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# ROLE OF COLLABORATIVE AID NETWORKS IN INCLUSIVE DISASTER PREPAREDNESS AND PSYCHOSOCIAL RESPONSE FOR PERSONS WITH DISABILITIES

Persons with disabilities face increased risks during disasters due to communication, accessibility, and training shortcomings. This paper proposes an inclusive psychosocial model centered on accessible communication, community involvement, and adaptive infrastructure. This paper calls on policymakers to include disability competence in disaster preparedness and response systems.

Although persons with disabilities make up to 16% of the global population (WHO, 2023), they are up to four times as likely to die during a disaster as the general population (UNISDR, 2015). Lack of inclusion and accessibility during the process of disaster relief planning, warning, and subsequent psychosocial care contributes to the increased rate of morbidity and mortality among disabled persons. For example, Skøt et al. (2017) found that Deaf and hard-of-hearing individuals in Denmark lacked access to interpreters during crisis response following major accidents and natural disasters. This led to significant breakdowns in essential communication. Similarly, Pakjoui et al. (2018) found that people with mobility disabilities struggled to access shelters and evacuate due to environmental barriers following an earthquake in Iran. Kamau et al. (2018) further identified training deficits among first responders that contributed to systemic inequality impacting the care that people with disabilities were able to access.

Barth (2019) noted that there are up to 20 million people living with disabilities who require specialized rehabilitation. However, such services continue to remain scarce in areas of prolonged conflict such as Ukraine, Sudan, Gaza, Myanmar, Afghanistan and others. During man-made disasters, like the war in Ukraine, individuals with disabilities faced significant challenges in evacuations and access to necessary supplies, such as medications and specialty care due to supply chain disruptions and infrastructure destruction by the invading army. Such barriers are particularly notable on the front lines and in occupied territories. These gaps violate the UN Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Reduction. In combination, these barriers contribute to the vulnerability of people with disabilities during both natural and man-made disasters. The continued increase in disasters during the past decade has added a sense of urgency to mobilize communities and prepare vulnerable populations to effectively respond to crises.

Research shows that community-driven solutions such as Collaborative Aid Networks (CANs) offer an effective alternative to government-led disaster programs by empowering local populations and boosting self-reliance (Hu, *et.al.*, 2022). There are currently several networks, such as Disability-inclusive Disaster Risk Reduction Network (DiDRRN), the Global Alliance for Disaster Resource Acceleration (GADRA), and the Partnership for Inclusive Disaster Strategies (PIDS), whose goal is to advance the rights of persons with disabilities across all phases of disaster preparedness, response, and recovery. In order to improve outcomes for people living with disabilities in active conflict and disaster zones, humanitarian aid organizations, governmental bodies, and other CANs like Ukraine NGO Coordination Network (UNCN) must seek partnerships with inclusive organizations and networks. Research by Tanaka (2013) shows that inclusive planning and training are vital to preventing deaths and long-term harm in severely disabled individuals. Thus it is particularly vital to include in disaster planning not only the people with disabilities, but also specialized helpers who can tailor evacuation plans to a particular individual's unique needs.

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## RECOMMENDATIONS

### 1. Accessibility Saves Lives

Research by Skøt et al. (2017) showed that a lack of access to interpreters and accessible materials exacerbated PTSD symptoms and isolation among Deaf survivors following a large-scale disaster (hurricane, explosion) and individual traumatic events (accidents) in Denmark. Similarly, Pakjouei et al. (2018) found that inaccessible shelters eroded autonomy and dignity, leading to helplessness and secondary trauma for individuals with physical disabilities. To address these disparities, policymakers and psychologists must prioritize universal accessibility. They can do so by reducing physical, sensory, and communication barriers during all phases of disaster response. This should include access to interpreters, visual aids, and mobility-accessible infrastructure.

### 2. Advocacy and Policy Integration

Policy makers should prioritize funding and supporting coordination networks led by people with disabilities to strengthen connections between disabled individuals and emergency or psychosocial services. In addition, disability-inclusive psychological frameworks must be integrated into United Nations disaster risk reduction policies. This would ensure equitable preparedness and response. Finally, maintaining continuity of rehabilitation and psychosocial support in ongoing crises, such as armed conflict, is essential to safeguard long-term recovery and resilience (Barth, 2019). One way this could be done in prolonged crises is by building decentralized community-based networks (groups of independent people and organizations that work together), sharing resources, and coordinating efforts to provide help more effectively. These networks could effectively combine local expertise with international technical support.

### 3. Clinical Care and Training

Efforts should focus on expanding evidence-based preparedness training for psychologists and first responders to ensure they are equipped to respond effectively during disasters and other complex situations (Kamau et al., 2018). Inclusive and specialized training can enhance the ability of first responders to assess, intervene, and provide ongoing support in high-stress and rapidly evolving contexts. In addition, clinicians should receive specialty training in areas such as Deaf culture, disability competency, and trauma-informed care. Developing these skills ensures that mental health services are accessible, culturally sensitive, and responsive to the unique needs of diverse populations affected by crises. Furthermore, disabled individuals must be included in local preparedness drills. This can be done by promoting community inclusion outside of disasters (Tanaka, 2013).

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