supply chains have broken down, while in areas lacking functional healthcare facilities, they have worked with local healthcare providers to establish makeshift clinics to meet urgent medical needs.

4. Institutional barriers

Lack of documentation increases access challenges. The lack of inclusive registration and application systems severely affects civilians' ability to receive assistance. Gender and disability often intersect to compound barriers, with children further affected as a result of their mothers not having identity documentation.

Multiple displacements and the destruction of homes often result in the loss of identity documents. The lack of civil or legal papers disproportionately affects groups that are marginalised due to ethnicity, for example, the Roma in Ukraine and the Muhamasheen in Yemen,[332] as well as women, girls and children across all three contexts, who are more likely to lack official identification or documentation of disability status due to cultural and gender norms.

In Yemen, most Muhamasheen lack any form of legal identity or proof of Yemeni nationality.[333] In Ukraine, many Roma remain undocumented.[334] This includes the absence of birth certificates for children in Gaza and Yemen,[335] and for Roma children in Ukraine.[336] In Gaza, divorced women and widows report difficulties in receiving aid without identification or legal documents verifying their status.[337] In Ukraine, older women and Roma women with disabilities are less likely to have obtained official recognition of disability status.[338]

Concluding remarks

Across Gaza, Ukraine and Yemen, access to services and humanitarian assistance is constrained by overlapping environmental, communication, attitudinal and institutional barriers that reinforce one another. Non-inclusive design and delivery choices, together with physical access, lack of access to information, financial hardship and missing or destroyed identity documentation are creating new access barriers and amplifying the existing and systemic challenges faced by civilians with intersecting identities. Older people, persons with disabilities, including those who are newly injured, and marginalised communities, such as the

[331] European Disability Forum (2025) Disability-inclusive response and recovery - Lessons learned from engagement and leadership of organisations of persons with disabilities in the humanitarian response in Ukraine

[332] NRC (2024) Access to legal identity and civil documentation among the Muhamasheen in Yemen; Yemen Protection Cluster, Supra, 314; (KII (WDLO, Yemen, July 2025).

[333] Ibid.

[334] Migration Policy Institute (2025) Long Marginalized, Roma Displaced from Ukraine Have Faced Further Exclusion (26 March 2025)

[335] oPt Protection Cluster – Gaza, Supra, 40; Protection Cluster Yemen, Supra, 332.

[336] Roma Women Fund "Chiricli" (2016) Written Comments of the European Roma Rights Centre and the International Charitable Organization Roma Women Fund "Chiricli" Concerning Ukraine For Consideration by the Committee on the Elimination of All Forms of Discrimination against Women.

[337] Women's Affairs Center – Gaza (2024) Research Paper Titled: Reality of Widows During the War on Gaza Strip (2023-2024); Women's Affairs Center – Gaza (2024) Research Paper on: The Impact of the 2023/2024 War on the Gaza Strip on Divorced and Abandoned Women; oPt Protection Cluster – Gaza, Supra, 40.

[338] Migration Policy Institute, Supra, 334; Minority Rights Group and Roma Women Fund Chiricli (2025) Monitoring discrimination against Roma with disabilities during the conflict in Ukraine

Roma in Ukraine and the Muhamasheen in Yemen, face the most acute barriers; within these groups, women and girls are especially affected.

Mental health and psychosocial support session in a centre for internally displaced persons in Mykolaiv, Ukraine. © Sylvie Roche / HI

Section 3: Gaps in intersectional and inclusive humanitarian action in EWIPA contexts

The humanitarian sector has increasingly emphasised the importance of applying an intersectional lens to humanitarian programming. Landmark commitments, such as the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities,[339] the World Humanitarian Summit's Charter[340] on the Inclusion of Persons with Disabilities in humanitarian action,[341] and other guidance documents have helped elevate this conversation and set commitments.[342]

Numerous organisations and networks have also invested in new policies, frameworks and guidance, such as UNICEF's guidance on disability inclusion,[343] HI's Disability, Gender and Age Policy,[344] and IASC's gender handbook.[345] A Reference Group on the Inclusion of Persons with Disabilities in Humanitarian Action[346] was launched in 2020, and a growing number of inclusion-focused working groups and taskforces have been integrated into country-level coordination mechanisms.

While progress has been made in translating these principles into operational realities, it has been slow and uneven. Systemic gaps continue to undermine efforts to design and deliver truly inclusive assistance for those who are most exposed and vulnerable to the risks and impacts of EWIPA.

1. Data gaps prevent understanding of the full spectrum of EWIPA harm

1.1. Data on civilian harm from EWIPA is fragmented and fails to capture the multi-layered effects of explosive weapons on civilians' lives

Several gaps in EWIPA-specific data collection hinder understanding of who is most affected by the use of explosive weapons and why, thereby limiting the design of tailored and targeted interventions.

Systematic data on civilian harm from explosive weapons in populated areas is incomplete and unevenly available. EWIPA casualty data are often patchy and inconsistent, and under-reporting of casualties is frequently acknowledged. Civilian groups, such as children, are typically grouped as

[339] Inter-Agency Standing Committee (IASC) Task Team on inclusion of Persons with Disabilities in Humanitarian Action (2019) Guidelines – Inclusion of Persons with Disabilities in Humanitarian Action
[340] Charter's official website
[341] HI (2017) One year ago, a ground-breaking Charter launched at the World Humanitarian Summit
[342] Overseas Development Institute Humanitarian Policy Group (ODI, HPG) (2022) Towards more inclusive, effective and impartial humanitarian action (May 2022); ODI HPG (2022) Inclusion and exclusion in humanitarian action: findings from a three-year study (July 2022)
[343] UNICEF (2017) Guidance - Including children with disabilities in humanitarian action
[344] HI (2018) Disability, Gender and Age Policy
[345] IASC (2018) IASC Gender Handbook for Humanitarian Action
[346] Disability Reference Group, Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action

single cohorts.[347] Women's deaths are also more likely to go under-recorded due to cultural barriers,[348] the collapse of health services, siege conditions, and disrupted communications, while persons with disabilities and older people often go uncounted altogether.

As highlighted by several key informants, when disaggregated data information is available, it is often available by sex and age (i.e. adults and children), rarely by disability, age cohort and gender identity. OHCHR's recording of civilian casualties in Ukraine provides a good example of relatively comprehensive data collection on EWIPA casualties and fatalities with a breakdown by sex and age (men/women/boy/girls), where data is available. OHCHR has taken an important step by specifically reporting on the deaths of civilians over the age of 60. This is a very useful disaggregation for older people, which helps highlight that older persons are disproportionately affected in some contexts. However, there is no disaggregation by disability or clear and consistent breakdowns by age.

> *"We collect data to document civilian harm and advocate for better policies, but we're acutely aware of the limitations in how this data is gathered and what it represents." (KII, INGO, Global)*[349]

Context-specific risk patterns are also not captured by current monitoring systems, while patterns of harm are not systematically recorded; this further undermines tailored interventions for different groups of civilians. As highlighted by a key informant, "*[w]e have refrained from even trying to identify patterns of harm related to women specifically and children even…the way this information is reported in media sources is just insufficient.*"

Lack of monitoring of indirect effects, particularly for people with intersecting identities, represents another critical gap, as most systems focus on quantitative methodologies and report on the number of deaths or injuries only.[350] This means that critical outcomes, such as excess deaths from attacks on healthcare, new disabilities unrelated to EWIPA blasts, and rising rates of chronic illness, are often unrecorded,[351] despite disproportionately affecting groups largely invisible in EWIPA casualty data, including women, children and older people.

> *"There's this obsession with the first impact — the explosion itself — but almost nothing that traces the second and third impacts that actually define people's lives afterwards."*[352] *(KII, INGO)*

Several operational factors contribute to the persistent gaps in disaggregated and intersectional data in EWIPA contexts. They include operational challenges, such as security risks,[353] and access challenges, combined with populations' multiple and ongoing displacements.[354]

[347] ICRC (2023) Childhood in Rubble: The Humanitarian Consequences of Urban Warfare for Children ; Save the Children (2020) Gender, Age and Conflict: Addressing the different needs of children
[348] AOAV (2020) Health, gender and explosive violence: access to treatment after incidents of explosive violence
[349] July 2025.
[350] UNIDIR (2024) Understanding Civilian Harm from the Indirect or Reverberating Effects of the Use of Explosive Weapons in Populated Areas: Strengthening Data Collection to Implement the Political Declaration – Workshop Report
[351] KII (UN, Gaza, July 2025); UN Women, Supra, 346.
[352] July 2025.
[353] KII (INGO, Global, July 2025). HI, Supra, 7.
[354] KII (INGO, Global, June 2025).

Systemic challenges compound limitations, including fragmented datasets. They include INGO and State reluctance to share information[355] and a lack of coordination and common tools, definitions and standards.[356] For example, there is no shared understanding of key terms like "explosive weapons" or "populated areas". The absence of a standardised approach to data collection on the humanitarian impact of explosive weapons in populated areas stands in contrast to the International Mine Action Standards (IMAS) 05.10,[357] which provides a coherent framework for information management and reporting across other mine action pillars.

> *"We are missing a common code book, so we're all defining things differently and collecting things differently. We are also missing standardised methodology notes." (KII, INGO, Global)*[358]

The lack of meaningful participation and leadership of local organisations and affected communities in data collection and design processes reinforces a top-down approach, producing datasets that do not reflect civilians' diversity.[359]

Limitations and inconsistencies in EWIPA data collection are widely recognised[360] and have led to efforts to better track civilian casualties and the wider reverberating effects of explosive weapons use. These include a UNIDIR-hosted workshop[361] that brought together States that have endorsed the EWIPA Political Declaration, UN agencies and NGOs, with a focus on improving documentation of EWIPA's reverberating effects and on promoting shared methodologies and interoperability between datasets. UNIDIR also produced a working paper, *Strengthening the Collection of Data on the Indirect or Reverberating Effects of EWIPA*, which provides practical indicators and recommendations to support evidence-based policy and operational responses. However, efforts to action key identified steps remain slow.[362]

> *"What is very much needed is one or two organisations committing to convening this group on a regular basis… after the UNIDIR–Explosive Weapons Monitor workshop, participants agreed there is a need for collaboration, but it hasn't been sustained."*

1.2. Humanitarian data and planning overlook intersecting identities and the unique impacts of EWIPA on civilians

Data collected for humanitarian planning plays a critical role in identifying needs arising from civilians' exposure to explosive weapons and in understanding their impacts on key sectors, such as health, shelter, protection, education, food security and livelihoods. However, persistent data gaps and a lack of critical reflection on collected data leave humanitarian action in the dark regarding intersectionality, as existing methodologies obscure who is most at risk and most affected.

The tools used contribute to non-inclusive and homogenous data collection. Analysis and assessments tools often focus on single identities and homogenous groups (e.g., women, men, children, older people, persons with disabilities, IDPs/refugees), overlooking how intersecting factors shape distinct needs, capacities and experiences in EWIPA contexts. The categorising of specific groups as "(most) vulnerable" is frequently found in Humanitarian Needs and Response

[355] Ibid.
[356] Ibid.
[357] International Mine Action Standards, 05.10, Information management for mine action
[358] July 2025. This was also reported by another INGO.
[359] UNIDIR, Supra, 350. This was also acknowledged by the workshop's participants.
[360] UNIDIR, Supra, 350. KIIs (INGOs, UN, June-July 2025).
[361] UNIDIR, Supra, 350.
[362] KII (INGO, Global, July 2025).

Plans (HNRPs), without a clear definition or criteria for selecting those groups, and without consideration of how multiple and overlapping identities and vulnerability factors may make some civilians within those groups more at risk of EWIPA harm and more affected by the direct and indirect impacts of explosive weapons.

Reliance on a binary approach to data collection further obscures civilians' lived realities, and the planning and delivery of a truly inclusive and impartial response. For example, disability is often recorded only as a yes/no category, with no detail on type, or whether it was caused by explosive weapons. This lack of disaggregated data leaves the diverse needs of persons with disabilities unmet. Age is typically split only into "under" or "over" 18, rendering older women and men largely invisible, and overlooking adolescent boys and girls.[363] Sex and gender data limited to "men" and "women" and "boys" and "girls" exclude groups of civilians that do not identify as such, including children,[364] older people and persons with disabilities. This is reflected in the research findings, including on barriers to accessing assistance, for example, with the lack of inclusive and tailored information and communications channels and aid delivery methods that account for different types of disabilities or the specific challenges faced by older people.

> *"Humanitarian actors still tend to put people in 'single vulnerability' boxes, which limits nuanced responses. More intersectional approaches are needed." (KII, INGO, Ukraine)*[365]

Data collection tools fail to account for the intrinsic link between EWIPA use and disability. Despite the increase in newly-acquired disabilities and co-morbidities, which are particularly acute in EWIPA contexts, disability is rarely considered across sectors. Unless specifically focused on groups such as older persons or persons with disabilities, NGO and UN assessments rarely mainstream these issues, reinforcing a fragmented understanding of needs. This is evidenced by comprehensive and disaggregated data on disability being chronically missing across the contexts considered in this report.[366] In Yemen, despite a decade of conflict, there are no updated statistics on persons with disabilities, including across population groups; clusters also do not collect disability data.[367] A 2020 HI study found that 95% of organisations surveyed did not disaggregate participant data by disability or consider the specific needs of persons with disabilities in their interventions.[368]

Heavy reliance on quantitative indicators.[369] Quantitative data alone waters down lived experiences into headcounts, turning assessments into tick-box exercises that fail to capture who faces risks, who has the least access to services, and why. Without qualitative and participatory data collection, such assessments erase intersectionality, overlook EWIPA-specific drivers of risk and vulnerability, and ultimately reinforce exclusion. For example, sex-disaggregated counts may misleadingly suggest that all women are equally vulnerable and have identical needs. This masks how cultural and social norms, including caregiving responsibilities, higher poverty rates, lower access to employment, and the burdens of heading a household, shape both exposure to risk and barriers to access for women and girls. Qualitative insights,[370] by contrast, give civilians space to articulate their own priorities and trade-offs. They challenge assumptions that perpetuate skewed targeting and foster more inclusive programme design, planning and delivery.

[363] Save the Children, Supra, 347.
[364] Ibid. Save the Children (2020) Stop the War on Children 2020: Gender Matters
[365] July 2025.
[366] oPt Protection Cluster – Gaza, Supra, 40.
[367] KII (INGO, Yemen, July 2025).
[368] HI, Supra, 222.
[369] ODI, HPG, Supra, 342; KII (INGO, Global, July 2025).
[370] Ibid.

> *"We need to be better at reflecting on how we analyse and communicate collected data: what narratives are we perpetuating or emphasising, and what do they mean for the people behind the numbers?" (KII, INGO, Global)*

Limited Use of Proxy Data. "Lack of data" is often cited as a barrier to inclusive planning. Yet in EWIPA contexts, little effort has been made to use proxy indicators to inform and strengthen responses or to plan for inclusion from the outset. EWIPA reliably results in large numbers of casualties and traumatic injuries, increases disability prevalence, severely affects mental health, and exacerbates pre-existing conditions, all while degrading health-system capacity. These well-documented impacts provide a strong evidence base for anticipating inclusion needs, even in the absence of comprehensive, disaggregated data.

Lack of meaningful interpretation of data. While more disaggregated data is critical to making groups with intersecting identities visible, equal attention must be paid to how that data is used. Simply collecting more disaggregated information does not automatically lead to a more inclusive response. Data only drives change if it is collected well, interpreted meaningfully, and acted on appropriately. Without this, even improved data remains underutilised.

> *"What happens after the data is collected is critical. Disability alone doesn't always make someone the most vulnerable, nor does being a woman. This challenges the assumptions behind many humanitarian plans, which often rely on perceived rather than evidence-based needs. In EWIPA contexts especially, people's complex experiences are not adequately reflected in planning. A one-size-fits-all approach fails here. The more you dig into an EWIPA context, the more diverse and intersecting vulnerabilities you uncover, yet these nuances rarely translate into tailored programming." (KII, INGO, Global)*[371]

Insufficient focus on tracking "exclusion".[372] Humanitarian planning and delivery typically focus on those who are visible in data: often civilians who are more easily reachable and accessible. The emphasis is therefore on who is included, not who is missing. Gaps affecting specific demographic groups are rarely interrogated, and absence in datasets is often misread as absence of need, when it may in fact signal exclusion. For example, in EWIPA contexts, the absence of disability data should never be interpreted as a lack of need. Rather, it should be understood as evidence of the exclusion of persons with disabilities, given the well-documented impact of explosive weapons on disability prevalence.[373]

Examples of good practice in needs assessments and analyses

More inclusive assessment tools are increasingly being adopted, with several agencies now considering the intersecting needs of diverse population groups. Rapid Gender Analyses (RGAs), for example, examine how sex, age, disability and gender, combined with other intersecting identities, and together with vulnerability factors, such as displacement, intersect to create compound risks for women, girls and other "marginalised groups". RGAs also analyse power dynamics and promote the use of disaggregated data and qualitative insights to better capture overlapping vulnerabilities.

Crucially, RGAs aim to amplify under-represented voices and experiences by ensuring the participation of WLOs/WROs and other civil society groups, particularly smaller grassroots

[371] June 2025.
[372] ODI, HPG, Supra, 342; KII (INGO, Global, June 2025).
[373] Ibid.

organisations. Although currently limited, collaboration with OPDs, children's and older persons' organisations, and national and local groups representing intersecting identities can further strengthen analysis and open up strategic opportunities for advocacy.

In Gaza, analyses by UN Women Palestine and the oPt Protection Cluster - Gaza foreground the gendered impacts of the conflict through an intersectional lens, highlighting gender as one of the primary drivers of differential risk and access, with age and disability further compounding heightened risks of harm and challenges. Drawing on qualitative data, these efforts have shed light on risks linked to EWIPA use as well as broader issues, such as the aid blockade.[374]

WLOs have also generated unique evidence on women with intersecting identities, particularly those rarely considered in mainstream assessments. The Women's Affairs Center–Gaza, for example, has documented the direct and indirect impacts of the conflict, including the use of EWIPA on women and girls with disabilities, widows, divorced or abandoned women, displaced women and adolescent girls. Their qualitative studies provide critical insights into these often-overlooked groups.

Humanitarian action planning often defaults to average and simple sex-age headcounts when intersectional data is missing. While greater efforts have been made to provide an inclusive perspective to Humanitarian Needs Overviews and Response Plans, these strategic documents often fall short on intersectionality.[375] In the context of Ukraine, the Age and Disability Working Group has been instrumental in the explicit recognition of the risks faced by groups with intersecting identities in the 2025 HNRP. Yet, recognition, while important, does not automatically ensure that the challenges and heightened needs they face are fully considered and prioritised.[376] Likewise, it does not guarantee that sector response plans and objectives target their distinct needs or account for intersecting identities. As a result, the gap remains between acknowledging groups with intersecting identities as "at risk" population groups, and planning and delivering interventions that address those risks.

2. Organisational and systemic shortcomings

The data gap is a chronic symptom of broader and systemic shortcomings, whereby inclusion and intersectionality remain either tokenistic organisational ambitions, commitments that are unmatched by investments or driven by a select few, both at the global and country levels.

2.1. Organisational awareness and buy-in for intersectional approaches are still limited

Although intersectionality is increasingly recognised in global policy discourse, humanitarian organisations often demonstrate weak awareness and limited institutional buy-in, leading to fragmented approaches that fail to capture the complexity of overlapping vulnerabilities. This gap plays out through a range of interconnected challenges that undermine inclusive humanitarian action.

Limited awareness and unconscious bias

Unconscious bias and mindsets about who is most vulnerable contribute to the prioritisation and targeting of specific groups, based on long-standing assumptions that perpetuate categorisation

[374] KII (UN, Gaza, July 2025).
[375] KII (UN, Global, June 2025). A UN agency has been reviewing HNRPs and Humanitarian Needs Overviews since 2018, and the recognition of diversity among population groups is consistently scored the lowest.
[376] KII (UN, Global, June 2025).

that misses complex and context-specific needs. This is partly driven by donors' preferences for the most "marketable" areas of inclusion,[377] while a lack of awareness and understanding of socio-cultural norms among international actors cements largely homogeneous responses. As a key informant shared, "*older persons are often an afterthought*",[378] while another commented that humanitarian responses are planned for able-bodied people, and the question of persons with disabilities' needs for specific measures is only raised once the responses have been planned.

Terminology and definitions matter

Although not confined to the specific contexts of EWIPA use, the lack of common and universally-accepted definitions of inclusion within the humanitarian sector[379] leads to fragmented and narrow approaches. Inclusion is often implicitly equated with "disability" policy or programming, or reduced to a proliferation of discrete categories such as gender, sex, disability or age, rather than an overarching concept.

Inclusion is often conflated with "localisation" and "Accountability to Affected Populations".[380] Although they are closely related and often intertwined agendas aiming to challenge structural power imbalances, the confusion in meaning and understanding can lead to the wrong emphasis on inclusion in programming.

"What's becoming clear in all these discussions about the humanitarian reset is the lack of clarity around the language we're using. When we talk about "inclusive humanitarian action," people often conflate it with localisation, and, to some extent, with Accountability to Affected Populations." (KII, UN, Global)[381]

The terms "gender" and "sex" are frequently used interchangeably in data collection.[382] *In the context of this report, this undermines an inclusion and intersectionality lens by collapsing distinct drivers of risk related to EWIPA and obscuring how intersecting identities, particularly sex, age, disability, gender and ethnicity, shape both the impacts of EWIPA and access to humanitarian assistance.*

Marginalised groups outside the 'easily reachable' category, such as persons of diverse gender, who are often hidden by repressive laws and discrimination, are frequently excluded.[383] This is often based on assumptions that, in conflict, they are not more vulnerable than the general population, or that including them could expose them to further harm.[384]

Inclusion is perceived as an "add-on". In many organisations, inclusion is still regarded as overly technical and non-essential[385] in the drive to reach the largest number of people as quickly as possible. As one key informant observed, *"we've made huge strides in inclusive humanitarian action, but there's confusion about what it means in practice. Disability, gender, localisation—they're all treated as separate issues. There's no consolidated system to address these together….*

[377] ODI, HPG, 342.
[378] KII (INGO, Global).
[379] ODI, HPG, Supra 342; KII (UN, Global, June 2025).
[380] KII (UN, Global, June 2025).
[381] June 2025.
[382] UN Women (2024) Bridging Gaps: Essential Gender Data Toolkit for Humanitarian Action
[383] HAG, VPride Foundation and Humanitarian Horizons (2018) Taking sexual and gender minorities out of the too-hard basket
[384] Collecting data on persons of diverse SOGIESC presents challenges. Many individuals may choose not to disclose their identities, and attempting to identify them could expose them to serious risks if such information is mishandled. One safer alternative is however to work on the assumption that around 5% of any given population may identify as part of a sexual or gender minority, and complement this estimate with qualitative insights from local organisations that represent these communities.
[385] KIIs (INGO, UN, Global, June 2025).

Inclusion is also still seen as a 'nice to have'—something we can do after lifesaving interventions, rather than as lifesaving itself." [386]

This perception is compounded by structural barriers within organisations. Inclusion specialists are often siloed from operational, advocacy and fundraising functions,[387] and are typically engaged only at later stages of planning or proposal development. This marginalisation reinforces a limited understanding of why inclusion matters. As highlighted by one key informant, "*when I ask for age, gender and disability disaggregation, data specialists say it's too complex. Until we articulate the 'why' better, intersectional needs will continue to be invisible.*" [388] Another echoed this sentiment, noting that the sector has "*yet to articulate very effectively why different forms of disaggregation are needed to understand intersectionality.*" [389]

Fundamentally, inclusion is often not viewed as part of humanitarian work. It is associated with longer-term and non-lifesaving interventions. For example, in the context of disability inclusion specifically, one key informant noted, *"there's a perception that rehabilitation, assistive technology, and other highly technical areas fall outside the remit of humanitarian action, or that the system isn't equipped to address them. At the same time, there's often little recognition that as disabilities are created during crises, mainstream humanitarian assistance must also be inclusive. That crucial link is rarely made."* [390]

This perception compounds a lack of investment in capacity building. Across responses, inclusion experts continue to stress the capacity-building needs of humanitarian responders on inclusive approaches.[391] HI's 2020 survey of 40 humanitarian organisations in Yemen found that 73% of respondents reported that their staff lacked the knowledge and skills required to deliver gender-, age-, and disability-sensitive humanitarian responses.[392] While some INGOs and UN agencies have appointed inclusion or intersectionality focal points, progress remains slow. Humanitarian coordination mechanisms, such as clusters, also lack access to capacity strengthening on inclusive programming. Local and national organisations, often partners of INGOs, rarely have focal people for inclusion. A few organisations have prioritised strengthening partner capacity on inclusion, but they acknowledge that follow-up on implementation is limited.

> *"Even when older people were listed as part of their target population, they were often excluded from needs assessments and focus group discussions. We address these gaps through training modules focused on project cycle management and humanitarian inclusion standards. However, we are unsure how much these standards are truly adopted in practice." (KII, INGO, Global)* [393]

When inclusion lies at the heart of action

The international actors' approach contrasts sharply with spaces where inclusion is at the heart of the work: national and local persons with disabilities, women with disabilities-led organisations, older people's associations, women's organisations, and LGBTQI+ organisations. These spaces are often rooted in the community, existing long before humanitarian actors arrive and continuing after

[386] KII (UN, Global, June 2025).
[387] ODI, HPG, Supra, 342; KIIs (INGO, UN, Global, June 2025).
[388] KII (UN, Global, June 2025).
[389] KII (INGO, Global, June 2025).
[390] KII (UN, Global, June 2025).
[391] KIIs (UN and INGO, Global and Yemen, July 2025).
[392] HI, Supra, 222.
[393] July 2025.

they leave. Their strength lies in enabling people to come together, understand their rights, build mutual support and strengthen their confidence and collective voice.[394]

"Humanitarian planning frequently relies on a one-size-fits-all approach. However, without deliberate efforts to include persons with disabilities and women-headed households, these groups are often overlooked and excluded." (KII, WLO, Yemen)[395]

"We have structured our work with clear policies and manuals, especially around inclusion, ensuring we reach women with disabilities and other groups of women. From the start, in our needs assessments and proposals, we made sure to listen to the voices of all these women. When we design a project, we don't just say we will support 100 women; we define who those 100 women are. For example, 10% might be women with disabilities, 20% divorced women, and 30% widows or injured women. We deliberately break it down to ensure that no group is left behind. Over the past two years, we have conducted assessments and studies with women with disabilities, widowed, divorced and abandoned women, and displaced women and girls. We need their voices, their needs and priorities to be heard." (KII, WLO, Gaza)[396]

2.2. Poor coordination and siloed working methods lead to civilians with intersecting identities falling through the cracks

Weak coordination across sectors and constituencies, including organisations focused on single identity groups, contributes to the fragmented approach to inclusion and siloed working methods.

> *"At the global level, we're still far too fragmented. Disability inclusion advocates are pushing their own agenda; gender colleagues are doing the same, as are LGBTQI groups and Indigenous networks. There are only a few occasions where I've seen us come together in the same forum to look for joint solutions." (KII, UN, Global)*[397]

Lack of collaboration among organisations working on specific population groups. There is a persistent lack of collaboration among organisations promoting inclusion in humanitarian action. Different agencies often advocate separately for the inclusion of their respective "target groups" within humanitarian responses, leading to the duplication of efforts, competition for visibility and resources, and the proliferation of narrow categories. This siloed and fragmented approach not only undermines collective progress toward inclusion,[398] but is also fundamentally incompatible with intersectionality. It reinforces barriers to disaggregated data across multiple identities who do not fit neatly into a single category. [399]

> *"Decision-makers and even colleagues at country level see us as those 'cross-cutting thematics' fighting for our own space. This disconnect between the different thematic areas, and our inability to come together, has been particularly evident during the current reset." (KII, UN, Global)*[400]

Longstanding divides between mine action actors and broader humanitarian and development stakeholders continue to hinder integrated and inclusive responses. Victim assistance programmes too often focus narrowly on individuals directly injured by explosive weapons, overlooking the

[394] ODI, HPG, Supra, 342.
[395] July 2025.
[396] June 2025.
[397] June 2025.
[398] HAI (2018) Missing millions: How older people with disabilities are excluded from humanitarian response
[399] Ibid.
[400] June 2025.

wider needs of persons with disabilities and communities affected by EWIPA. Such selective approaches are inconsistent with and contradict the principle of non-discrimination embedded in Victim Assistance, and articulated in the EWIPA Political Declaration, in line with the Convention on the Rights of Persons with Disabilities (CRPD). As one key informant observed:

> *"In Ukraine, the Victim Assistance and Age and Disability Working Groups don't always connect, creating gaps. People focus on conflict victims, overlooking others with disabilities. In response, what matters is not how someone acquired their disability, but what they need to access services." (KII, INGO, Global[401])*

Inclusion efforts also tend to be framed narrowly as protection issues.[402] Inclusive aid also remains associated with protection issues.[403] This assumption may be perpetuated by the fact that Protection Clusters are the primary hosts for inclusion coordination mechanisms (i.e. working groups and taskforces), which further reinforces the lack of recognition of an inclusion focus in other clusters. For example, in Yemen, the Inclusion Taskforce has produced a series of tools and recommendations for various clusters, but it has not translated into much progress being made.[404]

Lack of leadership across coordination mechanisms—especially at the Humanitarian Coordination Team (HCT) level—often hinders inclusion and reinforces siloed approaches across clusters and structures. Progress is largely driven by individuals rather than institutions, and in clusters in particular, frequent turnover[405] means efforts may stall or even regress depending on who coordinates and leads.[406] Protection clusters also remain chronically underfunded, as protection work is often not considered to be lifesaving.[407] This underfunding further undermines resourcing for inclusion coordination structures, which are frequently treated as informal. As a result, agencies either rely on voluntary contributions of staff time or temporarily or permanently withdraw from participation due to competing priorities.

There are, however, encouraging examples of inclusion-focused technical groups driving tangible change. In Ukraine, for instance, focal points for age and disability inclusion are integrated into major clusters[408] such as health, education and WASH. Similarly, in Gaza, a representative from the Disability Inclusion Working Group (DIWG) regularly participates in inter-cluster coordination meetings, helping to raise the visibility of inclusion issues across sectors.[409] Yet, despite these positive examples, the broader impact of such groups has been limited. Inclusion coordination mechanisms, such as disability working groups or task forces, often function as informal technical bodies rather than as entities with formal authority or decision-making power within the humanitarian architecture.[410] Consequently, they are frequently excluded from key processes, such as the Humanitarian Programme Cycle (HPC), and face chronic shortages of resources, institutional support and long-term sustainability. For example, the work and commitments of the Age and Disability Technical Working Group (ADTWG) have not yet translated into substantial change in the planning or delivery of intersectional humanitarian responses, beyond a more inclusion-focused narrative in strategic documents, such as the 2025 HNRP. It is also notable that the ADTWG does not address issues affecting children with disabilities, citing UNICEF's mandate as the responsible

[401] Ibid.
[402] KII (UN, Gaza, July 2025).
[403] Ibid.
[404] IASC (2022) Inter-Agency Humanitarian Evaluation of the Yemen Crisis
[405] NRC (2025) NGOs as field protection cluster co-coordinators – inside the collaboration black box
[406] HI (2023) Global Mapping of Disability Inclusion Coordination Mechanisms in Humanitarian Contexts (October 2023)
[407] IASC, Supra, 404.
[408] KII (INGO, Ukraine, June 2025).
[409] KII (OPD, Gaza, July 2025).
[410] HI, Supra, 406.

agency.[411] This delineation further fragments efforts and limits the comprehensiveness of inclusion within the humanitarian system.

Promising example: the Disability Inclusion Working Group (Gaza)

In Gaza, the DIWG was deliberately positioned outside of the Protection Cluster to ensure that disability inclusion was not seen as the sole responsibility of protection actors, but instead as a cross-cutting obligation that must be embedded across all sectors of the humanitarian response. This strategic positioning allows the DIWG to report directly to the Inter-Cluster Coordination Group (ICCG), embedding disability inclusion at the inter-cluster level, linking accountability to a higher level. The DIWG has brought forward practical tools, coordinated advocacy, and elevated the visibility of persons with disabilities, especially women and older adults with disabilities, who are often excluded from aid distribution and services. The Protection Cluster played a key technical support role in helping the group revise its terms of reference and strengthen partner coordination, but intentionally stepped back from hosting it, to avoid perpetuating the perception that disability is solely a protection concern.[412]

However, challenges do remain. Limited resources have hampered the DIWG's ability to engage with clusters and promote disability mainstreaming in the humanitarian response. The group lacks dedicated representation at national level to provide technical guidance, advocate with clusters, and highlight gaps to the HCT. The DWG risks continued marginalisation and reduced influence on life-saving assistance without financial and technical support.[413]

Investment in inclusion matters.

The creation of "inclusion-focused" positions at country level, such as HelpAge International's (HA) Inclusion Age Specialists (IAS) and HI's Inclusive Humanitarian Action Specialists in EWIPA contexts represents a strong positive and an organisational move towards inclusive humanitarian action at country level. A recent HA evaluation found that an IAS position created in Ukraine in August 2023 has helped to make older age inclusion more visible in humanitarian coordination mechanisms. The IAS co-leads the ADTWG and has been instrumental in raising the visibility of older persons in the overall humanitarian coordination structure, including clusters, with the provision of technical advice and actionable messaging recognised as adding value. While the Ukraine context was relatively favourable to greater attention to older persons, HelpAge International's evaluation of the IAS role highlighted persistent institutional and structural barriers, including leadership resistance to change and donor priorities that deprioritise inclusion.[414] However, it may also be argued that different inclusion specialists for different groups may further compartmentalise efforts to the detriment of a stronger intersectional and collective approach.

2.3. Donor priorities, unclear positioning and funding approaches hamper inclusion and intersectionality efforts, disproportionately affecting the most inclusive actors

[411] HI (2023) Mechanisms for Coordination of Disability Inclusion in Humanitarian Action: A Comparative Case Study Examination of Experiences in Afghanistan, Ukraine, Democratic Republic of the Congo, Bangladesh and Venezuela
[412] KII (UN, Gaza, July 2025).
[413] UN Palestine and Global Disability Fund, Supra, 53.
[414] HAI (2025) Age Inclusion Specialist Report

More donors are choosing to invest in projects that foster inclusion,[415] and their role in advocating for more inclusive humanitarian responses was also highlighted.[416]

Several gaps and challenges are hindering the funding of inclusive and intersectional humanitarian programming. In particular, as noted above, a fragmented approach to inclusion is reinforced by donor priorities, preferred themes, and limited understanding of what "inclusion" entails; it is frequently only equated with disability. This narrow framing undermines intersectional approaches and fosters competition among different marginalised groups. As a result, references to inclusion in project proposals are often reduced to a tick-box exercise aimed at securing funding, rather than being meaningfully integrated into programme design, budgeting, implementation, monitoring and reporting.[417]

As the number of civilians suffering from the use of EWIPA continues to rise, some key donor governments have also reduced humanitarian funds in favour of investing in military capacity, and in some cases are overtly rolling back diversity, equity, inclusion and accessibility (DEI-A) efforts. The scale, severity and abruptness of funding cuts in early 2025 forced the humanitarian sector to narrow its focus and limit response efforts, with critical consequences for EWIPA contexts.[418] While all humanitarian agencies have been affected, national and local organisations, particularly WLOs and OPDs (and LGBTQI+ groups in Ukraine), have been hit the hardest. These organisations were already chronically under-funded prior to the cuts[419] and are facing significant funding shortfalls, all while operating in extremely challenging environments, and being directly (and often personally) affected by the use of explosive weapons. Some have been forced to shut down, while others are employing every possible strategy simply to remain operational.

The growing focus on life-saving interventions frequently sidelines services that are critical in EWIPA contexts, such as rehabilitation, assistive technologies, protection and mine action, which are not consistently recognised as immediate and lifesaving priorities.[420] For example, the reprioritisation exercise in Ukraine has severely impacted mine action (74% reduction in requirements) and protection (43% decrease).[421] As noted by a key INGO informant in Yemen, funding cuts have affected the work of the Inclusion Taskforce, as well as rehabilitation and MHPSS programmes.

> *"The humanitarian system prioritises life-saving aid. Education and rehabilitation are seen as luxuries." (KII, INGO, Yemen)*[422]

Funding cuts in numbers

- 73% of 99 Ukrainian women's organisations surveyed in March 2025[423] reported that the suspension of United States financial support has had a major impact on their operations; 93% of organisations were forced to shut down at least one Diversity, Equity and Inclusion-focused

[415] ODI, HPG, Supra, 342.
[416] HAI (2025) Funding for older people in humanitarian crises: reversing continued neglect; ODI, HPG, Supra, 342.
[417] UN Palestine and Global Disability Fund, Supra, 53; ODI, HPG, Supra, 342.
[418] OCHA (2025) Addendum: Re-Prioritization of the Ukraine 2025 Humanitarian Needs and Response Plan (April 2025) ; KIIs (OPD, WLO, INGO, Yemen, June-July 2025).
[419] Women's Affairs Center – Gaza, Supra, 319; UN Women (2025) Major funding cuts undermine the ability of Ukraine's women's rights organizations to provide humanitarian aid at a crucial time of insecurity
[420] KII (UN, Global, June 2025).
[421] OCHA, Supra, 418.
[422] July 2025.
[423] UN Women, GiHAWG and Government Commissioner for Gender Equality Policy of Ukraine (2025) Impact of United States Funding Suspension on Ukrainian Women's Organizations: Rapid Assessment

programme. Among them, 48% suspended one programme, 32% suspended two, and 13% were forced to halt three programmes.

- 79% and 67% of 411 women's organisations surveyed in March 2025 by UN Women anticipated or had already seen the impact of funding cuts on their advocacy on Gender Equality and Empowerment of Women and Girls, and crisis responses being less gender-responsive.[424]

- In a June 2025 survey by the Disability Reference Group, 76% of respondents reported an impact on humanitarian programmes on disability inclusion, including on delivery of assistance to address basic needs (81%), and on interventions to address barriers faced by persons with disabilities to access humanitarian assistance (95%).[425]

- A survey[426] *conducted with women's organisations working at the intersection of gender and disability found that 42% of 54 organisations lost over half their funding, forcing many to halt most programmatic work, and at least 10 organisations (18%)—including those in MENA – ceased all operations.*

2.4 Affected communities with intersecting identities and their representatives are not included in the planning, delivery and monitoring of humanitarian action

EWIPA-affected civilians with intersecting identities face numerous and significant barriers to their meaningful participation and leadership in humanitarian action. These barriers are often compounded by pre-existing inequalities, and driven by deep-rooted power dynamics and imbalances in humanitarian coordination systems and structures that hinder and limit the effective implementation of critical and intertwined commitments for greater Accountability to Affected People (AAP) and localisation.

2.5 Civilians with intersecting identities remain overlooked and unheard

> *"Most humanitarian agencies lack facilitation arrangements, such as sign language interpreting, Braille materials, or easy-to-read documents for people with learning difficulties." (KII, OPD, Gaza)*

In Ukraine, Gaza and Yemen, implementation of the AAP agenda often falls short because affected people are not meaningfully involved in shaping the response. A victim-centred lens continues to dominate, casting communities as passive "beneficiaries" [427] rather than partners with agency and expertise. Instead of listening to their priorities, humanitarian actors often rely on assumptions about what people need, leading to interventions that miss the mark and overlook the realities of those most affected.[428] Systemic ageism, ableism and other forms of discrimination further silence their voices, reducing individuals to labels, rather than recognising them as active agents with the

[424] UN Women (2025) At a breaking point: The impact of foreign aid cuts on women's organizations in humanitarian crises worldwide

[425] Disability Reference Group (2025) Impact of funding cuts on persons with disabilities

[426] Alliance For Philanthropy and Social Investment Worldwide (2025) 'Everyday, more rights are threatened': New research reveals impact of funding cuts on feminist disability activists

[427] This was echoed by the local and national actors interviewed in Ukraine, Gaza and Yemen.

[428] Humanitarian Outcomes (2024) Humanitarian Access SCORE Report: Gaza – the first six months - Survey on the Coverage, Operational Reach, and Effectiveness of Humanitarian Aid; REACH (2024) Multi-Sector Needs Assessment (MSNA) 2024 - Contextualized Composite Indicator Analysis Brief; IASC, Supra, 404.

experience and capacity to shape responses for themselves and their communities. Examples include older women in Ukraine,[429] and women with disabilities in Gaza[430] and Yemen.[431]

Where are the children?

While global guidance[432] recognises children as key stakeholders and calls for their participation throughout the humanitarian programme cycle, a substantial gap persists between policy and practice, particularly in the contexts reviewed. This is despite broad acknowledgment of the distinct and disproportionate impacts of EWIPA on children, and the need to treat them as a specific population group when assessing such effects.[433]

The voices and experiences of children and adolescents in all their diversity, including those with pre-existing or conflict-related disabilities or injuries, from ethnic minorities, or of diverse genders, are rarely included in the planning and implementation of humanitarian responses.[434] Programmes continue to be shaped primarily through adult perspectives, apart from limited consultations on needs and priorities.[435] This adult-centric approach overlooks children's unique knowledge, insights and lived expertise, which are essential for designing responses that genuinely reflect their realities and meet their needs.[436]

2.6. Progress on localisation commitments is slow

The unique role of national and local actors, including OPDs, WLOs, WDLOs, youth-led groups and victim/survivor-led networks,[437] and organisations representing people with intersecting identities, is widely recognised[438] in the humanitarian response, particularly for reaching the hardest-to-reach and most marginalised. In conservative contexts such as Yemen and Gaza, WLOs, including grassroots organisations, and WDLOs, are often the only actors able to access women and girls who remain beyond the reach of international agencies.[439] In Ukraine, LGBTQI+ organisations and organisations led by Roma women have built strong networks that provide vital support to individuals who may otherwise face mistrust or discrimination from mainstream service providers.[440]

[429] HAI (2023) Empathy and perseverance: how older people prop up their communities in the war; KIIs (WLO, Ukraine, July 2025; INGO, Ukraine, June 2025); HAI, Supra, 416.
[430] Friedrich Ebert Stiftung (2024) Women at the heart of Gaza's rebirth – Palestinian perspectives on the reconstruction of Gaza; UN Women (2024) Gender Alert: The Gendered Impact of the Crisis in Gaza; KIIs (WLO, Gaza, June 2025).
[431] IRC (2025) In Their Own Words: How to Make Funding and Partnerships Work for Women's Organizations Delivering Gender-Based Violence Services in Yemen; KII (OPD, Yemen, July 2025).
[432] Save the Children (2013) Guidelines for Children's Participation in Humanitarian Programming ; Save the Children (2023) Guidance – Children's Consultations in Humanitarian Contexts
[433] General Assembly Security Council (2024) Letter dated 26 April 2024 from the Permanent Representative of Malta to the United Nations addressed to the Secretary-General
[434] Save the Children (2013) Review of children's participation in humanitarian programming
[435] The only reference that seems to be available is a 2013 report from Save the Children.
[436] Humanitarians Alternatives (2022) Children as agents in crises: re-assessing adult-child power dynamics in humanitarian action
[437] UNIDIR, Supra, 18; oPt Protection Cluster – Gaza, Supra, 40.
[438] Heinrich Böll Foundation Ukraine, Save the Children and Humanitarian Leadership Academy, Supra, 209; International Disability Alliance, Supra, 90; Humanitarian Practice Network (HPN) (2024) Who will listen to the women of Gaza?; Friedrich Ebert Stiftung, Supra, 430; UN Women, Supra, 424; IRC, Supra, 431; Global Public Policy Institute, Supra, 109.
[439] IRC, Supra, 431; KIIs (WLOs, Yemen, Gaza, June-July 2025).
[440] Global Public Policy Institute, Supra, 109; KII (INGO, July 2025).

> *"International organisations are working through partners. It's organisations like ours that know the needs and realities of groups with intersecting identities, such as women with disabilities." (KII, OPD, Gaza)*[441]

Because of their close ties to affected communities, local organisations are able to identify and respond to critical gaps in assistance,[442] such as emergency aid for women and girls, trauma support for EWIPA survivors, and livelihood opportunities for persons with disabilities, including women with disabilities. They are also at the forefront of implementing inclusive projects and advocating for the rights and representation of the groups they serve or are members of.[443]

However, local actors remain largely excluded from humanitarian decision-making in EWIPA contexts.[444] As a result, community-identified priorities, especially those of groups with intersecting identities, are often overlooked or relegated to the margins of response planning and implementation.

Good practice: Placing WLOs at the centre of humanitarian coordination - Gaza

UN Women Gaza has championed the leadership of WLOs across sectors, not only in protection, but also in health, shelter and WASH. Through targeted capacity-building, UN Women trained WLOs in monitoring and evaluation, equipped them with tablets for offline data collection, and supported the use of disaggregated data to inform flash appeals and donor advocacy.

Aid distributions were designed in consultation with women-led groups to ensure dignity, safety and cultural relevance. UN Women also advocated for a funding quota, ensuring that 50–75% of humanitarian funds go directly to NGOs, with priority for women-led organisations.

2.6.1 Funding fails to reach the most inclusive actors and partnerships remain unequal

Several well-documented funding challenges continue to hinder effective localisation efforts and extend beyond EWIPA contexts. They include top-down funding models, limited access to funding, donor-driver capacity strengthening[445] and a lack of long-term, direct and flexible funding. However, some of these challenges are particularly damaging in EWIPA contexts for local actors and the communities and groups they serve, due to the contexts they operate in.

> *"Physical rehabilitation is almost non-existent. Most projects are short-term, so six months or a year at most." (KII, WLO, Yemen)*[446]

Specifically: [447]

[441] July 2025.
[442] Heinrich Böll Foundation Ukraine, Save the Children and Humanitarian Leadership Academy, Supra, 209. The role of local actors was emphasised in the KIIs with WLOs, OPDs and INGOs.
[443] UN Women, Supra, 424; Women's Affairs Center – Gaza, Supra, 319.
[444] Refugees International (2024) Annual Ukraine Localization Survey 2024; IASC, Supra, 404; Ground Truth Solutions (2024) "Stop the war and let me return to my home, even if it is destroyed". Community priorities and perceptions of aid and support in Gaza. This was also reflected in several KIIs.
[445] Women's Affairs Center – Gaza, Supra, 319; IRC, Supra, 431; The Kvinna to Kvinna Foundation and Ukrainian Women's Fund (2025) Where's the money for women's rights in Ukraine? A report by The Kvinna till Kvinna Foundation and Ukrainian Women's Fund. This was also consistently reported by local actors across the three contexts in the KIIs.
[446] June 2025.
[447] The following challenges were consistently shared by key informants from local organisations and some INGOs across the three contexts.

- Rigid funding models do not account for the realities of organisations working under extreme pressure and whose capacity to deliver assistance is drastically affected by the impacts of EWIPA, e.g., offices destroyed, staff displaced or killed, loss of transport, and so on.
- Lack of access to funding for smaller organisations has a direct impact on their ability to reach and support civilians who are being left out of humanitarian efforts. In Ukraine, WLOs report that geographic location plays a major role in determining their access to funding.[448]
- Local partners often find themselves constrained by international organisations' directives that prioritise support for a single category of civilians, such as women and girls, or persons with disabilities, rather than allowing for a more holistic and intersectional approach. While many local organisations naturally operate across identity lines, addressing overlapping forms of vulnerability within their communities, funding frameworks and programme designs frequently compel them to align with externally defined categories. This fragmentation limits their ability to respond to the complex realities of those facing multiple and intersecting risks, and undermines inclusive, community-driven humanitarian action.
- Chronic underfunding and funding cuts for inclusion work mean that local organisations have to contend with less money while also suffering material and staff losses, displacement and the impact of insecurity and destruction on their operations.[449] The result is shrinking capacity precisely when their access to the most at-risk and affected communities and specialised services are most needed.
- Donors are reluctant to cover security costs,[450] despite local actors bearing the brunt of EWIPA-related risks.

> *"We are all suffering. I am a psychologist and work with a women-led organisation. I've been displaced again and again, and am struggling to protect my own children. How can I fully support others while carrying this burden myself? Yesterday, I learned my house was destroyed. There was no time to cry. Here in Gaza, there's no time to grieve, not for women who have lost husbands and children, not even for us as service providers. We push aside our own pain because so many women and families are waiting for us to help them in displacement camps." (KII, WLO representative, Gaza)*[451]

2.6.2. Humanitarian coordination structures are largely dominated by international agencies

Unequal power dynamics are also amplified by the dominance of large international actors in humanitarian coordination structures.[452] National and local organisations[453] are often underrepresented or excluded from leadership and decision-making spaces.

[448] The Kvinna to Kvinna Foundation and Ukrainian Women's Fund, Supra,445.
[449] Stars of Hope (2025) A War Without Human Rights: Cutting Off All Means of Survival: Organizations Working in the Field of Disability in Light of the Genocide; IRC, Supra, 431; CARE (2023) One Year After the Escalation of the War in Ukraine - Making International Funding Work for Women's Organisations; Heinrich Böll Foundation Ukraine, Save the Children and Humanitarian Leadership Academy, Supra, 438; GiHAWG oPt and UN Women Palestine, Supra, 196; Women's Affairs Center – Gaza, Supra, 319; KIIs (WLOs, Yemen, Gaza, Ukraine, July 2025).
[450] HI, Supra, 7.
[451] June 2025.
[452] HI, Supra, 406; UN Palestine and Global Disability Fund, Supra, 53; IRC, Supra, 431.
[453] HI, Supra, 411; KIIs (OPDs, Gaza, Yemen, July 2025); Women's Affairs Center – Gaza, Supra, 319; IRC, Supra, 431.

As noted by a WLO representative in Ukraine, *"local women's organisations are often excluded from UN cluster meetings and decision-making spaces. Yet we are the ones closest to affected communities."* Practical challenges, such as displacement, language barriers, communication and physical accessibility issues, poor internet connectivity[454] and financial constraints are some of the key drivers of exclusion, while additional burdens, such as heavy workloads and time limitations, particularly for women with childcare and caregiving responsibilities,[455] further restrict meaningful engagement. International actors can do more to foster genuine inclusion and participation, and avoid tokenism.[456] Put simply, having a seat at the table, even within structures like the HCT, does not guarantee that voices are heard or that local actors can influence decision-making.[457]

Good practice: Gender in Humanitarian Action Working Group in Ukraine[458]

In Ukraine, the Gender in Humanitarian Action Working Group has three co-chairs, including a national WRO, and includes local civil society organisations that work to advance the rights of people with intersecting marginalisation, for example, women with disabilities, Roma women, persons of diverse gender and IDPs. In acknowledgement of the time and resource constraints and multiple challenges faced by women's organisations when participating in humanitarian coordination meetings, several arrangements have been made to maximise inclusion and participation. The meetings take place in a hybrid format to allow for country-wide participation; simultaneous Ukrainian-English interpreting is provided at all meetings, and materials discussed and presented are shared on ReliefWeb for easy access.

> *"The humanitarian system is not ready to hear women's organisations. They listen only if you come with a donor behind you." (KII, NGO, Ukraine)*[459]

Concluding remarks

An intersectional and inclusive humanitarian response in EWIPA contexts begins with recognising the complex and overlapping patterns of risk and harm that civilians experience. Although multiple groups with intersecting identities are consistently identified as being most at risk of EWIPA-related impacts, and as facing greater barriers to accessing assistance, responses often fail to adequately address their specific needs and priorities. As a result, these groups remain largely invisible in humanitarian programming.

[454] KIIs (OPDs and WLOs, Gaza, June-July 2025).
[455] KIIs (WLOs, Gaza and Ukraine).
[456] UN Ukraine and Global Disability Fund, Supra, 53; KIIs (OPDs and WLOs, Yemen and Gaza, June-July 2025; INGO Global, June 2025).
[457] KIIs (OPDs, WLOs, Gaza, June-July 2025).
[458] CARE, UN Women, "Girls" NGO, and GiHAWG (2025) The Gender in Humanitarian Action Working Group in Ukraine: A Case Study of Good Practices and Lessons Learned, May 2025
[459] July 2025.

Section 4: Agenda for action

The Agenda for Action seeks to catalyse greater focus and joint action on the delivery of intersectional and inclusive programming in EWIPA contexts, ensuring that humanitarian responses effectively address overlapping vulnerabilities and reach those most at risk. It also aims to guide and foster States' and humanitarian actors' implementation of the Political Declaration's humanitarian commitments on inclusion.

The Agenda calls for a system-wide transformation, from how inclusion and intersectionality are understood, to how they are resourced, governed, coordinated, measured and funded in EWIPA contexts.

Priority Area 1: Strengthen understanding, awareness and capacity

EWIPA Political Declaration's signatory States to:

- Host multi-stakeholder convenings in key national, regional and global fora with a view to encouraging the sharing of practices, foster the sharing of local actors' experiences, especially self-led organisations and affected communities on inclusive approaches, and co-create a clear and coherent definition and policy framework on inclusion and intersectionality in EWIPA contexts. Key opportunities include the EWIPA annual monitoring conferences.
- Leverage their engagement across EWIPA-related agendas to systematically integrate inclusion and intersectionality, and to convene dialogues, such as roundtables, that build shared understanding.

UN, INGOs and donors to:

- Acknowledge and take concrete steps to address biases, assumptions, "hierarchy of needs" and power dynamics within humanitarian and funding systems, and within humanitarian actors' own organisations that perpetuate exclusion.
- Re-examine international assumptions around what is considered "lifesaving." Current interpretations often reflect donor or institutional priorities rather than the lived realities of civilians in EWIPA contexts, where access to services like rehabilitation can mean the difference between life and death.
- Require recipients of funds to disaggregate data, ensure disability is considered in all relevant indicators and monitor progress in accordance.

UN and INGOs to:

- Provide technical capacity-building and training on intersectional and disability-inclusive approaches across sectors, including clusters, HCTs (and Resident Coordinators), as well as HQ-level teams and functions (e.g., partnerships, fundraising, programmes and advocacy).
- Train Needs Assessment and Response Teams to strengthen their awareness, understanding, and practical skills on *how* to integrate intersectionality and EWIPA-specific considerations into data collection, including on risk patterns, impacts and barriers to accessing services, in line with global best practice.
- Work with local actors, especially specialist organisations (e.g., OPDs, WLODs, WLOs, etc.), to identify capacity-strengthening needs on inclusive and intersectional practices, while

learning from their lived experience, expertise, and innovative and agile approaches to reaching "the invisible."
- Establish an EWIPA Inclusion and Intersectionality Community of Practice to drive joint learning, evidence exchange and practical innovation.
- Use real case studies and storytelling to ensure learning is contextual, relevant and actionable.

OCHA to:

- Integrate considerations of the risks, harms and impacts of EWIPA use on civilians with intersecting identities into key advocacy messages and statements on the situation of civilians in EWIPA contexts, ensuring alignment with and explicit reference to the Political Declaration's humanitarian commitments on inclusion.
- Organise a capacity and awareness survey with HCT and clusters members to find out about challenges/barriers to the integration of intersectionality and inclusion clusters, and identify key enablers.

Protection Clusters to:

- Ensure that critical advisory documents (such as advocacy notes on the evacuation of older people and persons with disabilities) include an intersectional approach.
- Systematically integrate intersectional and inclusion indicators into coordination and reporting tools (e.g., 5Ws - Who, What, Where, When, for Whom, protection analysis updates, and needs assessments), ensuring that age, gender, disability, and other identity factors are captured and analysed in collaboration with other clusters.

Priority Area 2: Increase resources and technical expertise

INGOs, UN agencies and donors to:

- Embed intersectionality and inclusion into their systems with tools, internal training and accountability for leadership. Inclusion must be included across functions and organisational priorities.
- Promote and deliver a twin-track approach that both mainstreams age (including younger and older people), gender and disability across all programming, and delivers targeted interventions for civilians with intersecting identities, such as ethnic minorities in Yemen and Ukraine, and gender-diverse groups in Ukraine, addressing their specific risks, needs and access barriers.
- Create senior specialist "Inclusion and Intersectionality" technical roles that prioritise organisational and sector-level capacity-building and technical expertise on intersectionality and inclusion in humanitarian responses.
- Include rehabilitation and assistive technologies as core technical areas requiring investment and expertise.
- Integrate inclusion and intersectionality from the very start of humanitarian responses, so that EWIPA-related patterns of risk, harm and impact inform both planning and delivery.

OCHA to:

- Produce specific practical and cross-sectoral guidance for the development of Humanitarian Needs Response Plans, which should include a traffic light system with clear indicators. This

guidance should be widely shared and used as part of capacity-strengthening efforts in the country, and be available alongside a checklist.
- Ensure that the simplification and streamlining of structures is not undertaken at the expense of critical standards and expertise, including rehabilitation, EORE, protection and disability inclusion.
- Urgently embed intersectional inclusion within humanitarian coordination by establishing, or, where they already exist, strengthening Inclusion Working Groups to formally integrate intersectional analysis (including age, gender, disability and other identity factors) into planning, prioritisation and monitoring. This should align with ongoing humanitarian reform efforts to ensure that the mechanism is recognised and activated within the Global Cluster architecture.

RCs and HCTs to:

- Co-create with local actors and affected communities in their diversity a context-specific definition of what inclusive action in EWIPA contexts means.
- Centre EWIPA realities in the planning, delivery and monitoring of humanitarian responses. This includes integrating intersectionality and inclusion through the lens of explosive weapons within HCTs' strategic documents and guidelines, including protection and localisation strategies.

Country-level Inter-Cluster Coordination Groups to:

- Support HCTs in the development of inclusive Protection Strategies that integrate intersectionality.
- Ensure that the HNRP's final data and information analysis submitted to the HCT explicitly includes an inclusive and intersectional approach, including across sectoral analysis, and considers the specific risks, needs and barriers faced by civilians with intersecting identities.

"Inclusion" specific working groups/taskforces (e.g., Disability Working Groups in Gaza, Age and Disability Working Group and LGBTQI+ Working Group in Ukraine; and Gender in Humanitarian Action Groups) to:

- Include the promotion and advancement of intersectional responses in their respective TORs and plan and deliver intersectional activities as part of their workplans.
- Explicitly consider children (boys and girls) and adolescent boys and girls as a core group across groups.
- Ensure representation and programming for children with disabilities, who are often excluded from age and disability initiatives.
- Add as much of an intersectional approach as possible to their activities (e.g., guidance, training, advisory work, and contributions to HNRP development).
- Ensure membership of international and local organisations representing age, gender, children and disability, and other relevant groups based on the context, including those representing groups with intersecting identities, and conduct annual surveys assessing participation outcomes.

Donors to:

- Engage in the Humanitarian Planning Cycle, both globally and at country level, leveraging their influence to develop intersectional and inclusive responses. This includes voicing clearly what they need to provide funding that responds to and addresses the distinct needs and barriers to accessing services for civilians in EWIPA contexts – e.g., intersectional risk analysis, disaggregated data etc.

Priority Area 3: Transform power, leadership and participation

EWIPA Political Declaration's signatory States to:

- Assist and champion EWIPA survivors and victims in their diversity to participate in EWIPA-related discussions and decision-making processes at all levels. This includes ensuring their representation in official agendas and supporting them or their representatives to attend relevant meetings, including the annual EWIPA Political Declaration monitoring conference, national-level consultations and State-hosted events.

UN, INGOs and donors to:

- Ensure partnerships - including Consortia - are co-created, co-budgeted and co-governed with local actors, and informed by intersectional analysis of risks, vulnerabilities, needs and barriers affecting civilians in all their diversity.
- Ensure and provide funding for measures that make participation accessible, such as covering travel expenses, facilitating access to online meetings, and providing interpreting services.
- Acknowledge the scale of complexity of intersecting identities; for example "disability" is not a binary phenomenon, and risks and barriers are influenced by the type of impairment and the environment and systems people live in.
- Invest in quality and equitable partnerships with local organisations. This includes:
    - Co-creation throughout the entire project cycle, from planning through to implementation and evaluation, and including budget development.
    - Community-informed and identified needs and priorities.
    - Allocation of dedicated budget lines for security, relocation, staff wellbeing and operational continuity for local actors in EWIPA contexts.
    - Amplifying the voices of staff and programme participants, providing them with platforms to share learning and ideas.

HCT and Clusters to:

- Through mutually-agreed engagement arrangements, ensure the meaningful participation of local actors, such as WLOs, OPDs, WDLOs and Youth, across coordination structures.
- Based on local actors' self-identified barriers to participation, provide necessary arrangements to address barriers, including language, physical accessibility, sign language, braille, childcare and so on, and through mutually-agreed engagement arrangements.
- Support and promote local actors' role as co-leaders in coordination structures.
- Ensure the inclusion of WLOs, OPDs and local organisations led by or serving older people, children, youth, especially those working with civilians with intersecting identities (e.g., WDLOs) in all humanitarian clusters.
- Ensure adolescent girls, especially those with disabilities, are included in coordination structures and consultations.

Donors to:

- Demand that HCTs and national and local humanitarian coordination structures include WLO and OPD representation, as an entry point toward more meaningful participation.

- Provide financial support to enable the participation of local actors in coordination mechanisms, including for childcare, transport, interpreting, etc.

INGOs and INGO-led Networks (e.g., INGO Forum) to:

- Cede space to local actors in decision-making and advocacy/influencing spaces.
- Advocate for greater inclusion and participation of local actors in humanitarian coordination structures.
- Facilitate local partners' access to donors, both at country and global levels.

Priority Area 4: Strengthen collaboration and coordination

EWIPA Political Declaration's signatory States to:

- Use international Political Declaration review meetings to organise cross-country and multi-stakeholder thematic dialogues on inclusion in EWIPA contexts.

EWIPA Political Declaration's signatory States, UN agencies, humanitarian and mine action actors, ICRC, and civil society organisations to:

- Convene a series of online dialogues/roundtables to discuss key data gaps in EWIPA contexts, including a lack of disaggregated data for EWIPA casualties and injuries, and civilians affected directly and indirectly by EWIPA use; fragmented and inconsistent data systems; and a lack of local community and actor participation and engagement.
- Explore and agree concrete steps towards strengthening critical data, such as patterns of civilian harm and the direct and indirect impacts of EWIPA use on civilians in their diversity.

Donors to:

- Use donor coordination mechanisms and initiatives, such as the Protection Donor Group, to align requirements, funding prioritisation in EWIPA contexts, exchange and explore ways to increase direct funding for local actors, and strengthen their positioning on participation and leadership of local organisations and inclusion.

INGO Forum and other country-level INGO led platforms to:

- Explicitly include messages on inclusion and intersectionality in statements and speeches delivered as part of advocacy and communications on the situation of civilians in EWIPA contexts.
- Build collaboration across "single identity" organisations (disability, gender, age etc.) to build collective advocacy and intersectional programming, and influence the development of strategic documents across humanitarian coordination structures, including the HCTs.

Protection Clusters and specialist organisations (including OPDs, WDLOs, WLOs) to:

- Collaborate to develop shared advocacy toolkits on intersectionality and inclusion in EWIPA contexts. These toolkits should be designed for use across humanitarian clusters and platforms, and grounded in lived experience, inclusive data and operational realities.

International networks and civil society organisations in the humanitarian disarmament sector to:

- Integrate inclusion and intersectionality across existing EWIPA-related initiatives and existing implementation mechanisms of the political declaration, as well as broader humanitarian disarmament initiatives, in conjunction with specialist organisations, and to strengthen collective research and advocacy in support of the Political Declaration's humanitarian commitments. This could include:
    - Supporting cross-country research projects within existing disarmament and humanitarian coordination mechanisms to explore issues and gaps identified by HI's work.
    - Promoting the development of a "Programmatic Compact" on Inclusion and Intersectionality in Humanitarian Action in EWIPA contexts — led by INGOs and local partners — to translate the Political Declaration's commitments into operational practice through existing structures and partnerships.

Specialist organisations to:

- Work with mainstream INGOs and through INGO-led Fora/Networks to ensure that collective advocacy statements and initiatives on EWIPA contexts emphasise the impacts of EWIPA on civilians in their diversity.
- Explore country-level funding partnerships opportunities, such as Consortia, with local actors.

"Inclusion" specific working groups/taskforces across selected EWIPA contexts to:

- Organise a joint Learning and Reflection Workshop to share experiences and explore opportunities for shaping an inclusive and intersectional approach to humanitarian action in EWIPA contexts.
- Develop key advocacy messages on Inclusion and Intersectionality in EWIPA contexts that are shared and used by HCTs and clusters.

Local specialist actors including survivors', women's and disability networks to:

- Create platforms/spaces to coordinate and collaborate for their meaningful participation in coordination mechanisms and strengthen collective advocacy, including messaging, "asks" and their influence on decision-making. This could include:
    - Formulating joint responses to requests for inputs.
    - Sharing meeting notes, takeaways and opportunities.
    - Agreeing on advocacy priorities to influence coordination mechanisms.

The Reference Group on the Inclusion of Persons with Disabilities in Humanitarian Action to:

- Ensure the representation of international and local organisations serving and/or led by women, older people, youth and children, and people of diverse SOGIESC.

Priority Area 5: Invest in inclusive and joined-up data systems

EWIPA Political Declaration's signatory States to:

- Lead the development of common reporting standards and indicator frameworks that require sex-, age-, and disability-disaggregated data, as a minimum requirement.

UN, INGOs, local actors, and national statistical systems, supported by donors to:

- Strengthen evidence on the patterns of risk and harm in EWIPA contexts through coordinated and inclusive data systems.

UN, INGOs and donors to:

- Invest in and prioritise community-driven data collection by strengthening the capacity of self-led groups, collaborating with affected communities, including children and adolescents with disabilities, to collect, analyse and share data.
- Fund cross-country participatory research to generate context-specific evidence on how civilians experience and respond to the risks and impacts of EWIPA, and how intersecting identities, combined with vulnerability factors, influence them.
- Establish country-level joint frameworks/platforms between mine action actors and humanitarian actors across sectors (e.g., health, shelter, food security, education and protection) to strengthen data collection and analysis on intersectionality, identify and address gaps.
- Use proxy indicators and credible averages (e.g., assuming that approximately 30% of conflict-affected populations are persons with disabilities, in line with WHO and humanitarian standards).

UN, INGOs and local actors to:

- Critically examine existing data to identify who is missing, and adapt data collection methods accordingly.
- Provide guidance on the responsible use of proxy indicators, especially in data-scarce environments.
- Combine quantitative and qualitative methodologies (e.g., testimonies, storytelling, photovoice) to capture diverse experiences.

Donors to:

- Fund the development of robust tools and approaches that enable cross-sectoral and intersectional data collection and analysis, both within and across specialist and mainstream organisations, on risks, impacts and access barriers.

UN and civil society organisations collecting data on EWIPA attacks and EWIPA casualties [e.g., Insecurity Insights, Airwars and AOAV] to:

- Develop common tools, including code books and standards, that increase the coherence of EWIPA data collection methods and reporting practices.
- Build relationships and engage in relevant initiatives (e.g., protection of healthcare in EWIPA contexts and the Safe Schools Declaration).
- Co-design pilot country model EWIPA data collection systems (direct + reverberating) with national authorities, NGOs, hospitals and other relevant actors.

Priority Area 6: Reform funding models and invest in intersectionality

Donors to:

- Ensure their systems and platforms are inclusive and accessible to diverse organisations including smaller OPDs, WDLOs, WLOs, survivors and women-led networks and youth organisations, and that efforts are made to make the calls for proposals as inclusive as possible.
- Create inclusive and accessible platforms for increased dialogue with local organisations, including OPDs, WLOs, WDLOs, youth groups and survivor-led networks.
- Adopt funding frameworks and approaches that:
    - Are adapted and meet the needs of smaller, self-led and local organisations working with groups with intersecting identities, and allow direct, flexible and multi-year funding.
    - Move beyond single-issue project categories to support integrated and intersectional approaches.
    - Mandate inclusion and intersectionality as a core requirement of programmes, and include trackable indicators, and quantitative and qualitative measures of success, and benchmarks, including on participation and leadership of affected communities.
- Invest in the survival and sustainability of local organisations, including core costs, staff wellbeing, security, relocation support and reconstruction of offices in funding frameworks.
- Explore anticipatory financing models.

Country-based pooled UN Funds to:

- Prioritise direct funding for local organisations, including WLOs, OPDs and other actors delivering assistance and empowerment programmes.
- Simplify eligibility criteria and application processes to enable more direct access by local and national organisations.
- Revise and adapt heavy administrative and compliance burdens.
- Integrate intersectional analysis into allocation criteria and monitoring frameworks (giving a higher score for the allocation if disaggregation is present in the beneficiaries' calculation and in the context analysis).

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Cover Photo: Two young patients from the Sana'a Rehabilitation Centre (Yemen): on the right, Erada, 7, and on the left her cousin Hala, 4, victims of an air strike while they were playing in front of their house. © ISNA Agency / HI